

# 2025 Idaho (ID) Drug List



**This formulary was updated on March 22, 2025.**

**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](mailto: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](mailto: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://www.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://www.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://www.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. Covered drugs are subject to restrictions such as age and gender. For more information please visit [PacificSource.com/members/prescription-drug-information/lists-and-criteria](https://www.pacificsource.com/members/prescription-drug-information/lists-and-criteria).

## 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."

**PA-NSO (Prior Authorization, New Starts Only):** If "PA-NSO" appears in the requirements column, the drug may require prior authorization. If you are a new member or if you have not taken this drug before, you or your physician are required to get prior authorization 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.

**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 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](mailto: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](mailto: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](mailto:cs@pacificsource.com).

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>ADHD Agent - Selective Alpha Adrenergic Agonists</b>		
<i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i>	1	QL 120/30 days
<i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i>	1	
<i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i>	1	
<i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i>	1	
<i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i>	1	
<b>ADHD Agent - Selective Norepinephrine Reuptake Inhibitor</b>		
<i>atomoxetine hcl capsule 10 mg oral</i>	1	QL 120/30 days
<i>atomoxetine hcl capsule 100 mg oral</i>	1	QL 30/30 days
<i>atomoxetine hcl capsule 18 mg oral</i>	1	QL 120/30 days
<i>atomoxetine hcl capsule 25 mg oral</i>	1	QL 120/30 days
<i>atomoxetine hcl capsule 40 mg oral</i>	1	QL 60/30 days
<i>atomoxetine hcl capsule 60 mg oral</i>	1	QL 30/30 days
<i>atomoxetine hcl capsule 80 mg oral</i>	1	QL 30/30 days
<b>Amphetamine Mixtures</b>		
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 10 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 15 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 20 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 25 mg oral</i>	1	QL 60/30 days
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 30 mg oral</i>	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Amphetamine Mixtures (continued)</b>		
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	1	QL 180/30 days
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	1	QL 120/30 days
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	1	QL 120/30 days
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	1	QL 60/30 days
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	1	QL 180/30 days
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	1	QL 180/30 days
<i>amphet-dextroamphetamine 3-bead er capsule extended release 24 hour 12.5 mg oral</i>	1	QL 30/30 days
<i>amphet-dextroamphetamine 3-bead er capsule extended release 24 hour 25 mg oral</i>	1	QL 30/30 days
<i>amphet-dextroamphetamine 3-bead er capsule extended release 24 hour 37.5 mg oral</i>	1	QL 30/30 days
<i>amphet-dextroamphetamine 3-bead er capsule extended release 24 hour 50 mg oral</i>	1	QL 30/30 days
<b>Amphetamines</b>		
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i>	1	QL 120/30 days
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i>	1	QL 4/1 days
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>	1	QL 1/1 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](http://Pacifisource.com/members/prescription-drug-information/lists-and-criteria).

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Amphetamines (continued)</b>		
<i>dextroamphetamine sulfate solution 5 mg/5ml oral</i>	1	QL 1200/30 days
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	1	QL 6/1 days
<i>dextroamphetamine sulfate tablet 15 mg oral</i>	1	QL 60/30 days
<i>dextroamphetamine sulfate tablet 20 mg oral</i>	1	QL 60/30 days
<i>dextroamphetamine sulfate tablet 30 mg oral</i>	1	QL 60/30 days
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	1	QL 3/1 days
<i>lisdexamfetamine dimesylate capsule 10 mg oral</i>	1	QL 60/30 days
<i>lisdexamfetamine dimesylate capsule 20 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 30 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 40 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 50 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 60 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 70 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate tablet chewable 10 mg oral</i>	1	QL 60/30 days
<i>lisdexamfetamine dimesylate tablet chewable 20 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate tablet chewable 30 mg oral</i>	1	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Amphetamines (continued)</b>		
<i>lisdexamfetamine dimesylate tablet chewable 40 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate tablet chewable 50 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate tablet chewable 60 mg oral</i>	1	QL 30/30 days
<i>methamphetamine hcl tablet 5 mg oral</i>	1	QL 150/30 days
ZENZEDI TABLET 10 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 15 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 2.5 MG ORAL	1	QL 120/30 days
ZENZEDI TABLET 20 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 30 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 5 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 7.5 MG ORAL	1	QL 120/30 days
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
SUNOSI TABLET 150 MG ORAL	3	PA, QL 30/30 days
SUNOSI TABLET 75 MG ORAL	3	PA, QL 30/30 days
<b>Stimulants - Misc.</b>		
<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	QL 120/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	1	QL 60/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	1	QL 60/30 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Stimulants - Misc. (continued)</b>		
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	1	QL 240/30 days
<i>dexmethylphenidate hcl tablet 10 mg oral</i>	1	QL 120/30 days
<i>dexmethylphenidate hcl tablet 2.5 mg oral</i>	1	QL 240/30 days
<i>dexmethylphenidate hcl tablet 5 mg oral</i>	1	QL 120/30 days
METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL	1	QL 60/30 days
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Stimulants - Misc. (continued)</b>		
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er tablet extended release 10 mg oral</i>	1	QL 90/30 days
<i>methylphenidate hcl er tablet extended release 20 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl solution 10 mg/5ml oral</i>	1	QL 900/30 days
<i>methylphenidate hcl solution 5 mg/5ml oral</i>	1	QL 1800/30 days
<i>methylphenidate hcl tablet 10 mg oral</i>	1	QL 180/30 days
<i>methylphenidate hcl tablet 20 mg oral</i>	1	QL 90/30 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Stimulants - Misc. (continued)</b>		
<i>methylphenidate hcl tablet 5 mg oral</i>	1	QL 180/30 days
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	1	QL 180/30 days
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	1	QL 180/30 days
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	1	QL 180/30 days
<i>methylphenidate patch 10 mg/9hr transdermal</i>	1	QL 30/30 days
<i>methylphenidate patch 15 mg/9hr transdermal</i>	1	QL 30/30 days
<i>methylphenidate patch 20 mg/9hr transdermal</i>	1	QL 30/30 days
<i>methylphenidate patch 30 mg/9hr transdermal</i>	1	QL 30/30 days
<i>modafinil tablet 100 mg oral</i>	1	QL 60/30 days
<i>modafinil tablet 200 mg oral</i>	1	QL 60/30 days
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Allergenic Extracts (continued)</b>		
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
<b>Biologicals Misc</b>		
ADAGEN SOLUTION 250 UNIT/ML INTRAMUSCULAR	4	LA, PA, SP
<b>Mixed Allergenic Extracts</b>		
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	2	QL 30/30 days
<b>AMINOGLYCOSIDES</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate solution 1 gm/4ml injection</i>	1	
<i>amikacin sulfate solution 500 mg/2ml injection</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Aminoglycosides (continued)</b>		
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	
<i>tobramycin sulfate solution reconstituted 1.2 gm injection</i>	1	
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>Antirheumatic - Janus Kinase (JAK) Inhibitors</b>		
RINVOQ LQ SOLUTION 1 MG/ML ORAL	4	PA, QL 360/30 days, SP, Prudent
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antirheumatic - Janus Kinase (JAK) Inhibitors (continued)</b>		
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
<b>Antirheumatic Antimetabolites</b>		
RHEUMATREX TABLET 2.5 MG ORAL	3	
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
<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 PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Prudent
HADLIMA PUSHTOUCH 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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anti-TNF-alpha - Monoclonal Antibodies (continued)</b>		
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
<b>Cyclooxygenase 2 (COX-2) Inhibitors</b>		
<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	
<b>Gold Compounds</b>		
RIDAURA CAPSULE 3 MG ORAL	4	PA, SP, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	4	LA, PA, QL 18.76/28 days, SP, Medical Necessity PA, Prudent
<b>Interleukin-6 Receptor Inhibitors</b>		
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
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
<b>Nonsteroidal Anti-inflammatory Agent Combinations</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nonsteroidal Anti-inflammatory Agent Combinations (continued)</b>		
<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
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
<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	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)</b>		
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	
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)</b>		
<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	
<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	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABLET 20 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
OTEZLA TABLET 30 MG ORAL	4	PA, QL 60/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Phosphodiesterase 4 (PDE4) Inhibitors (continued)</b>		
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	4	PA, SP, Prudent
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide tablet 10 mg oral</i>	1	
<i>leflunomide tablet 20 mg oral</i>	1	
<b>Selective Costimulation Modulators</b>		
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
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Soluble Tumor Necrosis Factor Receptor Agents (continued)</b>		
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
<b>ANALGESICS - NonNarcotic</b>		
<b>Analgesics-Sedatives</b>		
<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
<b>Salicylates</b>		
<i>diflunisal tablet 500 mg oral</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>Codeine Combinations</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Codeine Combinations (continued)</b>		
<i>acetaminophen-codeine solution 300-30 mg/12.5ml 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
<b>Dihydrocodeine Combinations</b>		
<i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i>	1	PA, PA may apply
<b>Hydrocodone Combinations</b>		
<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
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Hydrocodone Combinations (continued)</b>		
<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
<b>Opioid Agonists</b>		
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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Agonists (continued)</b>		
<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
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Agonists (continued)</b>		
<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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Agonists (continued)</b>		
<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
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Agonists (continued)</b>		
<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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Agonists (continued)</b>		
<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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Agonists (continued)</b>		
<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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Agonists (continued)</b>		
<i>tramadol hcl tablet 50 mg oral</i>	1	PA, PA may apply
<b>Opioid Combinations</b>		
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
<b>Opioid Partial Agonists</b>		
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	4	LA, QL 0.32/7 days, SP
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Partial Agonists (continued)</b>		
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 480/30 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 90/30 days
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</i>	1	QL 480/30 days
<i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i>	1	QL 240/30 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 480/30 days
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Partial Agonists (continued)</b>		
<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
ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	3	QL 750/30 days
ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	3	QL 390/30 days
ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	3	QL 60/30 days
ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	3	QL 180/30 days
ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	3	QL 90/30 days
ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	3	QL 60/30 days
<b>Tramadol Combinations</b>		
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>	1	PA, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANDROGENS-ANABOLIC</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABLET 50 MG ORAL	3	
<i>oxandrolone tablet 10 mg oral</i>	1	
<i>oxandrolone tablet 2.5 mg oral</i>	1	
<b>Androgens</b>		
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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Androgens (continued)</b>		
<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
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide foam 2 mg rectal</i>	1	
COLOCORT ENEMA 100 MG/60ML RECTAL	1	
<i>hydrocortisone enema 100 mg/60ml rectal</i>	1	
<b>Nitrate Vasodilating Agents</b>		
<i>nitroglycerin ointment 0.4 % rectal</i>	1	
<b>Rectal Steroids</b>		
ANUSOL-HC CREAM 2.5 % RECTAL	3	
<i>hydrocortisone cream 2.5 % rectal</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Rectal Steroids (continued)</b>		
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	
<b>ANTHELMINTICS</b>		
<b>Anthelmintics</b>		
<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	
<b>ANTIANGINAL AGENTS</b>		
<b>Antianginals-Other</b>		
<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
<b>Nitrates</b>		
DILATRATE-SR CAPSULE EXTENDED RELEASE 40 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nitrates (continued)</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nitrates (continued)</b>		
<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	
<b>ANTIANSXIETY AGENTS</b>		
<b>Antianxiety Agents - Misc.</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antianxiety Agents - Misc. (continued)</b>		
<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	
<b>Benzodiazepines</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Benzodiazepines (continued)</b>		
<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
<b>ANTIARRHYTHMICS</b>		
<b>Antiarrhythmics Type I-A</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiarrhythmics Type I-A (continued)</b>		
<i>quinidine sulfate tablet 200 mg oral</i>	1	
<i>quinidine sulfate tablet 300 mg oral</i>	1	
<b>Antiarrhythmics Type I-B</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	
<b>Antiarrhythmics Type I-C</b>		
<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	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tablet 100 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiarrhythmics Type III (continued)</b>		
<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	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>5-Lipoxygenase Inhibitors</b>		
<i>zileuton er tablet extended release 12 hour 600 mg oral</i>	1	PA, Medical Necessity PA
<b>Adrenergic Combinations</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Adrenergic Combinations (continued)</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Adrenergic Combinations (continued)</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anti-IgE Monoclonal Antibodies</b>		
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
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebulization solution 20 mg/2ml inhalation</i>	1	QL 240/30 days
<b>Beta Adrenergics</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Beta Adrenergics (continued)</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Beta Adrenergics (continued)</b>		
<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	
<b>Bronchodilators - Anticholinergics</b>		
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
<b>Interleukin-5 Antagonists (IgG1 kappa)</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Interleukin-5 Antagonists (IgG1 kappa) (continued)</b>		
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
<b>Leukotriene Receptor Antagonists</b>		
<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	
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
<i>roflumilast tablet 250 mcg oral</i>	1	QL 30/30 days
<i>roflumilast tablet 500 mcg oral</i>	1	QL 30/30 days
<b>Steroid Inhalants</b>		
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
ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List
ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Steroid Inhalants (continued)</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Steroid Inhalants (continued)</b>		
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
<b>Thymic Stromal Lymphopoietin (TSLP) Antagonists</b>		
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
<b>Xanthines</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Xanthines (continued)</b>		
<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	
<b>ANTICOAGULANTS</b>		
<b>Coumarin Anticoagulants</b>		
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Coumarin Anticoagulants (continued)</b>		
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	
<b>Direct Factor Xa Inhibitors</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Heparins And Heparinoid-Like Agents</b>		
<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	
<b>Low Molecular Weight Heparins</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Low Molecular Weight Heparins (continued)</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Low Molecular Weight Heparins (continued)</b>		
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	
<b>Synthetic Heparinoid-Like Agents</b>		
<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	
<b>Thrombin Inhibitors - Selective Direct &amp; Reversible</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANTICONVULSANTS</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
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	
<b>Anticonvulsants - Benzodiazepines</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anticonvulsants - Benzodiazepines (continued)</b>		
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
<b>Anticonvulsants - Misc.</b>		
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anticonvulsants - Misc. (continued)</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anticonvulsants - Misc. (continued)</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anticonvulsants - Misc. (continued)</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anticonvulsants - Misc. (continued)</b>		
<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
<b>Carbamates</b>		
<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	
<b>GABA Modulators</b>		
<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	LA, PA, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Hydantoins</b>		
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	
<b>Succinimides</b>		
<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	
<b>Valproic Acid</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Valproic Acid (continued)</b>		
<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	
<b>ANTIDEPRESSANTS</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<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	
<b>Antidepressants - Misc.</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antidepressants - Misc. (continued)</b>		
<i>maprotiline hcl tablet 50 mg oral</i>	1	
<i>maprotiline hcl tablet 75 mg oral</i>	1	
<b>GABA Receptor Modulator - Neuroactive Steroid</b>		
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
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
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	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
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
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide solution 10 mg/5ml oral</i>	1	
<i>citalopram hydrobromide tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)</b>		
<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	
<i>fluvoxamine maleate tablet 50 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)</b>		
<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
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tablet 100 mg oral</i>	1	
<i>nefazodone hcl tablet 150 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Serotonin Modulators (continued)</b>		
<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
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
<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	
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	1	PS Expanded NCDL,VBP Drug List

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)</b>		
<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
<b>Tricyclic Agents</b>		
<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	
<i>amoxapine tablet 100 mg oral</i>	1	
<i>amoxapine tablet 150 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Tricyclic Agents (continued)</b>		
<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	
<i>imipramine pamoate capsule 125 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Tricyclic Agents (continued)</b>		
<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	
<b>ANTIDIABETICS</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<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	
GLYSET TABLET 25 MG ORAL	3	
GLYSET TABLET 50 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Alpha-Glucosidase Inhibitors (continued)</b>		
<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
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	3	PA
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	3	PA
<b>Biguanides</b>		
<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
<b>Diabetic Other</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Diabetic Other (continued)</b>		
<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
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	3	QL 2/30 days
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tablet 12.5 mg oral</i>	1	QL 45/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors (continued)</b>		
<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
<b>Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations</b>		
<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
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
<b>Dopamine Receptor Agonists - Ergot Derivatives</b>		
CYCLOSET TABLET 0.8 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>DPP-4 Inhibitor-Thiazolidinedione Combinations</b>		
<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
<b>Human Insulin</b>		
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
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
FIASP PUMPCART SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
FIASP SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Human Insulin (continued)</b>		
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 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-yfgn solution 100 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA
<i>insulin glargine-yfgn 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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Human Insulin (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Human Insulin (continued)</b>		
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
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
<b>Incretin Mimetic Agents (GIP &amp; GLP-1 Receptor Agonists)</b>		
MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b> incretin Mimetic Agents (GIP &amp; GLP-1 Receptor Agonists) (continued)</b>		
MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
<b> incretin Mimetic Agents (GLP-1 Receptor Agonists)</b>		
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA, QL 9/30 days
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b> incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)</b>		
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 AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
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
<b> Meglitinide Analogues</b>		
<i>nateglinide tablet 120 mg oral</i>	1	VBP Drug List
<i>nateglinide tablet 60 mg oral</i>	1	VBP Drug List

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Meglitinide Analogues (continued)</b>		
<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
<b>SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb</b>		
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
<b>SGLT2 Inhibitor - DPP-4 Inhibitor Combinations</b>		
GLYXAMBI TABLET 10-5 MG ORAL	2	VBP Drug List
GLYXAMBI TABLET 25-5 MG ORAL	2	VBP Drug List
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors (continued)</b>		
JARDIANCE TABLET 25 MG ORAL	2	QL 30/30 days, VBP Drug List
<b>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb</b>		
<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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb (continued)</b>		
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
<b>Sulfonylurea-Biguanide Combinations</b>		
<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
<b>Sulfonylureas</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Sulfonylureas (continued)</b>		
<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
<b>Thiazolidinedione-Biguanide Combinations</b>		
<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
<b>Thiazolidinediones</b>		
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
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>Antiperistaltic Agents</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiperistaltic Agents (continued)</b>		
MOTOFEN TABLET 1-0.025 MG ORAL	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
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
<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
<b>Antidotes and Specific Antagonists</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Opioid Antagonists</b>		
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
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
<b>ANTIEMETICS</b>		
<b>5-HT3 Receptor Antagonists</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>5-HT3 Receptor Antagonists (continued)</b>		
<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
<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
<b>Antiemetic Combinations</b>		
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	
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl tablet 12.5 mg oral</i>	1	
<i>meclizine hcl tablet 25 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiemetics - Anticholinergic (continued)</b>		
<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	
<b>Antiemetics - Miscellaneous</b>		
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
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<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 &amp; 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
<b>ANTIFUNGALS</b>		
<b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins)</b>		
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.

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins) (continued)</b>		
<i>micafungin sodium solution reconstituted 100 mg intravenous</i>	1	
<i>micafungin sodium solution reconstituted 50 mg intravenous</i>	1	
<b>Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)</b>		
BREXAFEMME TABLET 150 MG ORAL	3	PA, QL 4/30 days
<b>Antifungals</b>		
ABELCET SUSPENSION 5 MG/ML INTRAVENOUS	3	
AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS	3	
<i>amphotericin b solution reconstituted 50 mg injection</i>	1	
<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	
<b>Imidazoles</b>		
<i>ketoconazole tablet 200 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Tetrazoles</b>		
VIVJOA CAPSULE THERAPY PACK 150 MG ORAL	4	LA, PA, QL 18/365 days, SP
<b>Triazoles</b>		
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	
<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
<b>ANTI-HISTAMINES</b>		
<b>Antihistamines - Alkylamines</b>		
<i>brompheniramine tannate tablet chewable 12 mg oral</i>	1	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate solution 4 mg/5ml oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihistamines - Ethanolamines (continued)</b>		
<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	
<b>Antihistamines - Non-Sedating</b>		
<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	
<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	
<b>Antihistamines - Phenothiazines</b>		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihistamines - Phenothiazines (continued)</b>		
<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	
PROMETHEGAN SUPPOSITORY 50 MG RECTAL	1	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml oral</i>	1	
<i>cyproheptadine hcl tablet 4 mg oral</i>	1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>Antihyperlipidemics - Misc.</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Bile Acid Sequestrants</b>		
<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	
<b>Fibric Acid Derivatives</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Fibric Acid Derivatives (continued)</b>		
<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
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tablet 10 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>HMG CoA Reductase Inhibitors (continued)</b>		
<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
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>HMG CoA Reductase Inhibitors (continued)</b>		
<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
<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
<b>Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb</b>		
<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
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tablet 10 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nicotinic Acid Derivatives</b>		
<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
NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL	3	
<b>PCSK9 Inhibitors</b>		
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
<b>ANTIHYPERTENSIVES</b>		
<b>ACE Inhibitor &amp; Calcium Channel Blocker Combinations</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ACE Inhibitor &amp; Calcium Channel Blocker Combinations (continued)</b>		
<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
<b>ACE Inhibitors</b>		
<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
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ACE Inhibitors (continued)</b>		
<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
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ACE Inhibitors (continued)</b>		
<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
<b>ACE Inhibitors &amp; Thiazide/Thiazide-Like</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ACE Inhibitors &amp; Thiazide/Thiazide-Like (continued)</b>		
<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	
<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	
<b>Agents for Pheochromocytoma</b>		
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	3	PA
<b>Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb (continued)</b>		
<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	
<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	
<b>Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like (continued)</b>		
<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	
<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
<b>Angiotensin II Receptor Antagonists</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Angiotensin II Receptor Antagonists (continued)</b>		
<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
<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	
<b>Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides (continued)</b>		
<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
<b>Antiadrenergics - Centrally Acting</b>		
<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
<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	
<b>Antiadrenergics - Peripherally Acting</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiadrenergics - Peripherally Acting (continued)</b>		
<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	
<b>Beta Blocker &amp; Diuretic Combinations</b>		
<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
<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>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
<b>Direct Renin Inhibitors</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Endothelin Receptor Antagonists</b>		
TRYVIO TABLET 12.5 MG ORAL	3	PA, QL 30/30 days
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
<i>eplerenone tablet 25 mg oral</i>	1	
<i>eplerenone tablet 50 mg oral</i>	1	
<b>Vasodilators</b>		
<i>hydralazine hcl solution 20 mg/ml injection</i>	1	
<i>hydralazine hcl tablet 10 mg oral</i>	1	
<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	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>Anti-infective Agents - Misc.</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anti-infective Agents - Misc. (continued)</b>		
XIFAXAN TABLET 200 MG ORAL	3	PA
XIFAXAN TABLET 550 MG ORAL	3	PA
<b>Anti-infective Misc. - Combinations</b>		
<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	
<i>sulfamethoxazole-trimethoprim tablet 800-160 mg oral</i>	1	
<b>Antiprotozoal Agents</b>		
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
<b>Carbapenem Combinations</b>		
<i>imipenem-cilastatin solution reconstituted 250 mg intravenous</i>	1	
<i>imipenem-cilastatin solution reconstituted 500 mg intravenous</i>	1	
<b>Carbapenems</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Glycopeptides</b>		
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	
<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	
<b>Ketolides</b>		
KETEK TABLET 300 MG ORAL	3	
KETEK TABLET 400 MG ORAL	3	PA, Medical Necessity PA
<b>Leprostatics</b>		
<i>dapsone tablet 100 mg oral</i>	1	
<i>dapsone tablet 25 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Lincosamides</b>		
<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	
<b>Monobactams</b>		
<i>aztreonam solution reconstituted 1 gm injection</i>	1	
<i>aztreonam solution reconstituted 2 gm injection</i>	1	
CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION	4	LA, PA, SP, Prudent
<b>Oxazolidinones</b>		
<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
<b>Urinary Anti-infectives</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANTIMALARIALS</b>		
<b>Antimalarial Combinations</b>		
COARTEM TABLET 20-120 MG ORAL	3	QL 24/90 days
<b>Antimalarials</b>		
<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
<i>quinine sulfate capsule 324 mg oral</i>	1	QL 42/90 days
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE TABLET 10 MG ORAL	4	LA, PA, QL 300/30 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	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPSULE 150-300 MG ORAL	3	
RIFATER TABLET 50-120-300 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antimycobacterial Agents</b>		
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	
<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	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>Alkylating Agents</b>		
HEXALEN CAPSULE 50 MG ORAL	3	
MYLERAN TABLET 2 MG ORAL	2	
<b>Androgen Biosynthesis Inhibitors</b>		
<i>abiraterone acetate tablet 250 mg oral</i>	4	SP, Partial Fill, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Androgen Biosynthesis Inhibitors (continued)</b>		
<i>abiraterone acetate tablet 500 mg oral</i>	4	SP, Partial Fill, Prudent
YONSA TABLET 125 MG ORAL	4	LA, PA, SP, Prudent
<b>Antiadrenals</b>		
LYSODREN TABLET 500 MG ORAL	2	
<b>Antiandrogens</b>		
<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
<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
<b>Antiestrogens</b>		
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	
<b>Antimetabolites</b>		
<i>capecitabine tablet 150 mg oral</i>	4	SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antimetabolites (continued)</b>		
<i>capecitabine tablet 500 mg oral</i>	4	SP, Prudent
DEPOCYT SUSPENSION 50 MG/5ML INTRATHECAL	2	Medical Benefit only.
<i>floxuridine 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.
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antimetabolites (continued)</b>		
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	
<b>Antineoplastic - AKT Inhibitors</b>		
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
<b>Antineoplastic - ALK Inhibitors</b>		
ALECENSA CAPSULE 150 MG ORAL	4	PA, QL 240/30 days, SP, Prudent
ALUNBRIG TABLET 180 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ALUNBRIG TABLET 30 MG ORAL	4	LA, PA, QL 90/30 days, SP, Prudent
ALUNBRIG TABLET 90 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	4	LA, PA, QL 30/30 days, 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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - ALK Inhibitors (continued)</b>		
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
<b>Antineoplastic - Anti-CD20 Antibodies</b>		
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.
<b>Antineoplastic - Anti-HER2 Agents</b>		
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
<b>Antineoplastic - BCL-2 Inhibitors</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - BCR-ABL Kinase Inhibitors</b>		
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
<i>dasatinib tablet 100 mg oral</i>	4	PA-NSO, QL 30/30 days, SP
<i>dasatinib tablet 140 mg oral</i>	4	PA-NSO, QL 30/30 days, SP
<i>dasatinib tablet 20 mg oral</i>	4	PA-NSO, QL 60/30 days, SP
<i>dasatinib tablet 50 mg oral</i>	4	PA-NSO, QL 60/30 days, SP
<i>dasatinib tablet 70 mg oral</i>	4	PA-NSO, QL 60/30 days, SP
<i>dasatinib tablet 80 mg oral</i>	4	PA-NSO, QL 30/30 days, SP
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - BCR-ABL Kinase Inhibitors (continued)</b>		
<i>imatinib mesylate tablet 400 mg oral</i>	4	QL 2/1 days, SP, Partial Fill, Prudent
SCEMBLIX TABLET 100 MG ORAL	4	LA, PA, QL 120/30 days, SP
SCEMBLIX TABLET 20 MG ORAL	4	LA, PA, QL 60/30 days, SP
SCEMBLIX TABLET 40 MG ORAL	4	LA, PA, QL 60/30 days, SP
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
<b>Antineoplastic - BRAF Kinase Inhibitors</b>		
BRAFTOVI CAPSULE 75 MG ORAL	4	PA, QL 180/30 days, SP, Prudent
OJEMDA SUSPENSION RECONSTITUTED 25 MG/ML ORAL	4	LA, PA, QL 96/28 days, SP
OJEMDA TABLET 100 MG ORAL	4	LA, PA, QL 24/28 days, SP
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
<b>Antineoplastic - BTK Inhibitors</b>		
BRUKINSA CAPSULE 80 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - BTK Inhibitors (continued)</b>		
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
<b>Antineoplastic - EGFR Inhibitors</b>		
<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
<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
LAZCLUZE TABLET 240 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - EGFR Inhibitors (continued)</b>		
LAZCLUZE TABLET 80 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill
TAGRISSEO TABLET 40 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TAGRISSEO 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
<b>Antineoplastic - FGFR Kinase Inhibitors</b>		
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
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
<b>Antineoplastic - Gamma Secretase Inhibitors</b>		
OGSIVEO TABLET 50 MG ORAL	4	LA, PA, QL 180/30 days, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
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
<b>Antineoplastic - HIF-2-alpha Inhibitors</b>		
WELIREG TABLET 40 MG ORAL	4	PA, SP, Partial Fill
<b>Antineoplastic - Histone Deacetylase Inhibitors</b>		
ZOLINZA CAPSULE 100 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
<b>Antineoplastic - Hormonal and Related Agent Combinations</b>		
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
<b>Antineoplastic - Immunomodulators</b>		
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
<b>Antineoplastic - KRAS Inhibitors</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - KRAS Inhibitors (continued)</b>		
LUMAKRAS TABLET 240 MG ORAL	4	PA, SP, Partial Fill, Prudent
LUMAKRAS TABLET 320 MG ORAL	4	PA, SP, Partial Fill, Prudent
<b>Antineoplastic - MEK Inhibitors</b>		
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
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
<b>Antineoplastic - MET Inhibitors</b>		
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
<b>Antineoplastic - Methyltransferase Inhibitors</b>		
TAZVERIK TABLET 200 MG ORAL	4	LA, PA, QL 240/30 days
<b>Antineoplastic - mTOR Kinase Inhibitors</b>		
<i>everolimus tablet 10 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - mTOR Kinase Inhibitors (continued)</b>		
<i>everolimus tablet 2.5 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>everolimus tablet 5 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>everolimus tablet 7.5 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>everolimus tablet soluble 2 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>everolimus tablet soluble 3 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>everolimus tablet soluble 5 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
TORISEL SOLUTION 25 MG/ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
<b>Antineoplastic - Multikinase Inhibitors</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - Multikinase Inhibitors (continued)</b>		
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
<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
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
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT TABLET 100 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - PDGFR-alpha Inhibitors (continued)</b>		
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
<b>Antineoplastic - Proteasome Inhibitors</b>		
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
<b>Antineoplastic - RET Inhibitors</b>		
GAVRETO CAPSULE 100 MG ORAL	4	LA, PA, QL 120/30 days, Prudent
RETEVMO CAPSULE 40 MG ORAL	4	PA, QL 90/30 days, SP, Partial Fill, Prudent
RETEVMO CAPSULE 80 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
RETEVMO TABLET 120 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
RETEVMO TABLET 160 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
RETEVMO TABLET 40 MG ORAL	4	PA, QL 90/30 days, SP, Partial Fill, Prudent
RETEVMO TABLET 80 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - Tropomyosin Receptor Kinase Inhibitors</b>		
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
<b>Antineoplastic - Tyrosine Kinase Inhibitors</b>		
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ORAL	4	PA, QL 56/28 days, SP, Partial Fill
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ORAL	4	PA, QL 112/28 days, SP, Partial Fill
<b>Antineoplastic - XPO1 Inhibitors</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic - XPO1 Inhibitors (continued)</b>		
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
<b>Antineoplastic Combinations</b>		
INQOVI TABLET 35-100 MG ORAL	4	PA, QL 5/28 days, SP, Prudent
KISQALI FEMARA (200 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	4	PA, QL 49/28 days, SP
KISQALI FEMARA (400 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	4	PA, QL 70/28 days, SP
KISQALI FEMARA (600 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	4	PA, QL 91/28 days, SP
LONSURF TABLET 15-6.14 MG ORAL	4	PA, SP, Prudent
LONSURF TABLET 20-8.19 MG ORAL	4	PA, SP, Prudent
<b>Antineoplastic Radiopharmaceuticals</b>		
QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastics - Photoactivated Agents</b>		
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.
<b>Antineoplastics Misc.</b>		
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	
TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Aromatase Inhibitors</b>		
<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	
<b>Chemotherapy Adjuncts - Keratinocyte Growth Factors</b>		
KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS	2	Medical Benefit only.
<b>Cyclin-Dependent Kinases (CDK) Inhibitors</b>		
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, QL 21/28 days, SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, QL 42/28 days, SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, QL 63/28 days, SP
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
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
<b>Estrogen Receptor Antagonist</b>		
<i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i>	3	
<b>Estrogens-Antineoplastic</b>		
EMCYT CAPSULE 140 MG ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Folic Acid Antagonists Rescue Agents</b>		
<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	
<b>Gonadotropin Releasing Hormone (GnRH) Antagonists</b>		
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
<b>Imidazotetrazines</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Imidazotetrazines (continued)</b>		
<i>temozolomide capsule 250 mg oral</i>	4	PA, SP, Prudent
<i>temozolomide capsule 5 mg oral</i>	4	PA, SP, Prudent
<b>Isocitrate Dehydrogenase 1 &amp; 2 (IDH1 &amp; IDH2) Inhibitors</b>		
VORANIGO TABLET 10 MG ORAL	4	LA, PA, QL 60/30 days, SP
VORANIGO TABLET 40 MG ORAL	4	LA, PA, QL 30/30 days, SP
<b>Isocitrate Dehydrogenase-1 (IDH1) Inhibitors</b>		
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
<b>Isocitrate Dehydrogenase-2 (IDH2) Inhibitors</b>		
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
<b>Janus Associated Kinase (JAK) Inhibitors</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Janus Associated Kinase (JAK) Inhibitors (continued)</b>		
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
<b>LHRH Analogs</b>		
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
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>LHRH Analogs (continued)</b>		
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
<b>Mitotic Inhibitors</b>		
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.
<b>Nitrogen Mustards and Related Analogues</b>		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nitrogen Mustards and Related Analogues (continued)</b>		
<i>cyclophosphamide tablet 50 mg oral</i>	2	
LEUKERAN TABLET 2 MG ORAL	2	
<b>Nitrosoureas</b>		
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	
<b>Ornithine Decarboxylase (ODC) Inhibitors</b>		
IWILFIN TABLET 192 MG ORAL	4	LA, PA, QL 240/30 days, SP
<b>Phosphatidylinositol 3-Kinase (PI3K) Inhibitors</b>		
COPIKTRA CAPSULE 15 MG ORAL	4	PA, SP, Prudent
COPIKTRA CAPSULE 25 MG ORAL	4	PA, SP, Prudent
ITOVEBI TABLET 3 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
ITOVEBI TABLET 9 MG ORAL	4	PA, QL 30/30 days, 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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Poly (ADP-ribose) Polymerase (PARP) Inhibitors</b>		
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
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
<b>Progestins-Antineoplastic</b>		
DEPO-PROVERA SUSPENSION 400 MG/ML INTRAMUSCULAR	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Progestins-Antineoplastic (continued)</b>		
<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	
<b>Retinoids</b>		
<i>tretinoin capsule 10 mg oral</i>	1	QL 810/365 days
<b>Selective Estrogen Receptor Degraders</b>		
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
<b>Selective Retinoid X Receptor Agonists</b>		
<i>bexarotene capsule 75 mg oral</i>	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPSULE 0.25 MG ORAL	4	PA, SP, Prudent
HYCAMTIN CAPSULE 1 MG ORAL	4	PA, SP, Prudent
<b>Urinary Tract Protective Agents</b>		
<i>mesna solution 100 mg/ml intravenous</i>	1	
MESNEX TABLET 400 MG ORAL	2	
<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors (continued)</b>		
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
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>Antiparkinson Anticholinergics</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiparkinson Anticholinergics (continued)</b>		
<i>trihexyphenidyl hcl tablet 2 mg oral</i>	1	
<i>trihexyphenidyl hcl tablet 5 mg oral</i>	1	
<b>Antiparkinson Dopaminergics</b>		
<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
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<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
<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	
<b>Central/Peripheral COMT Inhibitors</b>		
TASMAR TABLET 100 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa tablet 25 mg oral</i>	1	
<b>Levodopa Combinations</b>		
<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	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nonergoline Dopamine Receptor Agonists</b>		
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	
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nonergoline Dopamine Receptor Agonists (continued)</b>		
<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	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Nonergoline Dopamine Receptor Agonists (continued)</b>		
<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	
<b>Peripheral COMT Inhibitors</b>		
<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
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>Antimanic Agents</b>		
<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
<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	
<b>Antipsychotics - Misc.</b>		
CAPLYTA CAPSULE 10.5 MG ORAL	3	QL 30/30 days, ST
CAPLYTA CAPSULE 21 MG ORAL	3	QL 30/30 days, ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antipsychotics - Misc. (continued)</b>		
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	
<i>ziprasidone hcl capsule 80 mg oral</i>	1	
<i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i>	1	
<b>Benzisoxazoles</b>		
ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	3	QL 0.75/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Benzisoxazoles (continued)</b>		
ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	3	QL 1/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	3	QL 1.50/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR	3	QL 2.25/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	3	QL 0.25/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	3	QL 0.50/28 days
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Benzisoxazoles (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Benzisoxazoles (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Benzisoxazoles (continued)</b>		
<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	
<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
<b>Butyrophenones</b>		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Butyrophenones (continued)</b>		
<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	
<b>Dibenzodiazepines</b>		
<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	
<b>Dibenzo-oxepino Pyrroles</b>		
<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
<b>Dibenzothiazepines</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Dibenzothiazepines (continued)</b>		
<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
<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
<b>Dibenzoxazepines</b>		
<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	
<b>Dihydroindolones</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Muscarinic Agent - Combinations</b>		
COBENFY CAPSULE 100-20 MG ORAL	3	PA, QL 60/30 days, ST
COBENFY CAPSULE 125-30 MG ORAL	3	PA, QL 60/30 days, ST
COBENFY CAPSULE 50-20 MG ORAL	3	PA, QL 60/30 days, ST
COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL	3	PA, QL 56/28 days, ST
<b>Phenothiazines</b>		
<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	
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Phenothiazines (continued)</b>		
<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	
<i>trifluoperazine hcl tablet 5 mg oral</i>	1	
<b>Quinolinone Derivatives</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Quinolinone Derivatives (continued)</b>		
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
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
<b>Thienbenzodiazepines</b>		
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thienbenzodiazepines (continued)</b>		
<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
<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
<b>Thioxanthenes</b>		
<i>thiothixene capsule 1 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thioxanthenes (continued)</b>		
<i>thiothixene capsule 10 mg oral</i>	1	
<i>thiothixene capsule 2 mg oral</i>	1	
<i>thiothixene capsule 5 mg oral</i>	1	
<b>ANTIVIRALS</b>		
<b>Antiretroviral Combinations</b>		
<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
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	0	QL 30/30 days, ACA NCDL, limitations may apply
DOVATO TABLET 50-300 MG ORAL	2	QL 30/30 days
<i>efavirenz-emtricitab-tenofovir tablet 600-200-300 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiretroviral Combinations (continued)</b>		
<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
<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
<i>triumeq pd tablet soluble 60-5-30 mg oral</i>	2	QL 180/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiretroviral Combinations (continued)</b>		
TRIUMEQ TABLET 600-50-300 MG ORAL	2	QL 30/30 days
<b>Antiretrovirals - Capsid Inhibitors</b>		
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
<b>Antiretrovirals - CCR5 Antagonists (Entry Inhibitor)</b>		
<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	
<b>Antiretrovirals - Fusion Inhibitors</b>		
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS	4	PA, SP
<b>Antiretrovirals - gp120-Directed Attachment Inhibitor</b>		
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	3	QL 60/30 days
<b>Antiretrovirals - Integrase Inhibitors</b>		
APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ISENTRESS HD TABLET 600 MG ORAL	2	QL 60/30 days
ISENTRESS PACKET 100 MG ORAL	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiretrovirals - Integrase Inhibitors (continued)</b>		
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
<b>Antiretrovirals - Protease Inhibitors</b>		
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	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiretrovirals - Protease Inhibitors (continued)</b>		
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	
<b>Antiretrovirals - RTI-Non-Nucleoside Analogues</b>		
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
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiretrovirals - RTI-Nucleoside Analogues-Purines</b>		
<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	
<b>Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines</b>		
<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	
<i>lamivudine tablet 300 mg oral</i>	1	
<b>Antiretrovirals - RTI-Nucleoside Analogues-Thymidines</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antiretrovirals - RTI-Nucleotide Analogues</b>		
<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	
<b>Antiviral Combinations</b>		
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
<b>CMV Agents</b>		
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
<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
<b>Hepatitis B Agents</b>		
<i>adefovir dipivoxil tablet 10 mg oral</i>	1	
BARACLUDE 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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Hepatitis B Agents (continued)</b>		
VEMLIDY TABLET 25 MG ORAL	3	PA, QL 30/30 days
<b>Hepatitis C Agent - Combinations</b>		
MAVYRET PACKET 50-20 MG ORAL	3	PA, QL 140/28 days, SP, Prudent
MAVYRET TABLET 100-40 MG ORAL	3	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
<b>Hepatitis C Agents</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Hepatitis C Agents (continued)</b>		
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
<b>Herpes Agents - Purine Analogues</b>		
<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	
<b>Herpes Agents - Thymidine Analogues</b>		
<i>famciclovir tablet 125 mg oral</i>	1	
<i>famciclovir tablet 250 mg oral</i>	1	
<i>famciclovir tablet 500 mg oral</i>	1	
<b>Influenza Agents</b>		
<i>rimantadine hcl tablet 100 mg oral</i>	1	
<b>Misc. Antivirals</b>		
LAGEVRIO CAPSULE 200 MG ORAL	3	QL 40/30 days
<b>Neuraminidase Inhibitors</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Neuraminidase Inhibitors (continued)</b>		
<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
<b>RSV Agents - Nucleoside Analogues</b>		
VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION	3	
<b>BETA BLOCKERS</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate er capsule extended release 24 hour 10 mg oral</i>	1	QL 30/30 days
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Alpha-Beta Blockers (continued)</b>		
<i>labetalol hcl tablet 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<b>Beta Blockers Cardio-Selective</b>		
<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	
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Beta Blockers Cardio-Selective (continued)</b>		
<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	
<b>Beta Blockers Non-Selective</b>		
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
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Beta Blockers Non-Selective (continued)</b>		
<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	
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>Calcium Channel Blockers</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Calcium Channel Blockers (continued)</b>		
<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
<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.

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Calcium Channel Blockers (continued)</b>		
<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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Calcium Channel Blockers (continued)</b>		
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
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Calcium Channel Blockers (continued)</b>		
<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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Calcium Channel Blockers (continued)</b>		
<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
<b>CARDIOTONICS</b>		
<b>Cardiac Glycosides</b>		
DIGOX TABLET 125 MCG ORAL	1	
DIGOX TABLET 250 MCG ORAL	1	
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>Cardiac Myosin Inhibitors</b>		
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
<b>Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb</b>		
ENTRESTO CAPSULE SPRINKLE 15-16 MG ORAL	3	QL 240/30 days
ENTRESTO CAPSULE SPRINKLE 6-6 MG ORAL	3	QL 240/30 days
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
<b>Nitrate &amp; Vasodilator Combinations</b>		
<i>isosorb dinitrate-hydralazine tablet 20-37.5 mg oral</i>	1	PA, Medical Necessity PA
<b>PDE Inhibitor-Endothelin Receptor Antagonist Combinations</b>		
OPSYNVI TABLET 10-20 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
OPSYNVI TABLET 10-40 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
<b>Prostaglandin Vasodilators</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Prostaglandin Vasodilators (continued)</b>		
<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 KIT 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 KIT SOLUTION 0.6 MG/ML INHALATION	4	PA, QL 87/30 days, SP, Prudent
VENTAVIS SOLUTION 10 MCG/ML INHALATION	4	PA, SP, Prudent
VENTAVIS SOLUTION 20 MCG/ML INHALATION	4	PA, SP, Prudent
<b>Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC)</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC) (continued)</b>		
ADEMPAS TABLET 2 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 2.5 MG ORAL	4	PA, SP, Prudent
<b>Pulmonary Hypertension - Activin Signaling Inhibitor</b>		
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
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<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
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
ALYQ TABLET 20 MG ORAL	3	PA, SP, Prudent
LIQREV SUSPENSION 10 MG/ML ORAL	4	PA, SP
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors (continued)</b>		
TADLIQ SUSPENSION 20 MG/5ML ORAL	4	PA, QL 300/30 days, SP, Prudent
<b>Selective cGMP Phosphodiesterase Type 5 Inhibitors</b>		
<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
<b>Sinus Node Inhibitors</b>		
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
<i>ivabradine hcl tablet 5 mg oral</i>	1	PA, QL 60/30 days
<i>ivabradine hcl tablet 7.5 mg oral</i>	1	PA, QL 60/30 days
<b>Transthyretin Stabilizers</b>		
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
<b>Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)</b>		
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
<b>CEPHALOSPORINS</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil capsule 500 mg oral</i>	1	
<i>cefadroxil suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefadroxil suspension reconstituted 500 mg/5ml oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cephalosporins - 1st Generation (continued)</b>		
<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	
<b>Cephalosporins - 2nd Generation</b>		
<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	
<i>cefotetan disodium solution reconstituted 1 gm injection</i>	1	
<i>cefotetan disodium solution reconstituted 2 gm injection</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cephalosporins - 2nd Generation (continued)</b>		
<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	
<b>Cephalosporins - 3rd Generation</b>		
<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	
<i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil tablet 100 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cephalosporins - 3rd Generation (continued)</b>		
<i>cefepodoxime 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	
SUPRAX TABLET CHEWABLE 200 MG ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cephalosporins - 4th Generation</b>		
<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	
<b>CONTRACEPTIVES</b>		
<b>Biphasic Contraceptives - Oral</b>		
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
<b>Combination Contraceptives - Oral</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Combination Contraceptives - Oral (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Combination Contraceptives - Oral (continued)</b>		
FALMINA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
FEMLYV TABLET DISPERSIBLE 1-0.02 MG 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
KELNOR 1/35 TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Combination Contraceptives - Oral (continued)</b>		
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
LUTERA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Combination Contraceptives - Oral (continued)</b>		
<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
<i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg(24) oral</i>	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Combination Contraceptives - Oral (continued)</b>		
<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
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Combination Contraceptives - Oral (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Combination Contraceptives - Transdermal</b>		
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
<b>Combination Contraceptives - Vaginal</b>		
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
<b>Continuous Contraceptives - Oral</b>		
AMETHYST TABLET 90-20 MCG ORAL	0	ACA NCDL, limitations may apply
DOLISHALE TABLET 90-20 MCG ORAL	0	ACA NCDL, limitations may apply
<i>levonorgestrel-ethinyl estrad tablet 90-20 mcg oral</i>	0	ACA NCDL, limitations may apply
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Emergency Contraceptives</b>		
ELLA TABLET 30 MG ORAL	0	ACA NCDL, limitations may apply
<b>Extended-Cycle Contraceptives - Oral</b>		
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 &amp; 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
<b>Four Phase Contraceptives - Oral</b>		
NATAZIA TABLET 3/2-2/2-3/1 MG ORAL	0	ACA NCDL, limitations may apply
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON IMPLANT 68 MG SUBCUTANEOUS	0	QL 1/300 days, SP, ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Progestin Contraceptives - Injectable</b>		
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
<b>Progestin Contraceptives - IUD</b>		
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
<b>Progestin Contraceptives - Oral</b>		
CAMILA TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Progestin Contraceptives - Oral (continued)</b>		
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
<b>Triphasic Contraceptives - Oral</b>		
<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
ENPRESSE-28 TABLET 50-30/75-40/125-30 MCG ORAL	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Triphasic Contraceptives - Oral (continued)</b>		
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
TRI-MILI TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Triphasic Contraceptives - Oral (continued)</b>		
TRINESSA (28) 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	ACA NCDL, limitations may apply
VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL	0	ACA NCDL, limitations may apply
<b>CORTICOSTEROIDS</b>		
<b>Glucocorticosteroids</b>		
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	
<i>deflazacort suspension 22.75 mg/ml oral</i>	4	LA, PA, QL 39/30 days
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Glucocorticosteroids (continued)</b>		
<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	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Glucocorticosteroids (continued)</b>		
<i>dexamethasone tablet 6 mg oral</i>	1	
<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	
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Glucocorticosteroids (continued)</b>		
<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	
SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION	2	
SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION	2	
SOLU-MEDROL SOLUTION RECONSTITUTED 2 GM INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Glucocorticosteroids (continued)</b>		
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL	4	LA, PA, QL 120/30 days, SP
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tablet 0.1 mg oral</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>Antitussive - Nonnarcotic</b>		
<i>benzonatate capsule 100 mg oral</i>	1	
<i>benzonatate capsule 200 mg oral</i>	1	
<b>Antitussive - Opioid</b>		
<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	
<b>Antitussive-Expectorant</b>		
FLOWTUSS SOLUTION 2.5-200 MG/5ML ORAL	3	PA, Medical Necessity PA
<b>Decongestant &amp; Antihistamine</b>		
<i>promethazine vc syrup 6.25-5 mg/5ml oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Misc. Respiratory Inhalants</b>		
<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	
<b>Mucolytics</b>		
<i>acetylcysteine solution 10 % inhalation</i>	1	
<i>acetylcysteine solution 20 % inhalation</i>	1	
<b>Non-Narc Antitussive-Antihistamine</b>		
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	1	
<b>Opioid Antitussive-Antihistamine</b>		
<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	
<b>DERMATOLOGICALS</b>		
<b>Acne Antibiotics</b>		
<i>clindamycin phosphate gel 1 % external</i>	1	
<i>clindamycin phosphate lotion 1 % external</i>	1	
<i>clindamycin phosphate solution 1 % external</i>	1	QL 240/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Acne Antibiotics (continued)</b>		
<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	
<b>Acne Combinations</b>		
<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	
<b>Acne Products</b>		
<i>adapalene cream 0.1 % external</i>	1	
<i>adapalene gel 0.3 % external</i>	1	
AMNESTEEM CAPSULE 10 MG ORAL	1	
AMNESTEEM CAPSULE 20 MG ORAL	1	
AMNESTEEM CAPSULE 40 MG ORAL	1	
ATRALIN GEL 0.05 % EXTERNAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Acne Products (continued)</b>		
AVITA CREAM 0.025 % EXTERNAL	1	
AVITA GEL 0.025 % EXTERNAL	1	
AZELEX CREAM 20 % EXTERNAL	3	PA, Medical Necessity PA
BENZIQU GEL 5.25 % EXTERNAL	2	
BENZIQU LS GEL 2.75 % EXTERNAL	2	
BENZIQU 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	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Acne Products (continued)</b>		
<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	
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINTMENT 15 % EXTERNAL	3	PA, Medical Necessity PA
<b>Antibiotic Steroid Combinations - Topical</b>		
CORTISPORIN CREAM 3.5-10000-0.5 EXTERNAL	3	
CORTISPORIN OINTMENT 1 % EXTERNAL	3	
<b>Antibiotics - Topical</b>		
ALTABAX OINTMENT 1 % EXTERNAL	3	
<i>gentamicin sulfate cream 0.1 % external</i>	1	
<i>gentamicin sulfate ointment 0.1 % external</i>	1	
<i>mupirocin ointment 2 % external</i>	1	QL 220/30 days
<b>Antifungals - Topical</b>		
<i>ciclopirox gel 0.77 % external</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antifungals - Topical (continued)</b>		
<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	
<b>Antifungals - Topical Combinations</b>		
<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	
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium solution 1.5 % transdermal</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antineoplastic Alkylating Agents - Topical</b>		
VALCHLOR GEL 0.016 % EXTERNAL	4	LA, PA, SP
<b>Antineoplastic Antimetabolites - Topical</b>		
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	
<b>Antineoplastic or Premalignant Lesions - Topical Misc.</b>		
PICATO GEL 0.015 % EXTERNAL	3	PA, Medical Necessity PA
PICATO GEL 0.05 % EXTERNAL	3	PA, Medical Necessity PA
<b>Antineoplastic or Premalignant Lesions - Topical NSAID's</b>		
<i>diclofenac sodium gel 3 % external</i>	1	QL 100/30 days
<b>Antineoplastic Retinoids - Topical</b>		
PANRETIN GEL 0.1 % EXTERNAL	3	
<b>Antipsoriatics</b>		
<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	
<i>tazarotene cream 0.1 % external</i>	1	
<i>tazarotene gel 0.05 % external</i>	1	
<i>tazarotene gel 0.1 % external</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antipsoriatics (continued)</b>		
VTAMA CREAM 1 % EXTERNAL	3	PA, QL 60/30 days
ZORYVE CREAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
<b>Antipsoriatics - Systemic</b>		
<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 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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antipsoriatics - Systemic (continued)</b>		
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 AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
TREMFYA SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	4	PA, QL 2/28 days, 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
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotion 2.5 % external</i>	1	
ZORYVE FOAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
<b>Antivirals - Topical</b>		
<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
<b>Atopic Dermatitis - Janus Kinase (JAK) Inhibitors</b>		
OPZELURA CREAM 1.5 % EXTERNAL	3	PA, QL 480/56 days
<b>Atopic Dermatitis - Monoclonal Antibodies</b>		
ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Atopic Dermatitis - Monoclonal Antibodies (continued)</b>		
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Prudent
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML 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
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
<b>Burn Products</b>		
<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	
<b>Corticosteroids - Topical</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Corticosteroids - Topical (continued)</b>		
<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	
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Corticosteroids - Topical (continued)</b>		
<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	
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Corticosteroids - Topical (continued)</b>		
<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	
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Corticosteroids - Topical (continued)</b>		
<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	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Corticosteroids - Topical (continued)</b>		
<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	
<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	
<b>Emollients</b>		
<i>ammonium lactate cream 12 % external</i>	1	
<i>ammonium lactate lotion 12 % external</i>	1	
<i>lactic acid lotion 10 % external</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Enzymes - Topical</b>		
SANTYL OINTMENT 250 UNIT/GM EXTERNAL	3	
<b>Imidazole-Related Antifungals - Topical</b>		
<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	
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	
<b>Immunomodulators Imidazoquinolinamines - Topical</b>		
<i>imiquimod cream 5 % external</i>	1	
<i>imiquimod pump cream 3.75 % external</i>	1	PA, Medical Necessity PA
<b>Interleukin-31 Receptor Antagonists - Systemic</b>		
NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Local Anesthetics - Topical</b>		
GLYDO GEL 2 % EXTERNAL	1	QL 30/90 days
GLYDO PREFILLED SYRINGE 2 % EXTERNAL	1	QL 60/90 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
PRAMOXY GEL 1 % EXTERNAL	1	
<b>Macrolide Immunosuppressants - Topical</b>		
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	
<b>Misc. Topical</b>		
DRYSOL SOLUTION 20 % EXTERNAL	3	
<b>Oxaborole-Related Antifungals - Topical</b>		
<i>tavorole solution 5 % external</i>	1	PA, Medical Necessity PA
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINTMENT 2 % EXTERNAL	2	
ZORYVE CREAM 0.15 % EXTERNAL	3	PA, QL 60/30 days
<b>Rosacea Agents</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Rosacea Agents (continued)</b>		
<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	
ROSADAN CREAM 0.75 % EXTERNAL	1	
<b>Scabicides &amp; Pediculicides</b>		
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
<i>permethrin cream 5 % external</i>	1	
<i>spinosad suspension 0.9 % external</i>	1	
ULESFIA LOTION 5 % EXTERNAL	3	
<b>Topical Anesthetic Combinations</b>		
<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
<b>Topical Selective Retinoid X Receptor Agonists</b>		
<i>bexarotene gel 1 % external</i>	4	PA, QL 60/30 days, SP, Prudent
<b>Topical Steroid Combinations</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Wound Care - Growth Factor Agents</b>		
REGANEX GEL 0.01 % EXTERNAL	3	
<b>Wound Dressings</b>		
FILSUEVZ GEL 10 % EXTERNAL	4	LA, PA, QL 655.20/28 days, SP
<b>Wound Treatment - Gene Therapy</b>		
VYJUVEK GEL 5000000000 PFU/2.5ML EXTERNAL	4	PA, QL 10/28 days, SP, Prudent
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Tests</b>		
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
<b>DIGESTIVE AIDS</b>		
<b>Digestive Enzymes</b>		
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Digestive Enzymes (continued)</b>		
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	
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	
<b>DIURETICS</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Carbonic Anhydrase Inhibitors (continued)</b>		
<i>methazolamide tablet 50 mg oral</i>	1	
<b>Diuretic Combinations</b>		
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
<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
<b>Loop Diuretics</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Loop Diuretics (continued)</b>		
<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>toremide tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>toremide tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>toremide tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>toremide tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<b>Potassium Sparing Diuretics</b>		
<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	
<b>Thiazides and Thiazide-Like Diuretics</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thiazides and Thiazide-Like Diuretics (continued)</b>		
<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
<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
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>Bisphosphonates</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Bisphosphonates (continued)</b>		
<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
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Bisphosphonates (continued)</b>		
<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
<b>Calcimimetic Agents</b>		
<i>cinacalcet hcl tablet 30 mg oral</i>	4	SP, Prudent
<i>cinacalcet hcl tablet 60 mg oral</i>	4	SP, Prudent
<i>cinacalcet hcl tablet 90 mg oral</i>	4	SP, Prudent
<b>Calcitonins</b>		
<i>calcitonin (salmon) solution 200 unit/act nasal</i>	1	
<b>Carnitine Replenisher - Agents</b>		
<i>levocarnitine solution 1 gm/10ml oral</i>	1	
<i>levocarnitine tablet 330 mg oral</i>	1	
<b>CKD Agent-Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor</b>		
XPHOZAH TABLET 20 MG ORAL	3	PA, QL 60/30 days
XPHOZAH TABLET 30 MG ORAL	3	PA, QL 60/30 days
<b>Cortisol Synthesis Inhibitors</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Dopamine Receptor Agonists</b>		
<i>cabergoline tablet 0.5 mg oral</i>	1	QL 16/28 days
<b>Fabry Disease - Agents</b>		
ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS	4	PA, SP, Prudent
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	4	PA, SP, Prudent
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP, Prudent
GALAFOLD CAPSULE 123 MG ORAL	4	LA, PA, QL 14/28 days, SP
<b>GAA Deficiency Treatment - Agents</b>		
OPFOLDA CAPSULE 65 MG ORAL	4	PA, QL 8/28 days, SP, Prudent
<b>GnRH/LHRH Antagonists</b>		
ORILISSA TABLET 150 MG ORAL	2	PA, QL 28/28 days
ORILISSA TABLET 200 MG ORAL	2	PA, QL 56/28 days
<b>Growth Hormone Receptor Antagonists</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Growth Hormone Receptor Antagonists (continued)</b>		
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	4	PA, SP, Prudent
<b>Growth Hormones</b>		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Growth Hormones (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Growth Hormones (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Growth Hormones (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Growth Hormones (continued)</b>		
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
<b>Hereditary Orotic Aciduria Treatment - Agents</b>		
XURIDEN PACKET 2 GM ORAL	3	PA, QL 4/1 days
<b>Hereditary Tyrosinemia Type 1 (HT-1) Treatment - Agents</b>		
<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
<b>Homocystinuria Treatment - Agents</b>		
<i>betaine powder oral</i>	4	LA, PA, SP, Prudent
<b>Hyperammonemia Treatment - Agents</b>		
<i>carglumic acid tablet soluble 200 mg oral</i>	4	LA, PA, SP, Prudent
<b>Hyperparathyroid Treatment - Vitamin D Analogs</b>		
<i>calcitriol capsule 0.25 mcg oral</i>	1	
<i>calcitriol capsule 0.5 mcg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Hyperparathyroid Treatment - Vitamin D Analogs (continued)</b>		
<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	
<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.
<b>Hypoparathyroid Treatment - Parathyroid Hormone Analogs</b>		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	4	LA, PA, QL 1.12/28 days, SP
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	4	LA, PA, QL 1.96/28 days, SP
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	4	LA, PA, QL 2.80/28 days, SP
<b>Hypophosphatasia (HPP) Agents</b>		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	4	LA, PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Hypophosphatasia (HPP) Agents (continued)</b>		
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	4	PA, SP, Prudent
<b>LHRH/GnRH Agonist Analog Combinations</b>		
LUPANETA PACK KIT 11.25 & 5 MG COMBINATION	4	PA, SP
LUPANETA PACK KIT 3.75 & 5 MG COMBINATION	4	PA, SP
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
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
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
<b>Mucopolysaccharidosis I (MPS I) - Agents</b>		
ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS	4	PA, SP, Medical Benefit only.

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Mucopolysaccharidosis II (MPS II) - Agents</b>		
ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
<b>Mucopolysaccharidosis VI (MPS VI) - Agents</b>		
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	4	PA, SP, Prudent
<b>Natriuretic Peptides</b>		
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
<b>Non-steroidal Mineralocorticoid Receptor Antagonists</b>		
KERENDIA TABLET 10 MG ORAL	3	PA, QL 30/30 days
KERENDIA TABLET 20 MG ORAL	3	PA, QL 30/30 days
<b>Ovulation Stimulants-Gonadotropins</b>		
<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
<b>Parathyroid Hormone And Derivatives</b>		
<i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i>	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Parathyroid Hormone And Derivatives (continued)</b>		
<i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i>	4	PA, SP, Prudent
<i>teriparatide solution pen-injector 620 mcg/2.48ml subcutaneous</i>	4	PA, SP, Prudent
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	4	PA, SP, Prudent
<b>Phenylketonuria Treatment - Agents</b>		
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
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
<b>RANK Ligand (RANKL) Inhibitors</b>		
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
<b>Sclerostin Inhibitors</b>		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	4	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Selective Estrogen Receptor Modulators (SERMs)</b>		
<i>raloxifene hcl tablet 60 mg oral</i>	0	ACA NCDL, limitations may apply
<b>Selective Vasopressin V2-Receptor Antagonists</b>		
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
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
<b>Somatostatic Agents</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Somatostatic Agents (continued)</b>		
<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
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
<b>Urea Cycle Disorder - Agents</b>		
<i>sodium phenylbutyrate powder 3 gm/tsp oral</i>	1	PA, Prudent
<i>sodium phenylbutyrate tablet 500 mg oral</i>	3	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Vasopressin</b>		
<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	
<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
<b>ESTROGENS</b>		
<b>Estrogen &amp; Progestin</b>		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Estrogen &amp; Progestin (continued)</b>		
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	
<b>Estrogen-Progestin-GnRH Antagonist</b>		
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	3	PA, QL 56/28 days
<b>Estrogens</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Estrogens (continued)</b>		
<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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Estrogens (continued)</b>		
<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
<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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Estrogens (continued)</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Estrogens (continued)</b>		
PREMARIN TABLET 1.25 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
<b>Estrogen-Selective Estrogen Receptor Modulator Comb</b>		
DUAVEE TABLET 0.45-20 MG ORAL	3	
<b>FLUOROQUINOLONES</b>		
<b>Fluoroquinolones</b>		
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Fluoroquinolones (continued)</b>		
<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
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		
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
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OICALIVA TABLET 10 MG ORAL	4	PA, QL 30/30 days, SP, Prudent

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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists</b>		
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
<b>IBS Agent - Selective 5-HT3 Receptor Antagonists</b>		
<i>alose tron hcl tablet 0.5 mg oral</i>	1	PA, QL 120/30 days
<i>alose tron hcl tablet 1 mg oral</i>	1	PA, QL 60/30 days
<b>Ileal Bile Acid Transporter (IBAT) Inhibitors</b>		
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 19 MG/ML ORAL	4	LA, PA, QL 60/30 days, SP
LIVMARLI SOLUTION 9.5 MG/ML ORAL	4	LA, PA, QL 90/30 days, SP
<b>Inflammatory Bowel Agents</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Inflammatory Bowel Agents (continued)</b>		
<i>mesalamine tablet delayed release 1.2 gm oral</i>	1	QL 120/30 days
<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	
<b>Integrin Receptor Antagonists</b>		
ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	4	PA, Medical Benefit only.
<b>Interleukin Antagonists</b>		
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
<b>Intestinal Acidifiers</b>		
<i>enulose solution 10 gm/15ml oral</i>	1	
<i>generlac solution 10 gm/15ml oral</i>	1	
<b>Live Fecal Microbiota (Human)</b>		
VOWST CAPSULE ORAL	4	LA, PA, QL 12/365 days, SP
<b>Peripheral Opioid Receptor Antagonists</b>		
MOVANTIK TABLET 12.5 MG ORAL	2	PA, QL 1/1 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Peripheral Opioid Receptor Antagonists (continued)</b>		
MOVANTIK TABLET 25 MG ORAL	2	PA, QL 1/1 days
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
<b>Peroxisome Proliferator-Activated Receptor Agonists</b>		
IQIRVO TABLET 80 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
LIVDELZI CAPSULE 10 MG ORAL	4	LA, PA, QL 30/30 days, SP
<b>Phosphate Binder Agents</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Phosphate Binder Agents (continued)</b>		
<i>sevelamer hcl tablet 800 mg oral</i>	1	QL 180/30 days
VELPHORO TABLET CHEWABLE 500 MG ORAL	3	QL 90/30 days
<b>Tumor Necrosis Factor Alpha Blockers</b>		
INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, Medical Benefit only.
RENFLEXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, Medical Benefit only.
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>5-Alpha Reductase Inhibitors</b>		
<i>dutasteride capsule 0.5 mg oral</i>	1	
<i>finasteride tablet 5 mg oral</i>	1	
<b>Alpha 1-Adrenoceptor Antagonists</b>		
<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	
<b>Citrates</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Citrates (continued)</b>		
<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	
<b>Cystinosis Agents</b>		
CYSTAGON CAPSULE 150 MG ORAL	4	SP, Prudent
CYSTAGON CAPSULE 50 MG ORAL	4	SP, Prudent
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
<b>Genitourinary Irrigants</b>		
<i>sodium chloride solution 0.9 % irrigation</i>	1	
<b>IgAN Agents - Endothelin &amp; Angiotensin II Receptor Antag</b>		
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
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPSULE 100 MG ORAL	3	
<b>Prostatic Hypertrophy Agent Combinations</b>		
<i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i>	1	ST
JALYN CAPSULE 0.5-0.4 MG ORAL	3	ST
<b>Small Interfering Ribonucleic Acid Agents (siRNA)</b>		
RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Small Interfering Ribonucleic Acid Agents (siRNA) (continued)</b>		
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
<b>Urinary Stone Agents</b>		
LITHOSTAT TABLET 250 MG ORAL	3	PA, Medical Necessity PA
<b>GOUT AGENTS</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine-probenecid tablet 0.5-500 mg oral</i>	1	
<b>Gout Agents</b>		
<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
<b>Uricosurics</b>		
<i>probenecid tablet 500 mg oral</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>Antihemophilic Products</b>		
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	4	PA, SP
SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP
TRETTEEN SOLUTION RECONSTITUTED 2000-3125 UNIT INTRAVENOUS	4	PA, SP
TRETTEEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	4	PA, SP
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS	4	PA, SP, Prudent
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Antihemophilic Products (continued)</b>		
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS	4	PA, SP
<b>Antihemophilic Products - Monoclonal Antibodies</b>		
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
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	4	PA, SP, Prudent
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP
<b>Anti-von Willebrand Factor Agents</b>		
CABLIVI KIT 11 MG INJECTION	4	LA, PA
<b>Bradykinin B2 Receptor Antagonists</b>		
<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
<b>C1 Esterase Inhibitors</b>		
BERINERT KIT 500 UNIT INTRAVENOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>C1 Esterase Inhibitors (continued)</b>		
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
<b>Complement C3 Inhibitors</b>		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	4	PA, SP, Prudent
<b>Complement C5 Inhibitors</b>		
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
<b>Complement C5a Receptor Inhibitors</b>		
TAVNEOS CAPSULE 10 MG ORAL	4	LA, PA, QL 180/30 days, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Complement Factor B Inhibitors</b>		
FABHALTA CAPSULE 200 MG ORAL	4	LA, PA, QL 60/30 days, SP
<b>Complement Factor D Inhibitors</b>		
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
<b>Direct-Acting P2Y12 Inhibitors</b>		
BRILINTA TABLET 60 MG ORAL	2	
BRILINTA TABLET 90 MG ORAL	2	
KENGREAL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	4	Medical Benefit only.
<b>Glycoprotein IIb/IIIa Receptor Inhibitors</b>		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	4	Medical Benefit only.
<b>Hematorheologic Agents</b>		
<i>pentoxifylline er tablet extended release 400 mg oral</i>	1	
<b>Phosphodiesterase III Inhibitors</b>		
<i>cilostazol tablet 100 mg oral</i>	1	
<i>cilostazol tablet 50 mg oral</i>	1	
<b>Plasma Kallikrein Inhibitors</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Plasma Kallikrein Inhibitors - Monoclonal Antibodies</b>		
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
<b>Platelet Aggregation Inhibitor Combinations</b>		
<i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i>	1	
<b>Platelet Aggregation Inhibitors</b>		
<i>dipyridamole tablet 25 mg oral</i>	1	
<i>dipyridamole tablet 50 mg oral</i>	1	
<i>dipyridamole tablet 75 mg oral</i>	1	
<b>Protease-Activated Receptor-1 (PAR-1) Antagonists</b>		
ZONTIVITY TABLET 2.08 MG ORAL	3	QL 30/30 days
<b>Pyruvate Kinase Activators</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Pyruvate Kinase Activators (continued)</b>		
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	4	LA, PA, QL 14/14 days, SP
<b>Quinazoline Agents</b>		
<i>anagrelide hcl capsule 0.5 mg oral</i>	1	
<i>anagrelide hcl capsule 1 mg oral</i>	1	
<b>Spleen Tyrosine Kinase (SYK) Inhibitors</b>		
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
<b>Thienopyridine Derivatives</b>		
<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	
<i>prasugrel hcl tablet 5 mg oral</i>	1	
<b>HEMATOPOIETIC AGENTS</b>		
<b>Agents for Gaucher Disease</b>		
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.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Amino Acids</b>		
<i>l-glutamine packet 5 gm oral</i>	3	QL 180/30 days, SP, ST
<b>Cobalamins</b>		
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	1	
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i>	1	
<b>CXCR4 Receptor Antagonist</b>		
<i>plerixafor solution 24 mg/1.2ml subcutaneous</i>	4	SP, Prudent
XOLREMDI CAPSULE 100 MG ORAL	4	LA, PA, QL 120/30 days, SP
<b>Cytotoxic Agents</b>		
DROXIA CAPSULE 200 MG ORAL	2	
DROXIA CAPSULE 300 MG ORAL	2	
DROXIA CAPSULE 400 MG ORAL	2	
<b>Erythropoiesis-Stimulating Agents (ESAs)</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Erythropoiesis-Stimulating Agents (ESAs) (continued)</b>		
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
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
<b>Folic Acid/Folates</b>		
<i>folic acid tablet 1 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Granulocyte Colony-Stimulating Factors (G-CSF)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Iron</b>		
ACCRUFER CAPSULE 30 MG ORAL	3	QL 180/365 days
<b>Thrombopoietin (TPO) Receptor Agonists</b>		
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
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
<b>HEMOSTATICS</b>		
<b>Hemostatics - Systemic</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
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	
<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
<b>Benzodiazepine Hypnotics</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Benzodiazepine Hypnotics (continued)</b>		
<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
<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	
<b>Hypnotics - Tricyclic Agents</b>		
<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
<b>Non-Benzodiazepine - GABA-Receptor Modulators</b>		
<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
<b>Orexin Receptor Antagonists</b>		
DAYVIGO TABLET 10 MG ORAL	3	QL 30/30 days, ST
DAYVIGO TABLET 5 MG ORAL	3	QL 30/30 days, ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Selective Melatonin Receptor Agonists</b>		
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
<b>LAXATIVES</b>		
<b>Bowel Evacuant Combinations</b>		
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Bowel Evacuant Combinations (continued)</b>		
<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	
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	
<b>Laxatives - Miscellaneous</b>		
<i>constulose solution 10 gm/15ml oral</i>	1	
KRISTALOSE PACKET 20 GM ORAL	3	
<i>lactulose solution 10 gm/15ml oral</i>	1	
<b>Saline Laxative Mixtures</b>		
OSMOPREP TABLET 1.102-0.398 GM ORAL	3	
<b>LOCAL ANESTHETICS-Parenteral</b>		
<b>Local Anesthetic &amp; Sympathomimetic</b>		
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION	3	
<b>Local Anesthetics - Amides</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Local Anesthetics - Amides (continued)</b>		
<i>lidocaine hcl solution 1 % injection</i>	1	
<i>lidocaine hcl solution 2 % injection</i>	1	
<b>MACROLIDES</b>		
<b>Azithromycin</b>		
<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	
<b>Clarithromycin</b>		
<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	
<b>Erythromycins</b>		
E.E.S. 400 TABLET 400 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Erythromycins (continued)</b>		
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL	1	
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	
<b>Fidaxomicin</b>		
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	3	QL 136/60 days
DIFICID TABLET 200 MG ORAL	3	QL 20/60 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Cervical Caps</b>		
FEMCAP DEVICE 22 MM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
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
<b>Diaphragms</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Diaphragms (continued)</b>		
WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
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
<b>Glucose Monitoring Test Supplies</b>		
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 PLUS SENSOR	2	PA, QL 2/30 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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Glucose Monitoring Test Supplies (continued)</b>		
FREESTYLE LIBRE 2 SENSOR SYSTM	2	PA, QL 3/30 days, VBP Drug List
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL 2/30 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
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
<b>Insulin Administration Supplies</b>		
OMNIPOD 10 PACK	2	QL 10/30 days, VBP Drug List
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD 5 DEXG7G6 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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Insulin Administration Supplies (continued)</b>		
OMNIPOD DASH PODS (GEN 4)	2	QL 10/30 days, VBP Drug List
<b>Needles &amp; Syringes</b>		
BD INSULIN SYRINGE 29G X 1/2" 1 ML	2	Incentive
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	Incentive,VBP Drug List
NOVOPEN ECHO DEVICE	3	QL 1/90 days
ULTICARE PEN NEEDLES 29G X 12.7MM	2	Incentive
<b>Spacer/Aerosol-Holding Chambers &amp; Supplies</b>		
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/FLWSIGNAL	3	
AEROCHAMBER Z-STAT PLUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Spacer/Aerosol-Holding Chambers &amp; Supplies (continued)</b>		
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	
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	
RITFLO DEVICE	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Spacer/Aerosol-Holding Chambers &amp; Supplies (continued)</b>		
<i>valved holding chamber device</i>	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
WATCHHALER DEVICE	3	
<b>MIGRAINE PRODUCTS</b>		
<b>Calcitonin Gene-Related Peptide Receptor Antag (CGRP)</b>		
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
<b>CGRP Receptor Antagonists - Monoclonal Antibodies</b>		
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
<b>Ergot Combinations</b>		
<i>ergotamine-caffeine tablet 1-100 mg oral</i>	1	QL 20/30 days
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate solution 1 mg/ml injection</i>	1	PA, QL 12/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Migraine Products (continued)</b>		
<i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>	1	PA, QL 8/28 days
ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL	3	PA, QL 20/30 days, Medical Necessity PA
<b>Migraine Products - NSAIDs</b>		
<i>diclofenac potassium(migraine) packet 50 mg oral</i>	1	PA, QL 9/30 days, Medical Necessity PA
<b>Selective Serotonin Agonist-NSAID Combinations</b>		
<i>sumatriptan-naproxen sodium tablet 85-500 mg oral</i>	1	PA, QL 18/25 days, Medical Necessity PA
<b>Selective Serotonin Agonists 5-HT(1)</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Selective Serotonin Agonists 5-HT(1) (continued)</b>		
<i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i>	1	QL 6/25 days
<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
<b>Selective Serotonin Agonists 5-HT(1F)</b>		
REYVOW TABLET 100 MG ORAL	2	QL 8/30 days, ST
REYVOW TABLET 50 MG ORAL	2	QL 8/30 days, ST
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Electrolytes Parenteral</b>		
ISOLYTE-S SOLUTION INTRAVENOUS	3	
<i>kcl (0.149%) in nacl solution 20-0.45 meq/l-% intravenous</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Electrolytes Parenteral (continued)</b>		
<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	
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	
<b>Fluoride</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Fluoride (continued)</b>		
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	
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	
<b>Potassium</b>		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Potassium (continued)</b>		
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	
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	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors (continued)</b>		
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.
BENLYSTA SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.
<b>Chelating Agents</b>		
CUVRIOR TABLET 300 MG ORAL	4	PA, SP
<i>penicillamine capsule 250 mg oral</i>	1	PA, Prudent
<i>trientine hcl capsule 250 mg oral</i>	1	PA, Prudent
<b>Cyclosporine Analogs</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cyclosporine Analogs (continued)</b>		
LUPKYNIS CAPSULE 7.9 MG ORAL	4	LA, PA, QL 180/30 days, SP
SANDIMMUNE SOLUTION 100 MG/ML ORAL	3	
<b>Enzymes</b>		
XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION	4	LA, PA, Prudent
<b>Farnesyltransferase Inhibitors</b>		
ZOKINVY CAPSULE 50 MG ORAL	4	LA, PA, SP
ZOKINVY CAPSULE 75 MG ORAL	4	LA, PA, SP
<b>Immune Globulin Immunosuppressants</b>		
ATGAM INJECTABLE 50 MG/ML INTRAVENOUS	3	Medical Benefit only.
ATGAM SOLUTION 50 MG/ML INTRAVENOUS	3	Medical Benefit only.
THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	3	
<b>Immunomodulators for Myelodysplastic Syndromes</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Immunomodulators for Myelodysplastic Syndromes (continued)</b>		
REVLIMID CAPSULE 25 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 5 MG ORAL	4	PA, SP, Prudent
<b>Inosine Monophosphate Dehydrogenase Inhibitors</b>		
CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL	2	
<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	
<b>Interleukin-6 (IL-6) Antagonists</b>		
SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	LA, PA, SP, Prudent
SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	4	LA, PA, SP, Prudent
<b>Irrigation Solutions</b>		
PHYSIOLYTE SOLUTION IRRIGATION	1	
PHYSIOSOL IRRIGATION SOLUTION IRRIGATION	1	
TIS-U-SOL SOLUTION IRRIGATION	1	
<b>Macrolide Immunosuppressants</b>		
<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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Macrolide Immunosuppressants (continued)</b>		
<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	
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	
<b>Monoclonal Antibodies</b>		
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.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>PIK3CA-Related Overgrowth Spectrum Agents - PI3K Inhib</b>		
VIJOICE PACKET 50 MG ORAL	4	PA, QL 28/28 days, SP, Prudent
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
<b>Potassium Removing Agents</b>		
KIONEX SUSPENSION 15 GM/60ML COMBINATION	1	
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 (SODIUM POLYSTYRENE SULF) SUSPENSION 15 GM/60ML COMBINATION	1	
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL	1	
SPS SUSPENSION 15 GM/60ML ORAL	1	
<b>Purine Analogs</b>		
AZASAN TABLET 100 MG ORAL	3	
AZASAN TABLET 75 MG ORAL	3	
<i>azathioprine tablet 50 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ROCK Inhibitors</b>		
REZUROCK TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
<b>Selective T-Cell Costimulation Blockers</b>		
NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	3	Medical Benefit only.
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl solution 4 % mouth/throat</i>	1	
<i>lidocaine viscous solution 2 % mouth/throat</i>	1	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole troche 10 mg mouth/throat</i>	1	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	1	
ORAVIG TABLET 50 MG BUCCAL	3	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate solution 0.12 % mouth/throat</i>	1	
PAROEX SOLUTION 0.12 % MOUTH/THROAT	1	
PERIOGARD SOLUTION 0.12 % MOUTH/THROAT	1	
<b>Saliva Stimulants</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Steroids - Mouth/Throat/Dental</b>		
ORALONE PASTE 0.1 % MOUTH/THROAT	1	
<i>triamcinolone acetate paste 0.1 % mouth/throat</i>	1	
<b>MULTIVITAMINS</b>		
<b>Ped Multi Vitamins w/Fl &amp; FE</b>		
<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	
<b>Ped MV w/ Fluoride</b>		
<i>multi-vit/fluoride solution 0.25 mg/ml oral</i>	1	
<i>multi-vit/fluoride solution 0.5 mg/ml oral</i>	1	
<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	
<b>Ped Vitamins ACD Fluoride &amp; Iron</b>		
<i>tri-vit/fluoride/iron solution 0.25-10 mg/ml oral</i>	1	
<b>Ped Vitamins ACD w/ Fluoride</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Prenatal MV &amp; Min w/FE-FA</b>		
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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Prenatal MV &amp; Min w/FE-FA (continued)</b>		
<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
<b>Prenatal MV &amp; Min w/FE-FA-DHA</b>		
CITRANATAL 90 DHA 90-1 & 300 MG ORAL	3	
CITRANATAL DHA 27-1 & 250 MG ORAL	3	
<i>pnv ob+dha 27-1 &amp; 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
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>Central Muscle Relaxants</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Central Muscle Relaxants (continued)</b>		
<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	
<b>Direct Muscle Relaxants</b>		
<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	
<b>Muscle Relaxant Combinations</b>		
<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
<b>Retinoic Acid Receptor Gamma Selective Agonists</b>		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>Antihistamine-Steroid</b>		
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	1	QL 23/30 days
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide solution 0.03 % nasal</i>	1	
<i>ipratropium bromide solution 0.06 % nasal</i>	1	
<b>Nasal Antihistamines</b>		
<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
<b>Nasal Steroids</b>		
<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
<b>Topical Decongestants</b>		
TYZINE SOLUTION 0.05 % NASAL	3	PA, Medical Necessity PA
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS Agents - Miscellaneous</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Benzothiazoles</b>		
<i>riluzole tablet 50 mg oral</i>	1	
<b>Friedrich's Ataxia Agents - Nrf2 Pathway Activators</b>		
SKYCLARYS CAPSULE 50 MG ORAL	4	LA, PA, QL 90/30 days, SP
<b>Muscular Dystrophy - Histone Deacetylase Inhibitors</b>		
DUVYZAT SUSPENSION 8.86 MG/ML ORAL	4	LA, PA, QL 420/35 days, SP
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLUTION RECONSTITUTED 100 UNIT INJECTION	4	PA, SP, Medical Benefit only.
BOTOX SOLUTION RECONSTITUTED 200 UNIT INJECTION	4	PA, SP, Medical Benefit only.
<b>Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs</b>		
DAYBUE SOLUTION 200 MG/ML ORAL	4	LA, PA, QL 3600/30 days, SP
<b>Spinal Muscular Atrophy-SMN2 Splicing Modifiers</b>		
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	4	LA, PA, QL 240/30 days, SP, Prudent
<b>NUTRIENTS</b>		
<b>Lipids</b>		
DOJOLVI LIQUID 100 % ORAL	4	PA, SP, Prudent
<b>OPHTHALMIC AGENTS</b>		
<b>Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb</b>		
SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC	3	
<b>Artificial Tear Inserts</b>		
LACRISERT INSERT 5 MG OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl solution 0.5 % ophthalmic</i>	1	
BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC	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	
<i>timolol maleate solution 0.25 % ophthalmic</i>	1	
<i>timolol maleate solution 0.5 % ophthalmic</i>	1	
TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC	3	
<b>Beta-blockers - Ophthalmic Combinations</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cycloplegic Mydriatics</b>		
<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	
<b>Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag</b>		
XIIDRA SOLUTION 5 % OPTHALMIC	2	
<b>Miotics - Cholinesterase Inhibitors</b>		
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 % OPTHALMIC	3	
<b>Miotics - Direct Acting</b>		
<i>pilocarpine hcl solution 1 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 2 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	1	
<b>Ophthalmic Antiallergic</b>		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Ophthalmic Antiallergic (continued)</b>		
BEPREVE SOLUTION 1.5 % OPTHALMIC	3	
<i>cromolyn sodium solution 4 % ophthalmic</i>	1	
EMADINE SOLUTION 0.05 % OPTHALMIC	3	
<i>epinastine hcl solution 0.05 % ophthalmic</i>	1	
<b>Ophthalmic Antibiotics</b>		
AZASITE SOLUTION 1 % OPTHALMIC	3	
<i>bacitracin ointment 500 unit/gm ophthalmic</i>	1	
BESIVANCE SUSPENSION 0.6 % OPTHALMIC	3	
CILOXAN OINTMENT 0.3 % OPTHALMIC	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 % OPTHALMIC	1	
<i>gentamicin sulfate solution 0.3 % ophthalmic</i>	1	
<i>levofloxacin solution 0.5 % ophthalmic</i>	1	
MOXEZA SOLUTION 0.5 % OPTHALMIC	3	
<i>moxifloxacin hcl solution 0.5 % ophthalmic</i>	1	
<i>ofloxacin solution 0.3 % ophthalmic</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Ophthalmic Antibiotics (continued)</b>		
<i>tobramycin solution 0.3 % ophthalmic</i>	1	
TOBREX OINTMENT 0.3 % OPHTHALMIC	3	
<b>Ophthalmic Antifungal</b>		
NATACYN SUSPENSION 5 % OPHTHALMIC	3	
<b>Ophthalmic Anti-infective Combinations</b>		
<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	
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	
<b>Ophthalmic Antivirals</b>		
<i>trifluridine solution 1 % ophthalmic</i>	1	
ZIRGAN GEL 0.15 % OPHTHALMIC	3	
<b>Ophthalmic Carbonic Anhydrase Inhibitors</b>		
<i>brinzolamide suspension 1 % ophthalmic</i>	1	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<b>Ophthalmic Ectoparasiticide</b>		
XDEMVY SOLUTION 0.25 % OPHTHALMIC	4	PA, QL 10/365 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine emulsion 0.05 % ophthalmic</i>	1	
<b>Ophthalmic Kinase Inhibitors - Combinations</b>		
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	2	
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl solution 0.5 % ophthalmic</i>	1	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLUTION 0.002 % OPHTHALMIC	4	LA, PA
<b>Ophthalmic Nonsteroidal Anti-inflammatory Agents</b>		
<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 % OPHTHALMIC	3	
<b>Ophthalmic Rho Kinase Inhibitors</b>		
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Ophthalmic Selective Alpha Adrenergic Agonists</b>		
<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	
<b>Ophthalmic Steroid Combinations</b>		
<i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i>	1	
BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % OPTHALMIC	2	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Ophthalmic Steroid Combinations (continued)</b>		
<i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i>	1	
ZYLET SUSPENSION 0.5-0.3 % OPTHALMIC	3	
<b>Ophthalmic Steroids</b>		
<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	
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Ophthalmic Steroids (continued)</b>		
PRED MILD SUSPENSION 0.12 % OPHTHALMIC	3	
<i>prednisolone acetate suspension 1 % ophthalmic</i>	1	
<i>prednisolone sodium phosphate solution 1 % ophthalmic</i>	2	
VEXOL SUSPENSION 1 % OPHTHALMIC	3	
<b>Ophthalmic Sulfonamides</b>		
<i>sulfacetamide sodium ointment 10 % ophthalmic</i>	1	
<i>sulfacetamide sodium solution 10 % ophthalmic</i>	1	
<b>Ophthalmics - Cystinosis Agents</b>		
CYSTADROPS SOLUTION 0.37 % OPHTHALMIC	4	LA, PA, SP
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	4	LA, PA, SP
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost solution 0.03 % ophthalmic</i>	1	
<i>latanoprost solution 0.005 % ophthalmic</i>	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	
<i>tafluprost (pf) solution 0.0015 % ophthalmic</i>	1	
<i>travoprost (bak free) solution 0.004 % ophthalmic</i>	1	
<b>OTIC AGENTS</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid solution 2 % otic</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Otic Agents - Miscellaneous (continued)</b>		
<i>acetic acid-aluminum acetate solution 2 % otic</i>	1	
<b>Otic Anti-infectives</b>		
<i>ciprofloxacin hcl solution 0.2 % otic</i>	1	
<i>ofloxacin solution 0.3 % otic</i>	1	
<b>Otic Steroid-Anti-infective Combinations</b>		
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	
<i>neomycin-polymyxin-hc solution 3.5- 10000-1 otic</i>	1	
<i>neomycin-polymyxin-hc suspension 3.5- 10000-1 otic</i>	1	
<b>Otic Steroids</b>		
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	
<b>OXYTOCICS</b>		
<b>Oxytocics</b>		
<i>methylergonovine maleate tablet 0.2 mg oral</i>	1	QL 120/365 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>Antiviral Monoclonal Antibodies</b>		
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
<b>Immune Serums</b>		
ALYGLO SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP
ALYGLO SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Immune Serums (continued)</b>		
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Immune Serums (continued)</b>		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Immune Serums (continued)</b>		
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 10 GM/50ML 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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Immune Serums (continued)</b>		
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
<b>PENICILLINS</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin capsule 250 mg oral</i>	1	
<i>amoxicillin capsule 500 mg oral</i>	1	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Aminopenicillins (continued)</b>		
<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.
<i>ampicillin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>ampicillin suspension reconstituted 250 mg/5ml oral</i>	1	
<b>Natural Penicillins</b>		
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.

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Natural Penicillins (continued)</b>		
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.
<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.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Penicillin Combinations</b>		
<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	
<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.

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Penicillin Combinations (continued)</b>		
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.
ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS	3	Medical Benefit only.
<b>Penicillinase-Resistant Penicillins</b>		
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>nafillin sodium solution reconstituted 1 gm injection</i>	1	Medical Benefit only.
<i>nafillin sodium solution reconstituted 1 gm intravenous</i>	1	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Penicillinase-Resistant Penicillins (continued)</b>		
<i>nafillin sodium solution reconstituted 2 gm injection</i>	1	Medical Benefit only.
<i>nafillin 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.
<b>PROGESTINS</b>		
<b>Progestins</b>		
<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	
<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	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>Alcohol Deterrents</b>		
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Anti-Cataleptic Agents</b>		
LUMRYZ PACKET 4.5 GM ORAL	4	PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 6 GM ORAL	4	PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 7.5 GM ORAL	4	PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 9 GM ORAL	4	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
<b>Anti-Cataleptic Combinations</b>		
XYWAV SOLUTION 500 MG/ML ORAL	4	LA, PA, QL 540/30 days, SP, Prudent
<b>Antisense Oligonucleotide (ASO) Inhibitor Agents</b>		
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	4	LA, PA, QL 0.80/28 days, SP
<b>Benzodiazepines &amp; Tricyclic Agents</b>		
<i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i>	1	
<i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i>	1	
<b>Cholinomimetics - ACHE Inhibitors</b>		
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cholinomimetics - ACHE Inhibitors (continued)</b>		
<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	
<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
<b>Fibromyalgia Agent - SNRIs</b>		
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Melanocortin Receptor Agonists</b>		
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
<b>Movement Disorder Drug Therapy</b>		
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
AUSTEDO TABLET 9 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL	4	PA, QL 30/30 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 30 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL	4	PA, QL 30/30 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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>MS Agents - Pyrimidine Synthesis Inhibitors</b>		
<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
<b>Multiple Sclerosis Agents</b>		
<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
<b>Multiple Sclerosis Agents - Antimetabolites</b>		
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
<b>Multiple Sclerosis Agents - Interferons</b>		
AVONEX KIT 30 MCG INTRAMUSCULAR	4	PA, QL 4/28 days, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Multiple Sclerosis Agents - Interferons (continued)</b>		
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 AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 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
PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Multiple Sclerosis Agents - Interferons (continued)</b>		
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
<b>Multiple Sclerosis Agents - Monoclonal Antibodies</b>		
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.40/28 days, SP, Medical Necessity PA, Prudent
<b>Multiple Sclerosis Agents - Nrf2 Pathway Activators</b>		
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
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	3	QL 60/30 days, SP, Prudent
<i>dimethyl fumarate starter pack 120 &amp; 240 mg oral</i>	3	QL 60/30 days, SP
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 &amp; 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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Multiple Sclerosis Agents - Potassium Channel Blockers</b>		
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	3	QL 60/30 days, SP, Prudent
<b>N-Methyl-D-Aspartate (NMDA) Receptor Antagonists</b>		
<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 &amp; 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	
<b>Phenothiazines &amp; Tricyclic Agents</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b>		
<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
<b>Pseudobulbar Affect Agent Combinations</b>		
NUDEXTA CAPSULE 20-10 MG ORAL	4	PA, QL 2/1 days
<b>Psychotherapeutic and Neurological Agents - Misc.</b>		
AQNEURSA PACKET 1 GM ORAL	4	LA, PA, QL 112/28 days, SP
<i>ergoloid mesylates tablet 1 mg oral</i>	1	
MIPLYFFA CAPSULE 124 MG ORAL	4	LA, PA, QL 90/30 days, SP
MIPLYFFA CAPSULE 47 MG ORAL	4	LA, PA, QL 90/30 days, SP
MIPLYFFA CAPSULE 62 MG ORAL	4	LA, PA, QL 90/30 days, SP
MIPLYFFA CAPSULE 93 MG ORAL	4	LA, PA, QL 90/30 days, SP
<i>pimozide tablet 1 mg oral</i>	1	
<i>pimozide tablet 2 mg oral</i>	1	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL	3	ST
HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL	3	ST
<b>Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag</b>		
ADDYI TABLET 100 MG ORAL	3	PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Smoking Deterrents</b>		
<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 &amp; 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 &amp; 1 mg x 42 oral</i>	0	QL 168/365 days, ACA NCDL, limitations may apply
<b>Sphingosine 1-Phosphate (S1P) Receptor Modulators</b>		
<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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Sphingosine 1-Phosphate (S1P) Receptor Modulators (continued)</b>		
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
<b>Vasomotor Symptom Agents - SSRIs</b>		
<i>paroxetine mesylate capsule 7.5 mg oral</i>	1	QL 30/30 days
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
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.
ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>CFTR Potentiators</b>		
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
<b>Cystic Fibrosis Agent - Combinations</b>		
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
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	4	PA, QL 84/28 days, SP, Prudent
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	4	PA, QL 84/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Cystic Fibrosis Agent - Combinations (continued)</b>		
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
<b>Cystic Fibrosis Agents - Miscellaneous</b>		
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
<b>Hydrolytic Enzymes</b>		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	4	PA, SP, Prudent
<b>Pulmonary Fibrosis Agents</b>		
<i>pirfenidone capsule 267 mg oral</i>	4	PA, QL 180/30 days, SP, Prudent
<i>pirfenidone tablet 267 mg oral</i>	4	PA, QL 180/30 days, SP, Prudent
<i>pirfenidone tablet 801 mg oral</i>	4	PA, QL 90/30 days, SP, Prudent
<b>Pulmonary Fibrosis Agents - Kinase Inhibitors</b>		
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
<b>SULFONAMIDES</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tablet 500 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>TETRACYCLINES</b>		
<b>Tetracyclines</b>		
<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	
<i>doxycycline monohydrate tablet 100 mg oral</i>	1	
<i>doxycycline monohydrate tablet 150 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Tetracyclines (continued)</b>		
<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	
<b>THYROID AGENTS</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tablet 10 mg oral</i>	1	
<i>methimazole tablet 5 mg oral</i>	1	
<i>propylthiouracil tablet 50 mg oral</i>	1	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABLET 120 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 180 MG ORAL	3	
ARMOUR THYROID TABLET 240 MG ORAL	3	
ARMOUR THYROID TABLET 30 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thyroid Hormones (continued)</b>		
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
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thyroid Hormones (continued)</b>		
<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
<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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thyroid Hormones (continued)</b>		
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>lithyronine sodium solution 10 mcg/ml intravenous</i>	1	Medical Benefit only.
<i>lithyronine sodium tablet 25 mcg oral</i>	1	
<i>lithyronine sodium tablet 5 mcg oral</i>	1	
<i>lithyronine 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	
NATURE-THROID TABLET 260 MG ORAL	3	
NATURE-THROID TABLET 32.5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thyroid Hormones (continued)</b>		
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	
SYNTHROID TABLET 88 MCG ORAL	2	
THYROLAR-1 TABLET 60 (12.5-50) MG (MCG) ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thyroid Hormones (continued)</b>		
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	
WP THYROID TABLET 48.75 MG ORAL	3	
WP THYROID TABLET 65 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Thyroid Hormones (continued)</b>		
WP THYROID TABLET 81.25 MG ORAL	3	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
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
QUADRACEL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Toxoid Combinations (continued)</b>		
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
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>Antispasmodics</b>		
<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	
<b>Belladonna Alkaloids</b>		
<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	
NULEV TABLET DISPERSIBLE 0.125 MG ORAL	1	
<i>oscimin sr tablet extended release 12 hour 0.375 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Belladonna Alkaloids (continued)</b>		
<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	
<b>H-2 Antagonists</b>		
<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	
<i>nizatidine capsule 300 mg oral</i>	1	
<i>nizatidine solution 15 mg/ml oral</i>	1	
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate suspension 1 gm/10ml oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Misc. Anti-Ulcer (continued)</b>		
<i>sucralfate tablet 1 gm oral</i>	1	
<b>PPI - Potassium-Competitive Acid Blockers (P-CAB)</b>		
VOQUEZNA TABLET 10 MG ORAL	3	QL 180/365 days, ST
VOQUEZNA TABLET 20 MG ORAL	3	QL 180/365 days, ST
<b>Proton Pump Inhibitors</b>		
<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	
<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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Proton Pump Inhibitors (continued)</b>		
<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
<b>Quaternary Anticholinergics</b>		
<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	
<b>Ulcer Anti-Infective w/ Bismuth Combinations</b>		
HELIDAC ORAL	3	PA, Medical Necessity PA
<b>Ulcer Anti-Infective w/ Proton Pump Inhibitors</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	1	
<i>amoxicill-clarithro-lansopraz therapy pack 500 &amp; 500 &amp; 30 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol tablet 100 mcg oral</i>	1	
<i>misoprostol tablet 200 mcg oral</i>	1	
<b>URINARY ANTISPASMODICS</b>		
<b>Urinary Antispasmodic - Antimuscarinic (Anticholinergic)</b>		
<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	
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Urinary Antispasmodic - Antimuscarinic (Anticholinergic) (continued)</b>		
<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	
<b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>		
<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
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<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	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tablet 100 mg oral</i>	1	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
BEXSERO SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML 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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Bacterial Vaccines (continued)</b>		
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
PNEUMOVAX 23 SOLUTION 25 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 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
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Viral Vaccine Combinations</b>		
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
<b>Viral Vaccines</b>		
ABRYSSVO SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ACAM2000 SOLUTION RECONSTITUTED INJECTION	0	ACA NCDL, limitations may apply
AFLURIA SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
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
ENGERIX-B INJECTABLE 20 MCG/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Viral Vaccines (continued)</b>		
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
<b>Viral Vaccines (continued)</b>		
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
JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS	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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Viral Vaccines (continued)</b>		
<i>moderna covid-19 vacc 6-11y suspension 50 mcg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
<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
MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Viral Vaccines (continued)</b>		
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
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
VARIVAX SUSPENSION RECONSTITUTED 1350 PFU/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ZOSTAVAX SUSPENSION RECONSTITUTED 19400 UNT/0.65ML SUBCUTANEOUS	0	ACA NCDL, limitations may apply
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Imidazole-Related Antifungals</b>		
GYNAZOLE-1 CREAM 2 % VAGINAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Imidazole-Related Antifungals (continued)</b>		
<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	
<b>Vaginal Anti-infectives</b>		
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	
<b>Vaginal Contraceptive pH Modulator - Combinations</b>		
PHEXXI GEL 1.8-1-0.4 % VAGINAL	0	ACA NCDL, limitations may apply
<b>Vaginal Estrogens</b>		
<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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Vaginal Progestins</b>		
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
<b>VASOPRESSORS</b>		
<b>Anaphylaxis Therapy Agents</b>		
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
NEFFY SOLUTION 2 MG/0.1ML NASAL	3	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
<b>Neurogenic Orthostatic Hypotension (NOH) - Agents</b>		
<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
<b>Vasopressors</b>		
<i>midodrine hcl tablet 10 mg oral</i>	1	
<i>midodrine hcl tablet 2.5 mg oral</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>Vasopressors (continued)</b>		
<i>midodrine hcl tablet 5 mg oral</i>	1	
<b>VITAMINS</b>		
<b>Vitamin C</b>		
<i>ascorbic acid solution 500 mg/ml injection</i>	1	
<b>Vitamin D</b>		
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	1	
<b>Vitamin K</b>		
<i>phytonadione tablet 5 mg oral</i>	1	QL 5/30 days

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# Index of Drugs

<b>5-Alpha Reductase Inhibitors.....</b>	<b>122</b>	Adapalene-Benzoyl Peroxide Gel 0.1-2.5 % External.....	99	Aliskiren Products.....	53
<b>5-HT3 Receptor Antagonists.....</b>	<b>43</b>	Adbry Products.....	102, 103	Alkeran Tablet 2 MG Oral.....	67
<b>5-Lipoxygenase Inhibitors.....</b>	<b>22</b>	Addyi TABLET 100 MG ORAL.....	162	Alkindi Products.....	96
Abacavir Products.....	77, 80	Adefovir Dipivoxil Tablet 10 MG Oral.....	80	<b>Alkylating Agents.....</b>	<b>56</b>
Abacavir-lamivudine-Zidovudine Tablet 300-150- 300 MG Oral.....	77	Adempas Products.....	87, 88	<b>Allergenic Extracts.....</b>	<b>7</b>
Abelcet SUSPENSION 5 MG/ML Intravenous.....	45	<b>ADHD Agent - Selective Alpha Adrenergic Agonists.....</b>	<b>4</b>	<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>	<b>7</b>
Abilify Products.....	76	<b>ADHD Agent - Selective Norepinephrine Reuptake Inhibitor.....</b>	<b>4</b>	Allopurinol Products.....	123
Abiraterone Products.....	56, 57	<b>ADHD/ANTI-NARCOLEPSY/ANTI- OBESITY/ANOREXIANTS.....</b>	<b>4</b>	Almotriptan Products.....	140
Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular.....	172	<b>Adrenergic Combinations.....</b>	<b>22</b>	Alocril SOLUTION 2 % OPHTHALMIC.....	150
Abstral Products.....	13	Advate Products.....	123, 124	Alogliptin Products.....	37
ACAM2000 Solution Reconstituted Injection.....	172	Adynovate Products.....	124	Alogliptin-metFORMIN Products.....	37
Acamprosate Calcium Tablet Delayed Release 333 MG Oral.....	158	AeroChamber Products.....	139	Alogliptin-Pioglitazone Products.....	38
Acarbose Products.....	36	Afeditab Products.....	84	Alomide Solution 0.1 % Ophthalmic.....	150
ACCRUFer Capsule 30 MG Oral.....	134	Afluria Suspension Intramuscular.....	172	Alosetron Products.....	121
<b>ACE Inhibitor &amp; Calcium Channel Blocker Combinations.....</b>	<b>49</b>	Afstyla Products.....	124	Aloxi Solution 0.25 MG/5ML Intravenous.....	43
<b>ACE Inhibitors.....</b>	<b>49</b>	Agamree Suspension 40 MG/ML Oral.....	96	<b>Alpha 1-Adrenoceptor Antagonists.....</b>	<b>122</b>
<b>ACE Inhibitors &amp; Thiazide/Thiazide-Like.....</b>	<b>50</b>	<b>Agents for External Genital and Perianal Warts... .....</b>	<b>100</b>	<b>Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb.....</b>	<b>149</b>
Acebutolol Products.....	82	<b>Agents for Gaucher Disease.....</b>	<b>132</b>	<b>Alpha-2 Receptor Antagonists (Tetracyclics)...</b>	<b>32</b>
Acetaminophen-Codeine Products.....	12	<b>Agents for Pheochromocytoma.....</b>	<b>51</b>	<b>Alpha-Beta Blockers.....</b>	<b>82</b>
acetaZOLAMIDE Products.....	108	Aggrastat Concentrate 3.75 MG/15ML Intravenous.. .....	131	<b>Alpha-Glucosidase Inhibitors.....</b>	<b>36</b>
Acetic Products.....	153	Ajovy Products.....	140	Alphanate Products.....	124
Acetylcysteine Products.....	99	Akeega Products.....	61	Alphanate/VWF Products.....	124, 125
Acitretin Products.....	102	Akynzeo Capsule 300-0.5 MG Oral.....	44	AlphaNine Products.....	125
<b>Acne Antibiotics.....</b>	<b>99</b>	Ala-Cort Cream 1 % External.....	103	<b>Alpha-Proteinase Inhibitor (Human).....</b>	<b>163</b>
<b>Acne Combinations.....</b>	<b>99</b>	Albendazole Tablet 200 MG Oral.....	19	ALPRAZolam Products.....	20
<b>Acne Products.....</b>	<b>99</b>	Albuterol Products.....	23, 24	Alprolix Products.....	125
Actemra Products.....	9	Alclometasone Products.....	103	<b>ALS Agents - Miscellaneous.....</b>	<b>148</b>
ActHIB SOLUTION RECONSTITUTED Intramuscular.....	171	<b>Alcohol Deterrents.....</b>	<b>158</b>	Altanax Ointment 1 % External.....	100
Actimmune Solution 100 MCG/0.5ML Subcutaneous.....	64	Aldactazide Tablet 50-50 MG Oral.....	108	Altavera Tablet 0.15-30 MG-MCG Oral.....	90
<b>Activated Phosphoinositide 3-kinase Delta Syndrome Agent.....</b>	<b>143</b>	Aldurazyme SOLUTION 2.9 MG/5ML Intravenous... .....	114	Altuviio Products.....	125
Acyclovir Products.....	81, 102	Alecensa Capsule 150 MG Oral.....	58	Alunbrig Products.....	58
Adacel Suspension 5-2-15.5 LF-MCG/0.5 Intramuscular.....	168	Alendronate Products.....	109, 110	Alvaiz Products.....	134
Adagen Solution 250 UNIT/ML Intramuscular.....	7	Alferon N Solution 5000000 UNIT/ML Injection....	64	Alvesco Products.....	25
Adalimumab-adaz Products.....	8	Alfuzosin HCl ER Tablet Extended Release 24 Hour 10 MG Oral.....	122	Alyacen Products.....	90, 95
Adapalene Products.....	99	Alinia Suspension Reconstituted 100 MG/5ML Oral.. .....	54	Alyglo Products.....	154
				Alyq Tablet 20 MG Oral.....	88
				Amabelz Products.....	117
				Amantadine Products.....	69
				AmBisome Suspension Reconstituted 50 MG Intravenous.....	45
				Ambrisentan Products.....	88
				Amcinonide Products.....	103
				Amethyst Tablet 90-20 MCG Oral.....	94

# Index of Drugs

Amikacin Products.....	7	<b>ANDROGENS-ANABOLIC.....</b>	<b>18</b>	<b>Antidotes - Chelating Agents.....</b>	<b>43</b>
aMILoride HCl Tablet 5 MG Oral.....	109	<b>Anesthetics Topical Oral.....</b>	<b>146</b>	<b>Antidotes and Specific Antagonists.....</b>	<b>43</b>
aMILoride-hydroCHLORothiazide Tablet 5-50		<b>Angiotensin II Receptor Antag &amp; Ca Channel</b>		<b>ANTIDOTES AND SPECIFIC ANTAGONISTS.....</b>	<b>43</b>
MG Oral.....	108	<b>Blocker Comb.....</b>	<b>51</b>	<b>Antiemetic Combinations.....</b>	<b>44</b>
<b>Amino Acids.....</b>	<b>132</b>	<b>Angiotensin II Receptor Antag &amp;</b>		<b>ANTIEMETICS.....</b>	<b>43</b>
Aminocaproic Products.....	134	<b>Thiazide/Thiazide-Like.....</b>	<b>51</b>	<b>Antiemetics - Anticholinergic.....</b>	<b>44</b>
<b>Aminoglycosides.....</b>	<b>7</b>	<b>Angiotensin II Receptor Antagonists.....</b>	<b>52</b>	<b>Antiemetics - Miscellaneous.....</b>	<b>44</b>
<b>AMINOGLYCOSIDES.....</b>	<b>7</b>	<b>Angiotensin II Receptor Ant-Ca Channel</b>		<b>Antiestrogens.....</b>	<b>57</b>
<b>Aminopenicillins.....</b>	<b>156</b>	<b>Blocker-Thiazides.....</b>	<b>52</b>	<b>Antifungal - Glucan Synthesis Inhibitors</b>	
Aminophylline Solution 25 MG/ML Intravenous.....	26	Annovera Ring 0.013-0.15 MG/24HR Vaginal.....	94	<b>(Echinocandins).....</b>	<b>44</b>
Amiodarone Products.....	21, 22	<b>ANORECTAL AND RELATED PRODUCTS.....</b>	<b>18</b>	<b>Antifungal - Glucan Synthesis Inhibitors</b>	
Amitriptyline Products.....	35	Anoro Ellipta Aerosol Powder Breath Activated		<b>(Triterpenoids).....</b>	<b>45</b>
amLODIPine Products.....	49, 51, 84	62.5-25 MCG/ACT Inhalation.....	22	<b>Antifungals.....</b>	<b>45</b>
Amlodipine Besy-Benzazepil HCl Capsule 2.5-10		<b>Anthelmintics.....</b>	<b>19</b>	<b>ANTIFUNGALS.....</b>	<b>44</b>
MG Oral.....	49	<b>ANTHELMINTICS.....</b>	<b>19</b>	<b>Antifungals - Topical.....</b>	<b>100</b>
amLODIPine-Olmesartan Products.....	51	<b>Anti TB Combinations.....</b>	<b>56</b>	<b>Antifungals - Topical Combinations.....</b>	<b>101</b>
Ammonium Products.....	105	<b>Antiadrenals.....</b>	<b>57</b>	<b>Antihemophilic Products.....</b>	<b>123</b>
Amnesteem Products.....	99	<b>Antiadrenals - Centrally Acting.....</b>	<b>53</b>	<b>Antihemophilic Products - Monoclonal</b>	
Amoxapine Products.....	35	<b>Antiadrenals - Peripherally Acting.....</b>	<b>53</b>	<b>Antibodies.....</b>	<b>130</b>
Amoxicill-Clarithro-Lansopraz Products.....	170	<b>Antiandrogens.....</b>	<b>57</b>	<b>ANTIHISTAMINES.....</b>	<b>45</b>
Amoxicillin Products.....	156	<b>ANTIANGINAL AGENTS.....</b>	<b>19</b>	<b>Antihistamines - Alkylamines.....</b>	<b>45</b>
Amoxicillin-Pot Products.....	157	<b>Antianginals-Other.....</b>	<b>19</b>	<b>Antihistamines - Ethanolamines.....</b>	<b>45</b>
<b>AMPA Glutamate Receptor Antagonists.....</b>	<b>29</b>	<b>ANTIANGIETY AGENTS.....</b>	<b>20</b>	<b>Antihistamines - Non-Sedating.....</b>	<b>46</b>
<b>Amphetamine Mixtures.....</b>	<b>4</b>	<b>Antianxiety Agents - Misc.....</b>	<b>20</b>	<b>Antihistamines - Phenothiazines.....</b>	<b>46</b>
Amphetamine-Dextroamphet Products.....	4	<b>ANTIARRHYTHMICS.....</b>	<b>21</b>	<b>Antihistamines - Piperidines.....</b>	<b>46</b>
Amphetamine-Dextroamphetamine Products.....	4	<b>Antiarrhythmics Type I-A.....</b>	<b>21</b>	<b>Antihistamine-Steroid.....</b>	<b>148</b>
<b>Amphetamines.....</b>	<b>4</b>	<b>Antiarrhythmics Type I-B.....</b>	<b>21</b>	<b>ANTIHYPERLIPIDEMICS.....</b>	<b>46</b>
Amphet-Dextroamphet Products.....	4	<b>Antiarrhythmics Type I-C.....</b>	<b>21</b>	<b>Antihyperlipidemics - Misc.....</b>	<b>46</b>
Amphotericin B SOLUTION RECONSTITUTED		<b>Antiarrhythmics Type III.....</b>	<b>21</b>	<b>ANTIHYPERTENSIVES.....</b>	<b>49</b>
50 MG INJECTION.....	45	<b>ANTIASTHMATIC AND BRONCHODILATOR</b>		<b>Anti-IgE Monoclonal Antibodies.....</b>	<b>23</b>
Ampicillin Products.....	156	<b>AGENTS.....</b>	<b>22</b>	<b>Anti-infective Agents - Misc.....</b>	<b>54</b>
Ampicillin-Sulbactam Products.....	157	<b>Antibiotic Steroid Combinations - Topical.....</b>	<b>100</b>	<b>ANTI-INFECTIVE AGENTS - MISC.....</b>	<b>54</b>
<b>Anabolic Steroids.....</b>	<b>18</b>	<b>Antibiotics - Topical.....</b>	<b>100</b>	<b>Anti-infective Misc. - Combinations.....</b>	<b>54</b>
Anadrol-50 Tablet 50 MG Oral.....	18	<b>Anti-Cataplectic Agents.....</b>	<b>159</b>	<b>Anti-infectives - Throat.....</b>	<b>146</b>
Anagrelide Products.....	132	<b>Anti-Cataplectic Combinations.....</b>	<b>159</b>	<b>Anti-Inflammatory Agents.....</b>	<b>23</b>
<b>ANALGESICS - ANTI-INFLAMMATORY.....</b>	<b>8</b>	<b>ANTICOAGULANTS.....</b>	<b>26</b>	<b>Anti-inflammatory Agents - Topical.....</b>	<b>101</b>
<b>ANALGESICS - NONNARCOTIC.....</b>	<b>12</b>	<b>ANTICONVULSANTS.....</b>	<b>29</b>	<b>Antileprotics.....</b>	<b>143</b>
<b>ANALGESICS - OPIOID.....</b>	<b>12</b>	<b>Anticonvulsants - Benzodiazepines.....</b>	<b>29</b>	<b>Antimalarial Combinations.....</b>	<b>56</b>
<b>Analgesics-Sedatives.....</b>	<b>12</b>	<b>Anticonvulsants - Misc.....</b>	<b>29</b>	<b>Antimalarials.....</b>	<b>56</b>
<b>Anaphylaxis Therapy Agents.....</b>	<b>175</b>	<b>ANTIDEPRESSANTS.....</b>	<b>32</b>	<b>ANTIMALARIALS.....</b>	<b>56</b>
Anastrozole Tablet 1 MG Oral.....	65	<b>Antidepressants - Misc.....</b>	<b>32</b>	<b>Antimarial Agents.....</b>	<b>71</b>
Androderm Products.....	18	<b>Antidiabetic - Amylin Analogs.....</b>	<b>36</b>	<b>Antimetabolites.....</b>	<b>57</b>
<b>Androgen Biosynthesis Inhibitors.....</b>	<b>56</b>	<b>ANTIDIABETICS.....</b>	<b>36</b>	<b>Antimyasthenic/Cholinergic Agents.....</b>	<b>56</b>
<b>Androgens.....</b>	<b>18</b>	<b>ANTIDIARRHEAL/PROBIOTIC AGENTS.....</b>	<b>42</b>	<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS.....</b>	<b>56</b>

## Index of Drugs

Antimycobacterial Agents.....	56	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	56	Antiviral Combinations.....	80
ANTIMYCOBACTERIAL AGENTS.....	56	Antineoplastics Misc.....	64	Antiviral Monoclonal Antibodies.....	154
Antineoplastic - AKT Inhibitors.....	58	ANTIPARKINSON AND RELATED THERAPY AGENTS.....	69	ANTIVIRALS.....	77
Antineoplastic - ALK Inhibitors.....	58	Antiparkinson Anticholinergics.....	69	Antivirals - Topical.....	102
Antineoplastic - Anti-CD20 Antibodies.....	58	Antiparkinson Dopaminergics.....	69	Anti-von Willebrand Factor Agents.....	130
Antineoplastic - Anti-HER2 Agents.....	58	Antiparkinson Monoamine Oxidase Inhibitors	69	Anusol-HC Cream 2.5 % Rectal.....	18
Antineoplastic - BCL-2 Inhibitors.....	58	Antiperistaltic Agents.....	42	Anzemet Products.....	43
Antineoplastic - BCR-ABL Kinase Inhibitors....	59	Antiprotozoal Agents.....	54	APAP-Caff-Dihydrocodeine Capsule 320.5-30-16	
Antineoplastic - BRAF Kinase Inhibitors.....	59	Antipsoriasis.....	101	MG Oral.....	12
Antineoplastic - BTK Inhibitors.....	59	Antipsoriasis - Systemic.....	102	Apidra Products.....	38
Antineoplastic - EGFR Inhibitors.....	60	Antipsychotics - Misc.....	71	Apokyn SOLUTION 10 MG/ML Subcutaneous.....	70
Antineoplastic - FGFR Kinase Inhibitors.....	60	ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	71	Apomorphine HCl Solution Cartridge 30 MG/3ML	
Antineoplastic - Gamma Secretase Inhibitors..	60	Antiretroviral Combinations.....	77	Subcutaneous.....	70
Antineoplastic - Hedgehog Pathway Inhibitors....	61	Antiretrovirals - Capsid Inhibitors.....	78	Apraclonidine HCl Solution 0.5 % Ophthalmic....	152
.....	61	Antiretrovirals - CCR5 Antagonists (Entry		Aprepitant Products.....	44
Antineoplastic - HIF-2-alpha Inhibitors.....	61	Inhibitor).....	78	Apretude Suspension Extended Release 600	
Antineoplastic - Histone Deacetylase Inhibitors...	61	Antiretrovirals - Fusion Inhibitors.....	78	MG/3ML Intramuscular.....	78
.....	61	Antiretrovirals - gp120-Directed Attachment		Apri Tablet 0.15-30 MG-MCG Oral.....	90
Antineoplastic - Hormonal and Related Agent		Inhibitor.....	78	Aptivus Products.....	79
Combinations.....	61	Antiretrovirals - Integrase Inhibitors.....	78	Aqneursa Packet 1 GM Oral.....	162
Antineoplastic - Immunomodulators.....	61	Antiretrovirals - Protease Inhibitors.....	79	Aralast NP SOLUTION RECONSTITUTED 500	
Antineoplastic - KRAS Inhibitors.....	61	Antiretrovirals - RTI-Non-Nucleoside Analogues		MG Intravenous.....	163
Antineoplastic - MEK Inhibitors.....	61	.....	79	Aranelle TABLET 0.5/1/0.5-35 MG-MCG Oral.....	95
Antineoplastic - MET Inhibitors.....	61	Antiretrovirals - RTI-Nucleoside Analogues-		Aranesp Products.....	132
Antineoplastic - Methyltransferase Inhibitors...	61	Purines.....	80	Arcalyst Solution Reconstituted 220 MG	
Antineoplastic - mTOR Kinase Inhibitors.....	61	Antiretrovirals - RTI-Nucleoside Analogues-		Subcutaneous.....	9
Antineoplastic - Multikinase Inhibitors.....	62	Pyrimidines.....	80	Arcapta Neohaler Capsule 75 MCG Inhalation.....	24
Antineoplastic - PDGFR-alpha Inhibitors.....	62	Antiretrovirals - RTI-Nucleoside Analogues-		Arexvy Suspension Reconstituted 120	
Antineoplastic - Proteasome Inhibitors.....	63	Thymidines.....	80	MCG/0.5ML Intramuscular.....	172
Antineoplastic - RET Inhibitors.....	63	Antiretrovirals - RTI-Nucleotide Analogues.....	80	Arformoterol Tartrate Nebulization Solution 15	
Antineoplastic - Tropomyosin Receptor		Antirheumatic - Janus Kinase (JAK) Inhibitors..	8	MCG/2ML Inhalation.....	24
Kinase Inhibitors.....	63	Antirheumatic Antimetabolites.....	8	Arikayce Suspension 590 MG/8.4ML Inhalation.....	8
Antineoplastic - Tyrosine Kinase Inhibitors.....	63	Antiseborrheic Products.....	102	Arimidex Tablet 1 MG Oral.....	65
Antineoplastic - XPO1 Inhibitors.....	63	Antisense Oligonucleotide (ASO) Inhibitor		ARIPiprazole Products.....	76
Antineoplastic Alkylating Agents - Topical.....	101	Agents.....	159	Aristada Products.....	76
Antineoplastic Antimetabolites - Topical.....	101	Antiseptics - Mouth/Throat.....	146	Armodafinil Products.....	5
Antineoplastic Combinations.....	64	Antispasmodics.....	169	Armour Products.....	165, 166
Antineoplastic or Premalignant Lesions -		Antithyroid Agents.....	165	Arnuity Products.....	25
Topical Misc.....	101	Anti-TNF-alpha - Monoclonal Antibodies.....	8	<b>Aromatase Inhibitors.....</b>	<b>65</b>
Antineoplastic or Premalignant Lesions -		Antitussive - Nonnarcotic.....	98	<b>Artificial Tear Inserts.....</b>	<b>149</b>
Topical NSAID's.....	101	Antitussive - Opioid.....	98	Arzerra Products.....	58
Antineoplastic Radiopharmaceuticals.....	64	Antitussive-Expectorant.....	98	Ascorbic Acid Solution 500 MG/ML Injection.....	176
Antineoplastic Retinoids - Topical.....	101			Asenapine Products.....	74
Antineoplastics - Photoactivated Agents.....	64				

# Index of Drugs

Aspirin-Dipyridamole ER Capsule Extended Release 12 Hour 25-200 MG Oral.....	131
Atazanavir Products.....	79
Atenolol Products.....	82
Atenolol-Chlorthalidone Products.....	53
Atgam Products.....	144
Atomoxetine Products.....	4
<b>Atopic Dermatitis - Janus Kinase (JAK) Inhibitors.....</b>	<b>102</b>
<b>Atopic Dermatitis - Monoclonal Antibodies....</b>	<b>102</b>
Atorvastatin Products.....	47
Atovaquone Suspension 750 MG/5ML Oral.....	54
Atralin GEL 0.05 % EXTERNAL.....	99
Atropine Sulfate Solution 1 % Ophthalmic.....	150
Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation.....	24
Augtyro Capsule 40 MG Oral.....	63
Aurovela FE 1/20 Tablet 1-20 MG-MCG Oral.....	90
Auryxia Tablet 1 GM 210 MG(Fe) Oral.....	122
Austedo Products.....	160
Auvi-Q Solution Auto-Injector 0.1 MG/0.1ML Injection.....	175
Avandia Products.....	42
Avelox Solution 400 MG/250ML Intravenous.....	119
Aviane TABLET 0.1-20 MG-MCG Oral.....	90
Avidoxy Tablet 100 MG Oral.....	165
Avita Products.....	100
Avonex Products.....	160, 161
Ayvakit Products.....	62, 63
Azasan Products.....	145
AzaSite Solution 1 % Ophthalmic.....	150
azaTHIOprine Tablet 50 MG Oral.....	145
Azelaic Acid Gel 15 % External.....	106
Azelastine Products.....	148, 150
Azelastine-Fluticasone Suspension 137-50 MCG/ACT Nasal.....	148
Azelex Cream 20 % External.....	100
<b>Azithromycin.....</b>	<b>136</b>
Azithromycin Products.....	136
Aztreonam Products.....	55
Azurette Tablet 0.15-0.02/0.01 MG (21/5) Oral....	90
Bacitracin Products.....	54, 150
Bacitracin-Polymyxin B Ointment 500-10000 UNIT/GM Ophthalmic.....	151
Bacitra-Neomycin-Polymyxin-HC Ointment 1 % Ophthalmic.....	152
Baclofen Products.....	147
<b>Bacterial Vaccines.....</b>	<b>171</b>
Bactocill Products.....	158
Bafiertam Capsule Delayed Release 95 MG Oral....	161
Balsalazide Disodium Capsule 750 MG Oral.....	121
Balversa Products.....	60
Baqsimi Products.....	36
Baraclude SOLUTION 0.05 MG/ML ORAL.....	80
<b>Barbiturate Hypnotics.....</b>	<b>134</b>
Basaglar KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous.....	38
Baxdela SOLUTION RECONSTITUTED 300 MG Intravenous.....	119
BD Products.....	139
<b>Belladonna Alkaloids.....</b>	<b>169</b>
Benazepril Products.....	49
Benazepril-hydroCHLOROthiazide Products.....	50
BeneFIX Products.....	125
Benlysta Products.....	143
<b>Benzothiazoles.....</b>	<b>149</b>
Benziq Products.....	100
<b>Benzisoxazoles.....</b>	<b>72</b>
Benznidazole Products.....	19
<b>Benzodiazepine Hypnotics.....</b>	<b>134</b>
<b>Benzodiazepines.....</b>	<b>20</b>
<b>Benzodiazepines &amp; Tricyclic Agents.....</b>	<b>159</b>
Benzonatate Products.....	98
Benzoyl Peroxide-Erythromycin Gel 5-3 % External..	99
Benztropine Products.....	69
Bepotastine Besilate Solution 1.5 % Ophthalmic	150
Bepreve Solution 1.5 % Ophthalmic.....	150
Beriner KIT 500 UNIT Intravenous.....	130
Besivance Suspension 0.6 % Ophthalmic.....	150
Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous.....	64
<b>Beta Adrenergics.....</b>	<b>23</b>
<b>Beta Blocker &amp; Diuretic Combinations.....</b>	<b>53</b>
<b>BETA BLOCKERS.....</b>	<b>82</b>
<b>Beta Blockers Cardio-Selective.....</b>	<b>82</b>
<b>Beta Blockers Non-Selective.....</b>	<b>83</b>
<b>Beta-blockers - Ophthalmic.....</b>	<b>149</b>
<b>Beta-blockers - Ophthalmic Combinations....</b>	<b>149</b>
Betaine Powder Oral.....	113
Betamethasone Products.....	103
Betaseron KIT 0.3 MG Subcutaneous.....	161
Betaxolol Products.....	82, 149
Bethanechol Products.....	171
Betoptic-S Suspension 0.25 % Ophthalmic.....	149
Bexarotene Products.....	68, 107
Bexsero Suspension Prefilled Syringe Intramuscular.....	171
Beyfortus Products.....	154
Bicalutamide Tablet 50 MG Oral.....	57
Bicillin Products.....	156-158
<b>Biguanides.....</b>	<b>36</b>
Biktarvy Products.....	77
<b>Bile Acid Sequestrants.....</b>	<b>47</b>
<b>Bile Acid Synthesis Disorder Agents.....</b>	<b>120</b>
Bimatoprost Solution 0.03 % Ophthalmic.....	153
<b>Biologicals Misc.....</b>	<b>7</b>
Bio-Statin Capsule 500000 UNIT Oral.....	45
<b>Biphasic Contraceptives - Oral.....</b>	<b>90</b>
Bisoprolol Products.....	82
Bisoprolol-hydroCHLOROthiazide Products.....	53
<b>Bisphosphonates.....</b>	<b>109</b>
Blephamide Products.....	152
Blisovi Products.....	90, 91
<b>B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors.....</b>	<b>143</b>
Boostrix Products.....	168
Bosentan Products.....	88
Bosulif Products.....	59
Botox Products.....	149
<b>Bowel Evacuant Combinations.....</b>	<b>135</b>
<b>Bradykinin B2 Receptor Antagonists.....</b>	<b>130</b>
Braftovi Capsule 75 MG Oral.....	59
Brexafemme Tablet 150 MG Oral.....	45
Breyna Products.....	22
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation.....	22
Brilinta Products.....	131
Brimonidine Products.....	106, 149, 152
Brimonidine Suspension 1 % Ophthalmic.....	151
Briviact Products.....	29

## Index of Drugs

Brixadi Products.....	16, 17	Calcium Acetate (Phos Binder) Tablet 667 MG Oral.....	122	Carisoprodol Products.....	147
Bromfenac Products.....	151	<b>Calcium Channel Blockers.....</b>	<b>84</b>	Carisoprodol-Aspirin-Codeine Tablet 200-325-16 MG Oral.....	148
Bromocriptine Products.....	69	<b>CALCIUM CHANNEL BLOCKERS.....</b>	<b>84</b>	<b>Carnitine Replenisher - Agents.....</b>	<b>110</b>
Brompheniramine Tannate Tablet Chewable 12 MG Oral.....	45	Calquence Products.....	60	Carteolol HCl SOLUTION 1 % Ophthalmic.....	149
Bronchitol Products.....	164	Camcevi Prefilled Syringe 42 MG Subcutaneous..	66	Cartia Products.....	84
<b>Bronchodilators - Anticholinergics.....</b>	<b>24</b>	Camila Tablet 0.35 MG Oral.....	95	Carvedilol Products.....	82
Brukinsa Capsule 80 MG Oral.....	59	Camrese Lo TABLET 0.1-0.02 & 0.01 MG ORAL..	94	Caya DIAPHRAGM VAGINAL.....	137
Budesonide Products.....	18, 25, 96	Camzyos Products.....	87	Cayston Solution Reconstituted 75 MG Inhalation....	55
Budesonide-Formoterol Products.....	22	Canasa Suppository 1000 MG Rectal.....	121	.....	55
Bumetanide Products.....	108	Cancidas SOLUTION RECONSTITUTED 50 MG Intravenous.....	44	Caziant Tablet 0.1/0.125/0.15 -0.025 MG Oral.....	95
Buprenorphine Products.....	17	Canesartan Products.....	51, 52	Cefaclor Products.....	89
buPROPion Products.....	32, 163	Capastat Sulfate Solution Reconstituted 1 GM Injection.....	56	Cefadroxil Products.....	88, 89
<b>Burn Products.....</b>	<b>103</b>	Capecitabine Products.....	57	ceFAZolin Products.....	89
busPIRone Products.....	20	Capex Shampoo 0.01 % External.....	103	CeFAZolin Sodium Solution Reconstituted 500 MG Injection.....	89
Butalbital-Acetaminophen Tablet 50-325 MG Oral....	12	Caplyta Products.....	71, 72	Cefdinir Products.....	89
.....	12	Caprelsa Products.....	62	Cefditoren Products.....	89
Butalbital-APAP-Caff-Cod Products.....	12	Captopril Products.....	49	Cefepime Products.....	90
Butalbital-APAP-Caffeine Products.....	12	Captopril-hydroCHLOROthiazide Products.....	50	Cefixime Products.....	89
Butalbital-ASA-Caff-Codeine Capsule 50-325-40-30 MG Oral.....	12	Capvaxive Solution Prefilled Syringe 0.5 ML Intramuscular.....	171	cefoTEtan Products.....	89
Butalbital-ASA-Caffeine Capsule 50-325-40 MG Oral.....	12	<b>Carbamates.....</b>	<b>31</b>	cefOXitin Sodium Solution Reconstituted 10 GM Intravenous.....	89
Butalbital-Aspirin-Caffeine Capsule 50-325-40 MG Oral.....	12	carBAMazepine Products.....	29, 30	CefOXitin Sodium Solution Reconstituted 10 GM Injection.....	89
Butisol Sodium Tablet 30 MG Oral.....	134	CarBAMazepine ER Capsule Extended Release 12 Hour 300 MG Oral.....	29	Cefpodoxime Products.....	89, 90
Butorphanol Tartrate Solution 10 MG/ML Nasal... 17	17	<b>Carbapenem Combinations.....</b>	<b>54</b>	Cefprozil Products.....	89
<b>Butyrophenones.....</b>	<b>74</b>	<b>Carbapenems.....</b>	<b>54</b>	cefTAZidime Solution Reconstituted 2 GM Intravenous.....	90
Bylvay Products.....	121	Carbidopa Tablet 25 MG Oral.....	70	CefTAZidime Products.....	90
<b>C1 Esterase Inhibitors.....</b>	<b>130</b>	Carbidopa-Levodopa Products.....	70	Ceftibuten Products.....	90
Cabenuva Products.....	77	Carbidopa-Levodopa-Entacapone Products.....	70	cefTRIAxone Products.....	90
Cabergoline Tablet 0.5 MG Oral.....	111	Carbinoxamine Products.....	45, 46	Cefuroxime Products.....	89
Cablivi Kit 11 MG Injection.....	130	<b>Carbonic Anhydrase Inhibitors.....</b>	<b>108</b>	Celecoxib Products.....	9
Cabometyx Products.....	62	Cardene Products.....	84	CellCept SUSPENSION RECONSTITUTED 200 MG/ML ORAL.....	144
<b>Calcimimetic Agents.....</b>	<b>110</b>	<b>Cardiac Glycosides.....</b>	<b>86</b>	<b>Central Muscle Relaxants.....</b>	<b>147</b>
Calcipotriene Products.....	101	<b>Cardiac Myosin Inhibitors.....</b>	<b>87</b>	<b>Central/Peripheral COMT Inhibitors.....</b>	<b>69</b>
Calcipotriene-Betameth Products.....	107	<b>CARDIOTONICS.....</b>	<b>86</b>	Cephalexin Products.....	89
Calcitonin (Salmon) Solution 200 UNIT/ACT Nasal... ..	110	<b>CARDIOVASCULAR AGENTS - MISC.....</b>	<b>87</b>	<b>CEPHALOSPORINS.....</b>	<b>88</b>
<b>Calcitonin Gene-Related Peptide Receptor Antag (CGRP).....</b>	<b>140</b>	Cardizem LA Tablet Extended Release 24 Hour 120 MG Oral.....	84	<b>Cephalosporins - 1st Generation.....</b>	<b>88</b>
<b>Calcitonins.....</b>	<b>110</b>	Cardura Products.....	122	<b>Cephalosporins - 2nd Generation.....</b>	<b>89</b>
Calcitrene Ointment 0.005 % External.....	101	Carglumic Acid Tablet Soluble 200 MG Oral.....	113	<b>Cephalosporins - 3rd Generation.....</b>	<b>89</b>
Calcitriol Products.....	101, 113, 114	Carimune Products.....	154	<b>Cephalosporins - 4th Generation.....</b>	<b>90</b>

# Index of Drugs

Cerdelga Capsule 84 MG Oral.....	132	Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic.....	153	Colyte with Flavor Packs Solution Reconstituted 240 GM Oral.....	135
Cerezyme SOLUTION RECONSTITUTED 400 UNIT Intravenous.....	132	Citalopram Products.....	33	<b>Combination Contraceptives - Oral.....</b>	<b>90</b>
<b>Cervical Caps.....</b>	<b>137</b>	CitraNatal Products.....	147	<b>Combination Contraceptives - Transdermal.....</b>	<b>94</b>
Cesamet Capsule 1 MG Oral.....	44	<b>Citrates.....</b>	<b>122</b>	<b>Combination Contraceptives - Vaginal.....</b>	<b>94</b>
Cesia Tablet 0.1/0.125/0.15 -0.025 MG Oral.....	95	<b>CKD Agent-Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor.....</b>	<b>110</b>	Combivent Respimat Aerosol Solution 20-100 MCG/ACT Inhalation.....	22
Cetirizine HCl Solution 1 MG/ML Oral.....	46	Claravis Products.....	100	Cometriq Products.....	62, 63
Cetylev Products.....	43	Clarinet Syrup 0.5 MG/ML Oral.....	46	Comirnaty Suspension 30 MCG/0.3ML Intramuscular.....	172
Cevimeline HCl Capsule 30 MG Oral.....	146	<b>Clarithromycin.....</b>	<b>136</b>	<b>Complement C3 Inhibitors.....</b>	<b>130</b>
<b>CFTR Potentiators.....</b>	<b>164</b>	Clarithromycin Products.....	136	<b>Complement C5 Inhibitors.....</b>	<b>130</b>
<b>CGRP Receptor Antagonists - Monoclonal Antibodies.....</b>	<b>140</b>	Clearplex X Gel 10 % External.....	100	<b>Complement C5a Receptor Inhibitors.....</b>	<b>130</b>
<b>Chelating Agents.....</b>	<b>143</b>	Clemastine Fumarate Tablet 2.68 MG Oral.....	46	<b>Complement Factor B Inhibitors.....</b>	<b>131</b>
Chemet CAPSULE 100 MG Oral.....	43	Clenpiq Products.....	135	<b>Complement Factor D Inhibitors.....</b>	<b>131</b>
<b>Chemotherapy Adjuncts - Keratinocyte Growth Factors.....</b>	<b>65</b>	Cleocin Suppository 100 MG Vaginal.....	175	Complera Tablet 200-25-300 MG Oral.....	77
chlordiazepoxide Products.....	20	Climara Pro Patch Weekly 0.045-0.015 MG/DAY Transdermal.....	117	Compro Suppository 25 MG Rectal.....	75
Chlordiazepoxide-Amitriptyline Products.....	159	Clindamycin Products.....	55, 99, 175	Co-Natal FA Tablet Oral.....	147
Chlorhexidine Gluconate Solution 0.12 % Mouth/Throat.....	146	Clindamycin-Tretinoin Gel 1.2-0.025 % External... 99		Constulose Solution 10 GM/15ML Oral.....	136
Chloroquine Products.....	56	cloBAZam Products.....	29	<b>Continuous Contraceptives - Oral.....</b>	<b>94</b>
Chlorothiazide Products.....	109	Clobetasol Products.....	103, 104	<b>CONTRACEPTIVES.....</b>	<b>90</b>
chlorproMAZINE Products.....	75	Clobex Spray Liquid 0.05 % External.....	104	Copiktra Products.....	67
Chlorthalidone Products.....	109	Clocortolone Pivalate Cream 0.1 % External.....	104	<b>Copper Contraceptives - IUD.....</b>	<b>94</b>
Chlorzoxazone Tablet 500 MG Oral.....	147	clomiPRAMINE Products.....	35	Corifact KIT 1000-1600 UNIT Intravenous.....	125
Cholbam Products.....	120	clonazePAM Products.....	29	Corlanor Products.....	88
Cholestyramine Products.....	47	cloNIDine Products.....	4, 53	<b>CORTICOSTEROIDS.....</b>	<b>96</b>
<b>Cholinomimetics - ACHE Inhibitors.....</b>	<b>159</b>	Clopidogrel Products.....	132	<b>Corticosteroids - Topical.....</b>	<b>103</b>
Chorionic Gonadotropin Solution Reconstituted 10000 UNIT Intramuscular.....	115	Clorazepate Products.....	20, 21	<b>Cortisol Synthesis Inhibitors.....</b>	<b>110</b>
Ciclopirox Products.....	100, 101	Clotrimazole Products.....	106, 146	Cortisone Acetate Tablet 25 MG Oral.....	96
Cilostazol Products.....	131	Clotrimazole-Betamethasone Products.....	101	Cortisporin Products.....	100
Ciloxan Ointment 0.3 % Ophthalmic.....	150	cloZAPine Products.....	74	Cosentyx Products.....	102
Cimduo Tablet 300-300 MG Oral.....	77	<b>CMV Agents.....</b>	<b>80</b>	Cotellic TABLET 20 MG ORAL.....	61
Cimetidine Products.....	169	Coartem Tablet 20-120 MG Oral.....	56	<b>COUGH/COLD/ALLERGY.....</b>	<b>98</b>
Cinacalcet Products.....	110	<b>Cobalamins.....</b>	<b>132</b>	Coumadin Products.....	26
Cinryze Solution Reconstituted 500 UNIT Intravenous.....	130	Cobenfy Products.....	75	<b>Coumarin Anticoagulants.....</b>	<b>26</b>
Cipro Products.....	119, 153	Codeine Products.....	13	Creon Products.....	107
Ciprofloxacin Products.....	119, 150, 153	<b>Codeine Combinations.....</b>	<b>12</b>	Cresamba Products.....	45
Ciprofloxacin-Ciproflox Products.....	120	Colchicine Products.....	123	Crinone Gel 4 % Vaginal.....	175
Ciprofloxacin-Dexamethasone Suspension 0.3-0.1 % Otic.....	153	Colchicine-Probenecid Tablet 0.5-500 MG Oral..	123	Crixivan Products.....	79
		Colesevelam Products.....	47	Cromolyn Products.....	23, 120, 150
		Colestipol Products.....	47	Crotan Lotion 10 % External.....	107
		Colocort Enema 100 MG/60ML Rectal.....	18	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.....	143	Delstrigo Tablet 100-300-300 MG Oral.....	77	Diflorasone Products.....	104
<b>CXCR4 Receptor Antagonist.....</b>	<b>132</b>	Delyla Tablet 0.1-20 MG-MCG Oral.....	91	Diflunisal Tablet 500 MG Oral.....	12
Cyanocobalamin Solution 1000 MCG/ML Injection...	132	Demeclocycline Products.....	165	Difluprednate Emulsion 0.05 % Ophthalmic.....	152
.....	132	DepoCyt SUSPENSION 50 MG/5ML Intrathecal... 57		<b>DIGESTIVE AIDS.....</b>	<b>107</b>
<b>Cyclin-Dependent Kinases (CDK) Inhibitors.....</b>	<b>65</b>	Depo-Estradiol Oil 5 MG/ML Intramuscular.....	117	<b>Digestive Enzymes.....</b>	<b>107</b>
Cyclobenzaprine Products.....	147	Depo-Medrol SUSPENSION 20 MG/ML		Digox Products.....	86
<b>Cyclooxygenase 2 (COX-2) Inhibitors.....</b>	<b>9</b>	INJECTION.....	97	Digoxin Products.....	86
Cyclopentolate Products.....	150	Depo-Provera Suspension 400 MG/ML		<b>Dihydrocodeine Combinations.....</b>	<b>12</b>
Cyclophosphamide Products.....	67	Intramuscular.....	68	Dihydroergotamine Products.....	140
<b>Cycloplegic Mydriatics.....</b>	<b>150</b>	Depo-SubQ Provera 104 Suspension Prefilled		<b>Dihydroindolones.....</b>	<b>75</b>
cycloSERINE Capsule 250 MG Oral.....	56	Syringe 104 MG/0.65ML Subcutaneous.....	95	Dilantin Capsule 30 MG Oral.....	32
Cycloset Tablet 0.8 MG Oral.....	37	<b>DERMATOLOGICALS.....</b>	<b>99</b>	Dilatrate-SR Capsule Extended Release 40 MG	
cycloSPORINE Products.....	143, 151	Descovy Products.....	77	Oral.....	19
CycloSPORINE Products.....	143	Desipramine Products.....	35	dilTIAZem Products.....	84, 85
<b>Cyclosporine Analogs.....</b>	<b>143</b>	Desloratadine Products.....	46	Diltiazem Products.....	84, 85
Cyproheptadine Products.....	46	Desmopressin Products.....	117	DilTIAZem Products.....	84
Cyred Products.....	91	Desogestrel-Ethinyl Products.....	90, 91	Dilt-XR Products.....	85
Cystadrops Solution 0.37 % Ophthalmic.....	153	Desonide Products.....	104	Dimethyl Products.....	161
Cystagon Products.....	123	Desoximetasone Products.....	104	Dipentum Capsule 250 MG Oral.....	121
Cystaran Solution 0.44 % Ophthalmic.....	153	Desvenlafaxine Products.....	34	<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors.....</b>	<b>37</b>
<b>Cystic Fibrosis Agent - Combinations.....</b>	<b>164</b>	dexAMETHasone Products.....	97	<b>Dipeptidyl Peptidase-4 Inhibitor-Biguanide</b>	
<b>Cystic Fibrosis Agents - Miscellaneous.....</b>	<b>164</b>	Dexamethasone Products.....	97, 152	<b>Combinations.....</b>	<b>37</b>
<b>Cystinosis Agents.....</b>	<b>123</b>	Dexcom Products.....	138	diphenhydrAMINE Products.....	46
<b>Cytotoxic Agents.....</b>	<b>132</b>	Dexlansoprazole Products.....	170	DiphenhydrAMINE HCl Capsule 50 MG Oral.....	46
Dabigatran Products.....	28	Dexmethylphenidate Products.....	5, 6	Diphenoxylate-Atropine Products.....	42
Dalfampridine ER Tablet Extended Release 12		Dextroamphetamine Products.....	4, 5	Diphtheria-Tetanus Toxoids DT Suspension 25-	
Hour 10 MG Oral.....	162	<b>Diabetic Other.....</b>	<b>36</b>	5 LFU/0.5ML Intramuscular.....	168
Danazol Products.....	18	Diacomit Products.....	30	Dipyridamole Products.....	131
Dantrolene Products.....	148	<b>DIAGNOSTIC PRODUCTS.....</b>	<b>107</b>	<b>Direct Factor Xa Inhibitors.....</b>	<b>27</b>
Dapagliflozin Products.....	41	<b>Diagnostic Tests.....</b>	<b>107</b>	<b>Direct Muscle Relaxants.....</b>	<b>148</b>
Dapsone Products.....	55, 99	<b>Diaphragms.....</b>	<b>137</b>	<b>Direct Renin Inhibitors.....</b>	<b>53</b>
Daptacel Suspension 23-15-5 Intramuscular.....	168	diazePAM Products.....	21, 29	<b>Direct-Acting P2Y12 Inhibitors.....</b>	<b>131</b>
Darifenacin Products.....	171	Diazoxide Suspension 50 MG/ML Oral.....	37	Disopyramide Products.....	21
Darunavir Products.....	79	<b>Dibenzodiazepines.....</b>	<b>74</b>	Disulfiram Products.....	158
Dasatinib Products.....	59	<b>Dibenzo-oxepino Pyrroles.....</b>	<b>74</b>	<b>Diuretic Combinations.....</b>	<b>108</b>
Dasetta Products.....	91, 95	<b>Dibenzothiazepines.....</b>	<b>74</b>	<b>DIURETICS.....</b>	<b>108</b>
Daurismo Products.....	61	<b>Dibenzoxazepines.....</b>	<b>75</b>	Diuril Suspension 250 MG/5ML Oral.....	109
Daybue Solution 200 MG/ML Oral.....	149	Diclofenac Products.....	10, 101, 140, 151	Divalproex Products.....	32
DayVigo Products.....	135	Diclofenac-miSOPROStol Products.....	9	Dofetilide Products.....	22
<b>Decarboxylase Inhibitors.....</b>	<b>70</b>	Dicloxacillin Products.....	158	Dojolvi Liquid 100 % Oral.....	149
<b>Decongestant &amp; Antihistamine.....</b>	<b>98</b>	Dicyclomine Products.....	169	Dolishale Tablet 90-20 MCG Oral.....	94
Deferasirox Products.....	43	Didanosine Products.....	80	Donepezil Products.....	159
Deferiprone Products.....	43	Differin Lotion 0.1 % External.....	100	<b>Dopamine and Norepinephrine Reuptake</b>	
Deflazacort Products.....	96, 97	Difcid Products.....	137	<b>Inhibitors (DNRIs).....</b>	<b>5</b>



# Index of Drugs

<b>Dopamine Receptor Agonists.....</b>	<b>111</b>	Elestrin Gel 0.52 MG/0.87 GM (0.06%) Transdermal.....	117	Entecavir Products.....	80
<b>Dopamine Receptor Agonists - Ergot Derivatives.....</b>	<b>37</b>	Eletriptan Products.....	140	Entresto Products.....	87
Doptelet Tablet 20 MG Oral.....	134	Elfabrio Solution 20 MG/10ML Intravenous.....	111	Entyvio SOLUTION RECONSTITUTED 300 MG Intravenous.....	121
Dorzolamide Products.....	149, 151	Eligard Products.....	66	Enulose Solution 10 GM/15ML Oral.....	121
Dotti Products.....	117	Elinest TABLET 0.3-30 MG-MCG ORAL.....	91	<b>Enzymes.....</b>	<b>144</b>
Dovato Tablet 50-300 MG Oral.....	77	Eliquis Products.....	27	<b>Enzymes - Topical.....</b>	<b>106</b>
Doxazosin Products.....	53	Ella Tablet 30 MG Oral.....	94	Epidiolex Solution 100 MG/ML Oral.....	30
Doxepin Products.....	35, 135	Elmiron Capsule 100 MG Oral.....	123	Epinastine HCl Solution 0.05 % Ophthalmic.....	150
Doxercalciferol Products.....	114	Eloctate Products.....	125, 126	EPINEPHrine Products.....	175
Doxy 100 Solution Reconstituted 100 MG Intravenous.....	165	EluRyng Ring 0.12-0.015 MG/24HR Vaginal.....	94	EpiPen 2-Pak Solution Auto-Injector 0.3 MG/0.3ML Injection.....	175
Doxycycline Products.....	165	Emadine Solution 0.05 % Ophthalmic.....	150	Epitol TABLET 200 MG ORAL.....	30
Doxylamine-Pyridoxine Tablet Delayed Release 10-10 MG Oral.....	44	Emcyt Capsule 140 MG Oral.....	65	Epivir Solution 10 MG/ML Oral.....	80
<b>DPP-4 Inhibitor-Thiazolidinedione Combinations.....</b>	<b>38</b>	Emend Suspension Reconstituted 125 MG/5ML Oral.....	44	Eplerenone Products.....	54
Dronabinol Products.....	44	<b>Emergency Contraceptives.....</b>	<b>94</b>	Epogen Products.....	132, 133
Drospiren-Eth Products.....	91	Emgality Products.....	140	Epoprostenol Products.....	87
Drospirenone-Ethinyl Products.....	91	<b>Emollients.....</b>	<b>105</b>	Erosartan Mesylate Tablet 600 MG Oral.....	52
Droxia Products.....	132	Emoquette Tablet 0.15-30 MG-MCG Oral.....	91	Eraxix Products.....	44
Droxidopa Products.....	175	Empaveli Solution 1080 MG/20ML Subcutaneous.... .....	130	Ergoloid Mesylates Tablet 1 MG Oral.....	162
Drysol SOLUTION 20 % EXTERNAL.....	106	Emsam Products.....	33	Ergomar Tablet Sublingual 2 MG Sublingual.....	140
Duavee TABLET 0.45-20 MG ORAL.....	119	Emtricitabine Capsule 200 MG Oral.....	80	<b>Ergot Combinations.....</b>	<b>140</b>
DULoxetine Products.....	34	Emtricitabine-Tenofovir Products.....	78	Ergotamine-Caffeine Tablet 1-100 MG Oral.....	140
Dupixent Products.....	103	Emtriva SOLUTION 10 MG/ML ORAL.....	80	Erivedge CAPSULE 150 MG ORAL.....	61
Dutasteride Capsule 0.5 MG Oral.....	122	Emverm Tablet Chewable 100 MG Oral.....	19	Erleada Products.....	57
Dutasteride-Tamsulosin HCl Capsule 0.5-0.4 MG Oral.....	123	Emzahh Tablet 0.35 MG Oral.....	95	Erlotinib Products.....	60
DUVYZAT Suspension 8.86 MG/ML Oral.....	149	Enalapril Products.....	49	Errin Tablet 0.35 MG Oral.....	95
E.E.S. 400 Tablet 400 MG Oral.....	136	Enalapril-Hydrochlorothiazide Products.....	50	Ertaczo Cream 2 % External.....	106
EasiVent Products.....	139	Enbrel Products.....	11, 12	Ertapenem Sodium Solution Reconstituted 1 GM Injection.....	54
Econazole Nitrate Cream 1 % External.....	106	Endocet Products.....	16	Ery Pad 2 % External.....	99
Edarbi Products.....	52	<b>ENDOCRINE AND METABOLIC AGENTS - MISC. .....</b>	<b>109</b>	Ery-Tab Products.....	136, 137
Ed-Spaz Tablet Dispersible 0.125 MG Oral.....	169	<b>Endothelin Receptor Antagonists.....</b>	<b>54</b>	Erythrocin Products.....	137
Edurant Tablet 25 MG Oral.....	79	Engerix-B Products.....	172, 173	Erythromycin Products.....	99, 137, 150
Efavirenz Products.....	79	EnilloRing Ring 0.12-0.015 MG/24HR Vaginal.....	94	<b>Erythromycins.....</b>	<b>136</b>
Efavirenz-Emtricitab-Tenofovir Tablet 600-200- 300 MG Oral.....	77	Enoxaparin Products.....	27, 28	<b>Erythropoiesis-Stimulating Agents (ESAs)....</b>	<b>132</b>
Efavirenz-lamiVUDine-Tenofovir Products.....	78	Enpresse-28 Tablet 50-30/75-40/ 125-30 MCG Oral .....	95	Erzofri Products.....	72
Elaprase SOLUTION 6 MG/3ML Intravenous.....	115	Enskyce Tablet 0.15-30 MG-MCG Oral.....	91	Escitalopram Products.....	33
<b>Electrolytes Parenteral.....</b>	<b>141</b>	Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous.....	145	esomeprazole Products.....	170
Elelyso SOLUTION RECONSTITUTED 200 UNIT Intravenous.....	132	Enstilar FOAM 0.005-0.064 % EXTERNAL.....	107	Esperoct Products.....	126
		Entacapone Tablet 200 MG Oral.....	71	Estarylla Tablet 0.25-35 MG-MCG Oral.....	91
				Estazolam Products.....	134
				Estradiol Products.....	118, 175
				Estradiol-Norethindrone Products.....	117

## Index of Drugs

Estring Ring 2 MG Vaginal.....	175	<b>Fabry Disease - Agents.....</b>	<b>111</b>	Flac Oil 0.01 % Otic.....	153
EstroGel Gel 0.75 MG/1.25 GM (0.06%) Transdermal.....	118	Factive TABLET 320 MG Oral.....	120	Flarex Suspension 0.1 % Ophthalmic.....	152
<b>Estrogen &amp; Progestin.....</b>	<b>117</b>	Falmina TABLET 0.1-20 MG-MCG ORAL.....	91	FlavoxATE HCl Tablet 100 MG Oral.....	171
<b>Estrogen Receptor Antagonist.....</b>	<b>65</b>	Famciclovir Products.....	81	Flebogamma Products.....	154
<b>Estrogen-Progestin-GnRH Antagonist.....</b>	<b>117</b>	Famotidine Products.....	169	Flecainide Products.....	21
<b>Estrogens.....</b>	<b>117</b>	Fanapt Products.....	72	Flowtuss Solution 2.5-200 MG/5ML Oral.....	98
<b>ESTROGENS.....</b>	<b>117</b>	<b>Farnesoid X Receptor (FXR) Agonists.....</b>	<b>120</b>	Floxuridine Solution Reconstituted 0.5 GM Injection .....	57
<b>Estrogens-Antineoplastic.....</b>	<b>65</b>	<b>Farnesyltransferase Inhibitors.....</b>	<b>144</b>	Fluad Quadrivalent Prefilled Syringe 0.5 ML Intramuscular.....	173
<b>Estrogen-Selective Estrogen Receptor Modulator Comb.....</b>	<b>119</b>	Farxiga Products.....	41	Flublok Products.....	173
Eszopiclone Products.....	135	Fasenra Products.....	24	Flucelvac Products.....	173
Ethacrynic Acid Tablet 25 MG Oral.....	108	Febuxostat Products.....	123	Fluconazole Products.....	45
Ethambutol Products.....	56	Feiba SOLUTION RECONSTITUTED Intravenous... .....	126	Flucytosine Products.....	45
Ethosuximide Products.....	32	Felbamate Products.....	31	Fludrocortisone Acetate Tablet 0.1 MG Oral.....	98
Ethinodiol Diac-Eth Estradiol Tablet 1-50 MG- MCG Oral.....	91	Felodipine Products.....	85	Flulaval Products.....	173
Etidronate Products.....	110	FemCap Products.....	137	Flunisolide Solution 25 MCG/ACT (0.025%) Nasal... .....	148
Etodolac Products.....	10	Femhrt Low Dose TABLET 0.5-2.5 MG-MCG Oral... .....	117	Fluocinolone Products.....	104, 153
Etonogestrel-Ethinyl Estradiol Ring 0.12-0.015 MG/24HR Vaginal.....	94	Femlyv Tablet Dispersible 1-0.02 MG Oral.....	91	Fluocinonide Products.....	104
Etopophos Solution Reconstituted 100 MG Intravenous.....	67	Femring Products.....	175	Fluorabon Solution 0.55 (0.25 F) MG/0.6ML Oral..... .....	141
Etoposide Products.....	67	Fenofibrate Products.....	47	<b>Fluoride.....</b>	<b>141</b>
Etravirine Products.....	79	Fenofibric Products.....	47	Fluoritab Products.....	141
Eucrisa Ointment 2 % External.....	106	Fenoprofen Products.....	10	Fluorometholone Suspension 0.1 % Ophthalmic	152
Eurax Cream 10 % External.....	107	fentaNYL Products.....	13	Fluoroplex Cream 1 % External.....	101
Euthyrox Products.....	166	Fentora Tablet 100 MCG Buccal.....	13	<b>Fluoroquinolones.....</b>	<b>119</b>
Evamist SOLUTION 1.53 MG/SPRAY Transdermal.. .....	118	Ferriprox Products.....	43	<b>FLUOROQUINOLONES.....</b>	<b>119</b>
Evenity Solution Prefilled Syringe 105 MG/1.17ML Subcutaneous.....	115	Fesoterodine Products.....	171	Fluorouracil Products.....	57, 101
Everolimus Products.....	61, 62, 144, 145	Fiasp Products.....	38	FLUoxetine Products.....	33
Evotaz Tablet 300-150 MG Oral.....	78	<b>Fibric Acid Derivatives.....</b>	<b>47</b>	fluPHENAZine Products.....	75
Evrysdi Solution Reconstituted 0.75 MG/ML Oral..... .....	149	<b>Fibromyalgia Agent - SNRIs.....</b>	<b>159</b>	FluPHENAZine Products.....	75
Exelderm Products.....	106	<b>Fidaxomicin.....</b>	<b>137</b>	Flura-Drops Solution 0.55 (0.25 F) MG/DROP Oral.. .....	141
Exemestane Tablet 25 MG Oral.....	65	Filspari Products.....	123	Flurandrenolide Products.....	104
<b>Extended-Cycle Contraceptives - Oral.....</b>	<b>94</b>	Filsuvez Gel 10 % External.....	107	Flurazepam Products.....	134
Eysuvis Suspension 0.25 % Ophthalmic.....	152	Finacea Foam 15 % External.....	106	Furbiprofen Products.....	10, 151
Ezetimibe Tablet 10 MG Oral.....	48	Finasteride Tablet 5 MG Oral.....	122	Flutamide Capsule 125 MG Oral.....	57
Ezetimibe-Simvastatin Products.....	48	Fingolimod HCl Capsule 0.5 MG Oral.....	163	Fluticasone Products.....	22, 25, 104, 148
Fabhalta Capsule 200 MG Oral.....	131	Fintepla Solution 2.2 MG/ML Oral.....	30	Fluticasone-Salmeterol Products.....	22, 23
Fabrazyme Products.....	111	Firdapse Tablet 10 MG Oral.....	56	Fluvastatin Products.....	47
		Firmagon Products.....	65	fluvoxamine Products.....	33
		First-Lansoprazole SUSPENSION 3 MG/ML ORAL.. .....	170	Fluzone Products.....	173
		First-Omeprazole Suspension 2 MG/ML Oral.....	170	FML Products.....	152
		First-Progestosterone Products.....	175		
		Firvanq Products.....	55		

# Index of Drugs

Folic Acid Tablet 1 MG Oral.....	133	<b>GASTROINTESTINAL AGENTS - MISC.....</b>	<b>120</b>	<b>Glucose Monitoring Test Supplies.....</b>	<b>138</b>
<b>Folic Acid Antagonists Rescue Agents.....</b>	<b>65</b>	<b>Gastrointestinal Antiallergy Agents.....</b>	<b>120</b>	glyBURIDE Products.....	42
<b>Folic Acid/Folates.....</b>	<b>133</b>	<b>Gastrointestinal Chloride Channel Activators.....</b>	<b>120</b>	glyBURIDE-metFORMIN Tablet 5-500 MG Oral....	42
Fondaparinux Products.....	28	.....	<b>120</b>	GlyBURIDE-MetFORMIN Products.....	42
Formoterol Fumarate Nebulization Solution 20		<b>Gastrointestinal Stimulants.....</b>	<b>120</b>	<b>Glycopeptides.....</b>	<b>55</b>
MCG/2ML Inhalation.....	24	Gatifloxacin Solution 0.5 % Ophthalmic.....	150	<b>Glycoprotein IIb/IIIa Receptor Inhibitors.....</b>	<b>131</b>
Fortaz Products.....	90	Gattex KIT 5 MG Subcutaneous.....	120	Glycopyrrolate Products.....	170
Fosamax Products.....	110	GaviLyte-C Solution Reconstituted 240 GM Oral.....	135	Glydo Products.....	106
Fosamprenavir Calcium Tablet 700 MG Oral.....	79	.....	135	Glyset Products.....	36
Fosfomycin Tromethamine Packet 3 GM Oral.....	55	GaviLyte-G Solution Reconstituted 236 GM Oral.....	135	Glyxambi Products.....	41
Fosinopril Products.....	49-51	.....	135	<b>GnRH/LHRH Antagonists.....</b>	<b>111</b>
Fosphenytoin Products.....	32	GaviLyte-H Kit 5-210 MG-GM Oral.....	135	<b>Gold Compounds.....</b>	<b>9</b>
Fotivda Products.....	62	GaviLyte-N with Flavor Pack Solution		Golytely Solution Reconstituted 227.1 GM Oral..	135
<b>Four Phase Contraceptives - Oral.....</b>	<b>94</b>	Reconstituted 420 GM Oral.....	135	<b>Gonadotropin Releasing Hormone (GnRH)</b>	
Fragmin Products.....	28	Gavreto Capsule 100 MG Oral.....	63	<b>Antagonists.....</b>	<b>65</b>
FreeStyle Products.....	138	Gefitinib Tablet 250 MG Oral.....	60	<b>Gout Agent Combinations.....</b>	<b>123</b>
<b>Friedrich's Ataxia Agents - Nrf2 Pathway</b>		Gelnique Gel 10 % Transdermal.....	171	<b>Gout Agents.....</b>	<b>123</b>
<b>Activators.....</b>	<b>149</b>	Gemcitabine Products.....	57	<b>GOUT AGENTS.....</b>	<b>123</b>
Frovatriptan Succinate Tablet 2.5 MG Oral.....	140	Gemfibrozil Tablet 600 MG Oral.....	47	Granisetron Products.....	43, 44
Fruzaqla Products.....	68	Gemmily Capsule 1-20 MG-MCG(24) Oral.....	91	<b>Granulocyte Colony-Stimulating Factors (G-</b>	
Fulphila Solution Prefilled Syringe 6 MG/0.6ML		Generlac Solution 10 GM/15ML Oral.....	121	<b>CSF).....</b>	<b>133</b>
Subcutaneous.....	133	Gengraf Products.....	143	Grastek TABLET SUBLINGUAL 2800 BAU	
Fulvestrant Solution Prefilled Syringe 250		<b>GENITOURINARY AGENTS - MISCELLANEOUS..</b>	<b>122</b>	Sublingual.....	7
MG/5ML Intramuscular.....	65	.....	<b>122</b>	Griseofulvin Products.....	45
Furosemide Products.....	108, 109	<b>Genitourinary Irrigants.....</b>	<b>123</b>	<b>Growth Hormone Receptor Antagonists.....</b>	<b>111</b>
Fuzeon SOLUTION RECONSTITUTED 90 MG		Genotropin Products.....	111, 112	<b>Growth Hormones.....</b>	<b>111</b>
Subcutaneous.....	78	Gentak Ointment 0.3 % Ophthalmic.....	150	guanFACINE Products.....	4, 53
Fyavolv Products.....	117	Gentamicin Products.....	100, 150	Guanidine HCl Tablet 125 MG Oral.....	56
Fycompa Products.....	29	Genvoya Tablet 150-150-200-10 MG Oral.....	78	Gvoke Products.....	37
<b>GAA Deficiency Treatment - Agents.....</b>	<b>111</b>	Gildess FE 1.5/30 Tablet 1.5-30 MG-MCG Oral....	91	Gynazole-1 Cream 2 % Vaginal.....	174
<b>GABA Modulators.....</b>	<b>31</b>	Gilotrif Products.....	60	<b>H-2 Antagonists.....</b>	<b>169</b>
<b>GABA Receptor Modulator - Neuroactive</b>		Glassia Solution 1000 MG/50ML Intravenous....	163	Hadlima Products.....	8
<b>Steroid.....</b>	<b>33</b>	Glatiramer Products.....	160	Haegarda Products.....	130
Gabapentin Products.....	30, 162	Glatopa Products.....	160	Hailey Products.....	91
Galafold Capsule 123 MG Oral.....	111	Gleostine Products.....	67	Haldol Products.....	74
Galantamine Products.....	159	Gliadel Wafer Wafer 7.7 MG Implant.....	67	Halobetasol Products.....	104, 105
<b>Gallstone Solubilizing Agents.....</b>	<b>120</b>	Glimepiride Products.....	42	Haloette Ring 0.12-0.015 MG/24HR Vaginal.....	94
GamaSTAN S/D Injectable Intramuscular.....	154	glipiZIDE Products.....	42	Halog Products.....	105
Gamifant Products.....	145	glipiZIDE-metFORMIN Products.....	42	Haloperidol Products.....	74
Gammagard Products.....	154, 155	GlucaGen HypoKit Solution Reconstituted 1 MG		Havrix Products.....	173
Gammaked Products.....	155	Injection.....	37	Heather Tablet 0.35 MG Oral.....	95
Gammalex Products.....	155	Glucagon Products.....	37	Helidac ORAL.....	170
Gamunex-C Products.....	155	<b>Glucagon-Like Peptide-2 (GLP-2) Analogs.....</b>	<b>120</b>	Helixate Products.....	126
Gardasil Products.....	173	<b>Glucocorticosteroids.....</b>	<b>96</b>	Hemangeol SOLUTION 4.28 MG/ML ORAL.....	83

## Index of Drugs

<b>HEMATOLOGICAL AGENTS - MISC</b> .....	123	Hydrocodone-Ibuprofen Tablet 7.5-200 MG Oral..	13	Idelvion Products.....	127
<b>HEMATOPOIETIC AGENTS</b> .....	132	HYDROcodone-Ibuprofen Products.....	13	IDHIFA Products.....	66
<b>Hematorheologic Agents</b> .....	131	Hydrocortisone Products.....	18, 97, 105	<b>IgAN Agents - Endothelin &amp; Angiotensin II</b>	
Hemlibra Products.....	130	Hydrocortisone-Acetic Acid Solution 1-2 % Otic..	153	<b>Receptor Antag</b> .....	123
Hemofil Products.....	126	<b>Hydrolytic Enzymes</b> .....	164	<b>Ileal Bile Acid Transporter (IBAT) Inhibitors</b> ...	121
<b>HEMOSTATICS</b> .....	134	Hydromet Products.....	98	Imatinib Products.....	59
<b>Hemostatics - Systemic</b> .....	134	HYDROmorphone Products.....	14	Imbruvica Products.....	60
Heparin Products.....	27	Hydroxocobalamin Acetate Solution 1000		<b>Imidazole-Related Antifungals</b> .....	174
<b>Heparins And Heparinoid-Like Agents</b> .....	27	MCG/ML Intramuscular.....	132	<b>Imidazole-Related Antifungals - Topical</b> .....	106
<b>Hepatitis B Agents</b> .....	80	Hydroxychloroquine Sulfate Tablet 200 MG Oral..	56	<b>Imidazoles</b> .....	45
<b>Hepatitis C Agent - Combinations</b> .....	81	Hydroxyurea Capsule 500 MG Oral.....	64	<b>Imidazotetrazines</b> .....	65
<b>Hepatitis C Agents</b> .....	81	hydroOXYzine Products.....	20	Imipenem-Cilastatin Products.....	54
<b>Hepatotropics - Thyroid Hormone Receptor-</b>		HydroOXYzine Pamoate Capsule 100 MG Oral.....	20	Imipramine Products.....	35, 36
<b>Beta Agonists</b> .....	120	Hyftor Gel 0.2 % External.....	106	Imiquimod Products.....	106
Heplisav-B Solution Prefilled Syringe 20		Hympavzi Solution Auto-Injector 150 MG/ML		<b>Immune Globulin Immunosuppressants</b> .....	144
MCG/0.5ML Intramuscular.....	173	Subcutaneous.....	130	<b>Immune Serums</b> .....	154
<b>Hereditary Orotic Aciduria Treatment - Agents</b> ....		Hyoscyamine Products.....	169	<b>Immunomodulators for Myelodysplastic</b>	
.....	113	<b>Hyperammonemia Treatment - Agents</b> .....	113	<b>Syndromes</b> .....	144
<b>Hereditary Tyrosinemia Type 1 (HT-1)</b>		<b>Hyperparathyroid Treatment - Vitamin D</b>		<b>Immunomodulators Imidazoquinolinamines -</b>	
<b>Treatment - Agents</b> .....	113	<b>Analogs</b> .....	113	<b>Topical</b> .....	106
<b>Herpes Agents - Purine Analogues</b> .....	81	<b>Hypnotics - Tricyclic Agents</b> .....	135	Impavido CAPSULE 50 MG ORAL.....	54
<b>Herpes Agents - Thymidine Analogues</b> .....	81	<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER</b>		Incassia Tablet 0.35 MG Oral.....	95
Hetlioz LQ Suspension 4 MG/ML Oral.....	135	<b>AGENTS</b> .....	134	Increlex SOLUTION 40 MG/4ML Subcutaneous	114
Hexalen Capsule 50 MG Oral.....	56	<b>Hypoparathyroid Treatment - Parathyroid</b>		<b>Incretin Mimetic Agents (GIP &amp; GLP-1</b>	
Hiberix Solution Reconstituted 10 MCG Injection.....	171	<b>Hormone Analogs</b> .....	114	<b>Receptor Agonists)</b> .....	39
.....	171	<b>Hypophosphatasia (HPP) Agents</b> .....	114	<b>Incretin Mimetic Agents (GLP-1 Receptor</b>	
Hizentra Products.....	155	Hyrimoz Products.....	8, 9	<b>Agonists)</b> .....	40
<b>HMG CoA Reductase Inhibitors</b> .....	47	Hyrimoz-Crohns/UC Starter Solution Auto-Injector		Indapamide Products.....	109
<b>Homocystinuria Treatment - Agents</b> .....	113	80 MG/0.8ML Subcutaneous.....	9	Indomethacin Products.....	10
Horizant Products.....	162	Hyrimoz-Plaque Psoriasis Start Solution Auto-		Infanrix Suspension 25-58-10 Intramuscular.....	168
HumaLOG Products.....	38	Injector 80 MG/0.8ML & 40MG/0.4ML		<b>Inflammatory Bowel Agents</b> .....	121
<b>Human Insulin</b> .....	38	Subcutaneous.....	9	Inflectra SOLUTION RECONSTITUTED 100	
Humate-P Products.....	126, 127	Ibandronate Products.....	110	MG Intravenous.....	122
Humatrope Products.....	112	<b>IBS Agent - Guanylate Cyclase-C (GC-C)</b>		<b>Influenza Agents</b> .....	81
HumuLIN Products.....	38	<b>Agonists</b> .....	121	Inlyta Products.....	68
Hycamtin Products.....	68	<b>IBS Agent - Selective 5-HT3 Receptor</b>		<b>Inosine Monophosphate Dehydrogenase</b>	
<b>Hydantoins</b> .....	32	<b>Antagonists</b> .....	121	<b>Inhibitors</b> .....	144
hydrALAZINE Products.....	54	IBU Products.....	10	Inqovi Tablet 35-100 MG Oral.....	64
hydroCHLOROthiazide Products.....	109	Ibuprofen Products.....	10	Inrebic Capsule 100 MG Oral.....	66
Hydrocod Products.....	99	Icatibant Acetate Solution Prefilled Syringe 30		Insulin Products.....	38
HYDROcodone Products.....	13, 98	MG/3ML Subcutaneous.....	130	<b>Insulin Administration Supplies</b> .....	138
<b>Hydrocodone Combinations</b> .....	12	Iclevia Tablet 0.15-0.03 MG Oral.....	94	<b>Insulin-Like Growth Factors (Somatomedins)</b> .....	
HYDROcodone-Acetaminophen Products.....	12, 13	Iclusig Products.....	59	.....	114
Hydrocodone-Homatropine Products.....	98	Icosapent Products.....	46	<b>Integrin Receptor Antagonists</b> .....	121

## Index of Drugs

Intelence TABLET 25 MG ORAL.....	79	ISOtretinoin Products.....	100	Kerendia Products.....	115
<b>Interleukin Antagonists.....</b>	<b>121</b>	Isradipine Products.....	85	Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous.....	161
<b>Interleukin-1 Blockers.....</b>	<b>9</b>	Isturisa Products.....	110	Ketek Products.....	55
<b>Interleukin-1 Receptor Antagonist (IL-1Ra).....</b>	<b>9</b>	Itovebi Products.....	67	Ketoconazole Products.....	45, 106
<b>Interleukin-31 Receptor Antagonists - Systemic.. .....</b>	<b>106</b>	Itraconazole Products.....	45	<b>Ketolides.....</b>	<b>55</b>
<b>Interleukin-5 Antagonists (IgG1 kappa).....</b>	<b>24</b>	Ivabradine Products.....	88	Ketoprofen Products.....	10
<b>Interleukin-6 (IL-6) Antagonists.....</b>	<b>144</b>	Ivermectin Products.....	19, 106	Ketorolac Products.....	10, 151
<b>Interleukin-6 Receptor Inhibitors.....</b>	<b>9</b>	Iwilfin Tablet 192 MG Oral.....	67	Kevzara Products.....	9
<b>Interstitial Cystitis Agents.....</b>	<b>123</b>	Ixinity Products.....	127	Kineret Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous.....	9
<b>Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb.....</b>	<b>48</b>	Jakafi Products.....	66	Kinrix Products.....	168
<b>Intestinal Acidifiers.....</b>	<b>121</b>	Jalyn Capsule 0.5-0.4 MG Oral.....	123	Kionex Products.....	145
<b>Intestinal Cholesterol Absorption Inhibitors.....</b>	<b>48</b>	Janssen COVID-19 Vaccine Suspension 0.5 ML Intramuscular.....	173	Kisqali Products.....	64, 65
<b>Intrarectal Steroids.....</b>	<b>18</b>	Jantoven Products.....	26, 27	Klor-Con Products.....	142
Intron Products.....	64	Janumet Products.....	37	Kloxxado Liquid 8 MG/0.1ML Nasal.....	43
Introvale Tablet 0.15-0.03 MG Oral.....	94	<b>Janus Associated Kinase (JAK) Inhibitors.....</b>	<b>66</b>	Koate Products.....	127
Invega Products.....	72, 73	Januvia Products.....	37	Koate-DVI Products.....	127
Inveltys Suspension 1 % Ophthalmic.....	152	Jardiance Products.....	41	Kogenate Products.....	127, 128
Invirase Products.....	79	Jasmiel Tablet 3-0.02 MG Oral.....	91	Koselugo Products.....	61
Iopidine Solution 1 % Ophthalmic.....	152	Jatenzo Products.....	18	Kovaltry Products.....	128
Ipol Injectable Injection.....	173	Jaypirca Products.....	60	Krazati Tablet 200 MG Oral.....	61
Ipratropium Products.....	24, 148	Jevantique Lo Tablet 0.5-2.5 MG-MCG Oral.....	117	Kristalose Packet 20 GM Oral.....	136
Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML Inhalation.....	23	Jinteli TABLET 1-5 MG-MCG Oral.....	117	K-Tab Products.....	142
Iqirvo Tablet 80 MG Oral.....	122	Jivi Products.....	127	Kurvelo Tablet 0.15-30 MG-MCG Oral.....	92
Irbesartan Products.....	52	Joenja Tablet 70 MG Oral.....	143	Kyleena INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE.....	95
Irbesartan-hydroCHLOROthiazide Tablet 150- 12.5 MG Oral.....	51	Jolessa Tablet 0.15-0.03 MG Oral.....	94	Kynamro Solution Prefilled Syringe 200 MG/ML Subcutaneous.....	46
Irbesartan-Hydrochlorothiazide Tablet 300-12.5 MG Oral.....	51	Jolivet Tablet 0.35 MG Oral.....	95	Kynmobi Products.....	70
<b>Iron.....</b>	<b>134</b>	Joyeaux Tablet 0.1-20 MG-MCG(21) Oral.....	91	Labetalol Products.....	82
<b>Irrigation Solutions.....</b>	<b>144</b>	Juleber TABLET 0.15-30 MG-MCG ORAL.....	91	Lacosamide Products.....	30
Isentress Products.....	78, 79	Juluca TABLET 50-25 MG Oral.....	78	Lacrisert Insert 5 MG Ophthalmic.....	149
Isibloom Tablet 0.15-30 MG-MCG Oral.....	91	Junel Products.....	91	Lactic Acid Lotion 10 % External.....	105
<b>Isocitrate Dehydrogenase 1 &amp; 2 (IDH1 &amp; IDH2) Inhibitors.....</b>	<b>66</b>	Jynarque Products.....	116	Lactulose Solution 10 GM/15ML Oral.....	136
<b>Isocitrate Dehydrogenase-1 (IDH1) Inhibitors... Isocitrate Dehydrogenase-2 (IDH2) Inhibitors... Isolyte-S SOLUTION Intravenous.....</b>	<b>66</b>	Jynneos Suspension 0.5 ML Subcutaneous.....	173	Lagevrio Capsule 200 MG Oral.....	81
<b>Isoniazid Products.....</b>	<b>56</b>	Kalbitor SOLUTION 10 MG/ML Subcutaneous....	131	lamiVUDine Products.....	80
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral.....	87	Kalliga Tablet 0.15-30 MG-MCG Oral.....	91	LamiVUDine Products.....	80
Isosorbide Products.....	19	Kalydeco Products.....	164	lamiVUDine-Zidovudine Tablet 150-300 MG Oral	78
		Kariva Tablet 0.15-0.02/0.01 MG (21/5) Oral.....	90	lamoTRIGine Products.....	30
		KCI Products.....	141	LamoTRIGine Products.....	30
		Kelnor 1/35 Tablet 1-35 MG-MCG Oral.....	91	Lanoxin Products.....	86
		Kengreal Solution Reconstituted 50 MG Intravenous.....	131	Lanreotide Acetate Solution 120 MG/0.5ML Subcutaneous.....	116
		Kepivance Solution Reconstituted 6.25 MG Intravenous.....	65		
		<b>Keratolytic/Antimitotic/Vesicant Agents.....</b>	<b>106</b>		

# Index of Drugs

Lansoprazole Products.....	170	LHRH/GnRH Agonist Analog Pituitary		Low-Ogestrel Tablet 0.3-30 MG-MCG Oral.....	92
Lanthanum Products.....	122	<b>Suppressants.....</b>	<b>114</b>	Loxapine Products.....	75
Lantus Products.....	38	Lidocaine Products.....	21, 106, 136, 146	Lo-Zumandimine Tablet 3-0.02 MG Oral.....	92
Lapatinib Ditosylate Tablet 250 MG Oral.....	62	Lidocaine-Prilocaine Cream 2.5-2.5 % External..	107	Lubiprostone Products.....	120
Larin Products.....	92	Liletta Products.....	95	Ludent Products.....	142
Larissia Tablet 0.1-20 MG-MCG Oral.....	92	<b>Lincosamides.....</b>	<b>55</b>	Lumakras Products.....	61
Latanoprost Solution 0.005 % Ophthalmic.....	153	Lindane Shampoo 1 % External.....	107	Lumigan Solution 0.01 % Ophthalmic.....	153
<b>LAXATIVES.....</b>	<b>135</b>	Linezolid Products.....	55	Lumryz Products.....	159
<b>Laxatives - Miscellaneous.....</b>	<b>136</b>	Linzess Products.....	121	Lupaneta Products.....	114
Layolis FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL.....	92	Liothyronine Products.....	167	Lupkynis Capsule 7.9 MG Oral.....	144
Lazanda Products.....	14	<b>Lipids.....</b>	<b>149</b>	Lupron Products.....	66, 67, 114
Lazcluze Products.....	60	Liqrev Suspension 10 MG/ML Oral.....	88	Lurasidone Products.....	72
Leena TABLET 0.5/1/0.5-35 MG-MCG Oral.....	96	Liraglutide Solution Pen-Injector 18 MG/3ML Subcutaneous.....	40	Lutera Tablet 0.1-20 MG-MCG Oral.....	92
Leflunomide Products.....	11	Lisdexamfetamine Products.....	5	Lyleq Tablet 0.35 MG Oral.....	95
Lenalidomide Products.....	144	Lisinopril Products.....	50	Lyllana Products.....	118, 119
Lenvima Products.....	69	Lisinopril-hydroCHLOROthiazide Products.....	51	<b>Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag.....</b>	<b>150</b>
<b>Leprostastics.....</b>	<b>55</b>	Lithium Products.....	71	Lynparza Products.....	68
Lessina TABLET 0.1-20 MG-MCG Oral.....	92	Lithostat TABLET 250 MG ORAL.....	123	Lysodren Tablet 500 MG Oral.....	57
Letrozole Tablet 2.5 MG Oral.....	65	Livdelzi Capsule 10 MG Oral.....	122	Lytgobi Products.....	60
Leucovorin Products.....	65	<b>Live Fecal Microbiota (Human).....</b>	<b>121</b>	Lyza TABLET 0.35 MG Oral.....	95
Leukeran Tablet 2 MG Oral.....	67	Livmarli Products.....	121	<b>Macrolide Immunosuppressants.....</b>	<b>144</b>
<b>Leukotriene Receptor Antagonists.....</b>	<b>25</b>	Livtencity Tablet 200 MG Oral.....	80	<b>Macrolide Immunosuppressants - Topical.....</b>	<b>106</b>
Leuprolide Acetate Kit 1 MG/0.2ML Injection.....	66	Lo Loestrin Fe Tablet 1 MG-10 MCG / 10 MCG Oral.....	90	<b>MACROLIDES.....</b>	<b>136</b>
Levalbuterol Products.....	24	<b>Local Anesthetic &amp; Sympathomimetic.....</b>	<b>136</b>	Malathion Lotion 0.5 % External.....	107
Levemir Products.....	39	<b>Local Anesthetics - Amides.....</b>	<b>136</b>	Maprotiline Products.....	32, 33
levETIRAcetam Products.....	30, 31	<b>Local Anesthetics - Topical.....</b>	<b>106</b>	Maraviroc Products.....	78
Levobunolol HCl Solution 0.5 % Ophthalmic.....	149	<b>LOCAL ANESTHETICS-PARENTERAL.....</b>	<b>136</b>	Marlissa Tablet 0.15-30 MG-MCG Oral.....	92
levOCARNitine Products.....	110	Loestrin Fe 1/20 Tablet 1-20 MG-MCG Oral.....	92	Marplan Tablet 10 MG Oral.....	33
Levocetirizine Products.....	46	Lokelma Products.....	145	Matulane Capsule 50 MG Oral.....	64
<b>Levodopa Combinations.....</b>	<b>70</b>	Lonsurf Products.....	64	Matzim Products.....	85
levoFLOXacin Products.....	120, 150	<b>Loop Diuretics.....</b>	<b>108</b>	Mavenclad Products.....	160
Levonest Tablet 50-30/75-40/ 125-30 MCG Oral...96		Loperamide HCl Capsule 2 MG Oral.....	42	Mavyret Products.....	81
Levonorgest-Eth Products.....	92, 94	Lopinavir-Ritonavir Products.....	78	Maxidex Suspension 0.1 % Ophthalmic.....	152
Levonorgestrel-Ethinyl Products.....	92, 94	Lopreeza Products.....	117	Mayzent Products.....	163
Levora 0.15/30 (28) Tablet 0.15-30 MG-MCG Oral...92		LORazepam Products.....	21	Meclizine Products.....	44
.....	92	Lorbrena Products.....	58	Meclofenamate Products.....	10
Levothyroxine Products.....	166	Loryna Tablet 3-0.02 MG Oral.....	92	<b>MEDICAL DEVICES AND SUPPLIES.....</b>	<b>137</b>
Levoxyl Products.....	166, 167	Losartan Products.....	51, 52	Medrol TABLET 2 MG Oral.....	97
Lexiva Suspension 50 MG/ML Oral.....	79	Lotemax Products.....	152	medroxyPROGESTERone Products.....	95, 158
L-Glutamine Packet 5 GM Oral.....	132	Loteprednol Products.....	152	MedroxyPROGESTERone Products.....	158
<b>LHRH Analogs.....</b>	<b>66</b>	Lovastatin Products.....	47, 48	Mefenamic Acid Capsule 250 MG Oral.....	10
<b>LHRH/GnRH Agonist Analog Combinations... 114</b>		<b>Low Molecular Weight Heparins.....</b>	<b>27</b>	Megestrol Products.....	68, 158
				<b>Meglitinide Analogues.....</b>	<b>40</b>

# Index of Drugs

Mekinst Products.....	61	metOLazone Products.....	109	M-Natal Plus Tablet 27-1 MG Oral.....	147
Mektovi Tablet 15 MG Oral.....	61	Metoprolol Products.....	82, 83	Modafinil Products.....	7
<b>Melanocortin Receptor Agonists.....</b>	<b>160</b>	Metoprolol-hydroCHLOROthiazide Products.....	53	Moderna Products.....	173, 174
Meloxicam Products.....	11	metroNIDAZOLE Products.....	54, 107, 175	Moexipril Products.....	50
Memantine Products.....	162	MetroNIDAZOLE Gel 0.75 % External.....	107	Moexipril-hydroCHLOROthiazide Products.....	51
Menactra Products.....	171, 172	Mexiletine Products.....	21	Molindone Products.....	75
Menest Products.....	119	Mibelas 24 Fe Tablet Chewable 1-20 MG- MCG(24) Oral.....	92	Mometasone Products.....	105, 148
Menostar PATCH WEEKLY 14 MCG/24HR TRANSDERMAL.....	119	Micafungin Products.....	45	<b>Monoamine Oxidase Inhibitors (MAOIs).....</b>	<b>33</b>
MenQuadfi Products.....	172	Miconazole 3 SUPPOSITORY 200 MG VAGINAL.... .....	175	<b>Monobactams.....</b>	<b>55</b>
Menveo Products.....	172	Microchamber.....	139	Monoclate-P Products.....	128
Meperidine Products.....	14	Microgestin Products.....	92	<b>Monoclonal Antibodies.....</b>	<b>145</b>
Meprobamate Products.....	20	Microspacer.....	139	Mono-Linyah Tablet 0.25-35 MG-MCG Oral.....	92
Mercaptopurine Tablet 50 MG Oral.....	57	Midazolam Products.....	134, 135	MonoNessa Tablet 0.25-35 MG-MCG Oral.....	92
Meropenem Products.....	54	Midodrine Products.....	175, 176	Mononine Solution Reconstituted 1000 UNIT Intravenous.....	128
Merzee Capsule 1-20 MG-MCG(24) Oral.....	92	Miglitol Products.....	36	Montelukast Products.....	25
Mesalamine Products.....	121	Miglustat Capsule 100 MG Oral.....	132	Morgidox Capsule 100 MG Oral.....	165
Mesalamine-Cleanser Kit 4 GM Rectal.....	121	<b>Migraine Products.....</b>	<b>140</b>	Morphine Products.....	14, 15
Mesna Solution 100 MG/ML Intravenous.....	68	<b>MIGRAINE PRODUCTS.....</b>	<b>140</b>	Motofen Tablet 1-0.025 MG Oral.....	43
Mesnex TABLET 400 MG ORAL.....	68	<b>Migraine Products - NSAIDs.....</b>	<b>140</b>	Mounjaro Products.....	39, 40
Metadate ER Tablet Extended Release 20 MG Oral .....	6	<b>Mili Tablet 0.25-35 MG-MCG Oral.....</b>	<b>92</b>	<b>MOUTH/THROAT/DENTAL AGENTS.....</b>	<b>146</b>
Metaproterenol Products.....	24	Millipred Tablet 5 MG Oral.....	97	Movantik Products.....	121, 122
Metaxalone Products.....	147	Mimvey Products.....	117	<b>Movement Disorder Drug Therapy.....</b>	<b>160</b>
metFORMIN Products.....	36	<b>Mineralocorticoids.....</b>	<b>98</b>	Moxeza Solution 0.5 % Ophthalmic.....	150
Methadone Products.....	14	<b>MINERALS &amp; ELECTROLYTES.....</b>	<b>141</b>	Moxifloxacin Products.....	120, 150
Methamphetamine HCl Tablet 5 MG Oral.....	5	Minitran Products.....	19	MResvia Suspension Prefilled Syringe 50 MCG/0.5ML Intramuscular.....	174
methazolAMIDE Products.....	108	Minocycline Products.....	165	<b>MS Agents - Pyrimidine Synthesis Inhibitors</b>	<b>160</b>
Methenamine Hippurate Tablet 1 GM Oral.....	55	Minoxidil Products.....	54	<b>Mucolytics.....</b>	<b>99</b>
methIMazole Products.....	165	<b>Miotics - Cholinesterase Inhibitors.....</b>	<b>150</b>	<b>Mucopolysaccharidosis I (MPS I) - Agents.....</b>	<b>114</b>
Methocarbamol Products.....	147	<b>Miotics - Direct Acting.....</b>	<b>150</b>	<b>Mucopolysaccharidosis II (MPS II) - Agents....</b>	<b>115</b>
Methotrexate Products.....	57	Miplyffa Products.....	162	<b>Mucopolysaccharidosis VI (MPS VI) - Agents</b>	<b>115</b>
Methoxsalen Rapid Capsule 10 MG Oral.....	102	Mirabegron Products.....	171	Mulpleta Tablet 3 MG Oral.....	134
Methscopolamine Products.....	170	Mirena Products.....	95	Multaq Tablet 400 MG Oral.....	22
Methsuximide Capsule 300 MG Oral.....	32	Mirtazapine Products.....	32	<b>Multiple Sclerosis Agents.....</b>	<b>160</b>
Methyclothiazide Tablet 5 MG Oral.....	109	<b>Misc. Anti-Ulcer.....</b>	<b>169</b>	<b>Multiple Sclerosis Agents - Antimetabolites...</b>	<b>160</b>
MethylDopa Products.....	53	<b>Misc. Antivirals.....</b>	<b>81</b>	<b>Multiple Sclerosis Agents - Interferons.....</b>	<b>160</b>
Methylergonovine Maleate Tablet 0.2 MG Oral... .....	153	<b>Misc. Respiratory Inhalants.....</b>	<b>99</b>	<b>Multiple Sclerosis Agents - Monoclonal Antibodies.....</b>	<b>161</b>
Methylphenidate Products.....	6, 7	<b>Misc. Topical.....</b>	<b>106</b>	<b>Multiple Sclerosis Agents - Nrf2 Pathway Activators.....</b>	<b>161</b>
methylPREDNISolone Products.....	97	<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>	<b>143</b>	<b>Multiple Sclerosis Agents - Potassium Channel Blockers.....</b>	<b>162</b>
MethylPREDNISolone Products.....	97	miSOPROStol Products.....	171	Multi-Vit/Fluoride Products.....	146
methylTESTOSTERone Capsule 10 MG Oral.....	18	<b>Mitotic Inhibitors.....</b>	<b>67</b>		
Metipranolol Solution 0.3 % Ophthalmic.....	149	<b>Mixed Allergenic Extracts.....</b>	<b>7</b>		
Metoclopramide Products.....	120	M-M-R Products.....	172		

# Index of Drugs

Multi-Vit/Fluoride/Iron Solution 0.25-10 MG/ML Oral.....	146	Nebivolol Products.....	83	Nitazoxanide Tablet 500 MG Oral.....	54
Multivitamin/Fluoride Products.....	146	Necon Products.....	92, 96	Nitisinone Products.....	113
Multi-Vitamin/Fluoride/Iron Solution 0.25-10 MG/ML Oral.....	146	<b>Needles &amp; Syringes.....</b>	<b>139</b>	<b>Nitrate &amp; Vasodilator Combinations.....</b>	<b>87</b>
<b>MULTIVITAMINS.....</b>	<b>146</b>	Nefazodone Products.....	34	<b>Nitrate Vasodilating Agents.....</b>	<b>18</b>
Mupirocin Ointment 2 % External.....	100	Neffy Solution 2 MG/0.1ML Nasal.....	175	<b>Nitrates.....</b>	<b>19</b>
<b>Muscarinic Agent - Combinations.....</b>	<b>75</b>	Nemluvio Auto-Injector 30 MG Subcutaneous.....	106	Nitro-Bid Ointment 2 % Transdermal.....	19
<b>Muscle Relaxant Combinations.....</b>	<b>148</b>	Neomycin Sulfate Tablet 500 MG Oral.....	8	Nitrofurantoin Products.....	55
<b>Muscular Dystrophy - Histone Deacetylase Inhibitors.....</b>	<b>149</b>	Neomycin-Bacitracin Zn-Polymyx Ointment 5-400-10000 Ophthalmic.....	151	<b>Nitrogen Mustards and Related Analogues.....</b>	<b>67</b>
<b>MUSCULOSKELETAL THERAPY AGENTS.....</b>	<b>147</b>	Neomycin-Polymyxin-Dexameth Products.....	152	Nitroglycerin Products.....	18-20
M-Vit Tablet Oral.....	147	Neomycin-Polymyxin-Gramicidin Solution 1.75-10000-.025 Ophthalmic.....	151	NitroMist Aerosol Solution 400 MCG/SPRAY Translingual.....	20
Mycophenolate Products.....	144	Neomycin-Polymyxin-HC Products.....	152, 153	<b>Nitrosoureas.....</b>	<b>67</b>
Myleran Tablet 2 MG Oral.....	56	Neo-Polycin Products.....	151, 152	Nityr Products.....	113
Myorisan Products.....	100	<b>Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb.....</b>	<b>87</b>	Niva-Plus Tablet 27-1 MG Oral.....	147
Myzilra Tablet 50-30/75-40/ 125-30 MCG Oral.....	96	Nerlynx Tablet 40 MG Oral.....	62	Nivestym Products.....	133
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral.....	135	Neulasta Products.....	133	Nizatidine Products.....	169
Nabumetone Products.....	11	Neupro Products.....	70	<b>N-Methyl-D-Aspartate (NMDA) Receptor Antagonists.....</b>	<b>162</b>
Nadolol Products.....	83	<b>Neuraminidase Inhibitors.....</b>	<b>81</b>	<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists.....</b>	<b>33</b>
Nafcillin Products.....	158	<b>Neurogenic Orthostatic Hypotension (NOH) - Agents.....</b>	<b>175</b>	Nolix Lotion 0.05 % External.....	105
NaFrinse Tablet Chewable 2.2 (1 F) MG Oral.....	142	<b>NEUROMUSCULAR AGENTS.....</b>	<b>148</b>	<b>Non-Benzodiazepine - GABA-Receptor Modulators.....</b>	<b>135</b>
Naftifine Products.....	101	<b>Neuromuscular Blocking Agent - Neurotoxins.....</b>	<b>149</b>	<b>Nonergoline Dopamine Receptor Agonists.....</b>	<b>70</b>
Naglazyme SOLUTION 1 MG/ML Intravenous.....	115	Nevanac Suspension 0.1 % Ophthalmic.....	151	<b>Non-Narc Antitussive-Antihistamine.....</b>	<b>99</b>
Nalbuphine Products.....	17	Nevirapine Products.....	79	<b>Nonsteroidal Anti-inflammatory Agent Combinations.....</b>	<b>9</b>
Nalfon Products.....	11	Nexplanon Implant 68 MG Subcutaneous.....	94	<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs).....</b>	<b>10</b>
Naloxone Products.....	43	Nextstellis Tablet 3-14.2 MG Oral.....	92	<b>Non-steroidal Mineralocorticoid Receptor Antagonists.....</b>	<b>115</b>
Naltrexone HCl Tablet 50 MG Oral.....	43	Ngenla Products.....	112	Nora-BE Tablet 0.35 MG Oral.....	95
Namenda Products.....	162	Niacin Products.....	49	Norditropin Products.....	112
Naproxen Products.....	11	Niaspan Products.....	49	Norethin Products.....	92, 93
Naproxen-Esomeprazole Products.....	9, 10	niCARdipine Products.....	85	Norethindrone Products.....	93, 95, 158
Naratriptan Products.....	140	<b>Nicotinic Acid Derivatives.....</b>	<b>49</b>	Norethindrone-Eth Products.....	117
Narcan Liquid 4 MG/0.1ML Nasal.....	43	Nicotrol Products.....	163	Norethin-Eth Products.....	93
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	<b>148</b>	Nifedical XL Tablet Extended Release 24 Hour 60 MG Oral.....	85	Norgestimate-Eth Estradiol Tablet 0.25-35 MG-MCG Oral.....	93
<b>Nasal Anticholinergics.....</b>	<b>148</b>	NIFEdipine Products.....	85	Norgestim-Eth Products.....	96
<b>Nasal Antihistamines.....</b>	<b>148</b>	Nikki Tablet 3-0.02 MG Oral.....	92	Normosol-R Solution Intravenous.....	141
<b>Nasal Steroids.....</b>	<b>148</b>	Nilandron Tablet 150 MG Oral.....	57	Norpace Products.....	21
Natacyn Suspension 5 % Ophthalmic.....	151	Nilutamide Tablet 150 MG Oral.....	57	Nortrel Products.....	93, 96
Natazia TABLET 3/2-2/2-3/1 MG ORAL.....	94	niMODipine Capsule 30 MG Oral.....	85	Nortriptyline Products.....	36
Nateglinide Products.....	40	Ninlaro Products.....	63		
<b>Natriuretic Peptides.....</b>	<b>115</b>	Nisoldipine Products.....	85, 86		
<b>Natural Penicillins.....</b>	<b>156</b>				
Nature-Throid Products.....	167				



# Index of Drugs

Norvir Products.....	79	Ojemda Products.....	59	<b>Opioid Antagonists.....</b>	<b>43</b>
Novarel Solution Reconstituted 10000 UNIT Intramuscular.....	115	Ojjaara Products.....	66	<b>Opioid Antitussive-Antihistamine.....</b>	<b>99</b>
Novavax COVID-19 Vaccine Suspension 5 MCG/0.5ML Intramuscular.....	174	OLANZapine Products.....	76, 77	<b>Opioid Combinations.....</b>	<b>16</b>
Novoeight Products.....	128	Olmesartan Products.....	52	<b>Opioid Partial Agonists.....</b>	<b>16</b>
NovoLIN Products.....	39	Olmesartan-amLODIPine-HCTZ Products.....	52, 53	Opsumit TABLET 10 MG ORAL.....	88
NovoLOG Products.....	39	Olmesartan-Amlodipine-HCTZ Products.....	52, 53	Opsynvi Products.....	87
NovoPen Echo DEVICE.....	139	Olopatadine HCl Solution 0.6 % Nasal.....	148	OptiChamber Products.....	139
NovoSeven Products.....	128	Olysio Capsule 150 MG Oral.....	81	OptiHaler Products.....	139
NP Products.....	167	Omega-3-acid Ethyl Esters Capsule 1 GM Oral....	46	Opvee Solution 2.7 MG/0.1ML Nasal.....	43
Nubeqa Tablet 300 MG Oral.....	57	Omeprazole Products.....	170	Opzelura Cream 1.5 % External.....	102
Nucala Products.....	24, 25	Omeprazole+Syrspend SF Alka SUSPENSION 2 MG/ML ORAL.....	170	Oralone PASTE 0.1 % MOUTH/THROAT.....	146
Nucynta Products.....	15	Omniflex Diaphragm DIAPHRAGM VAGINAL.....	137	Oravig Tablet 50 MG Buccal.....	146
Nuedexta Capsule 20-10 MG Oral.....	162	Omnipod Products.....	138, 139	Orencia Products.....	11
NuLev Tablet Dispersible 0.125 MG Oral.....	169	Omnipod 10 Pack.....	138	<b>Orexin Receptor Antagonists.....</b>	<b>135</b>
Nulojix SOLUTION RECONSTITUTED 250 MG Intravenous.....	146	Omnitrope Products.....	112, 113	Orfadin Products.....	113
Nuplazid Products.....	72	Ondansetron Products.....	44	Orgovyx Tablet 120 MG Oral.....	65
<b>NUTRIENTS.....</b>	<b>149</b>	OneTouch Products.....	107, 138	Oriahnn Capsule Therapy Pack 300-1-0.5 & 300 MG Oral.....	117
Nutropin Products.....	112	Ongentys Products.....	71	Orilissa Products.....	111
Nuwiq Products.....	128, 129	Onureg Products.....	57	Orkambi Products.....	164
Nyamyc Powder 100000 UNIT/GM External.....	101	Opfolda Capsule 65 MG Oral.....	111	Orladeyo Products.....	131
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral....	96	<b>OPHTHALMIC AGENTS.....</b>	<b>149</b>	<b>Ornithine Decarboxylase (ODC) Inhibitors.....</b>	<b>67</b>
Nystatin Products.....	45, 101, 146	<b>Ophthalmic Antiallergic.....</b>	<b>150</b>	Orphenadrine Products.....	148
Nystatin-Triamcinolone Products.....	101	<b>Ophthalmic Antibiotics.....</b>	<b>150</b>	Orphenadrine-ASA-Caffeine Tablet 50-770-60 MG Oral.....	148
Nystop Powder 100000 UNIT/GM External.....	101	<b>Ophthalmic Antifungal.....</b>	<b>151</b>	Orserdu Products.....	68
Nyvepria Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous.....	133	<b>Ophthalmic Anti-infective Combinations.....</b>	<b>151</b>	Orsythia Tablet 0.1-20 MG-MCG Oral.....	93
Obizur Solution Reconstituted 500 UNIT Intravenous.....	129	<b>Ophthalmic Antivirals.....</b>	<b>151</b>	Oscimin Products.....	169
O-Cal FA Tablet 27-1 MG Oral.....	147	<b>Ophthalmic Carbonic Anhydrase Inhibitors....</b>	<b>151</b>	Osetamivir Products.....	81, 82
Ocaliva Products.....	120	<b>Ophthalmic Ectoparasiticide.....</b>	<b>151</b>	Osmolex Products.....	69
Ocella Tablet 3-0.03 MG Oral.....	93	<b>Ophthalmic Immunomodulators.....</b>	<b>151</b>	OsmoPrep Tablet 1.102-0.398 GM Oral.....	136
Octagam Products.....	155	<b>Ophthalmic Kinase Inhibitors - Combinations.....</b>	<b>151</b>	Otezla Products.....	11
Octreotide Products.....	116	<b>Ophthalmic Local Anesthetics.....</b>	<b>151</b>	<b>OTIC AGENTS.....</b>	<b>153</b>
Odactra TABLET SUBLINGUAL 12 SQ-HDM Sublingual.....	7	<b>Ophthalmic Nerve Growth Factors.....</b>	<b>151</b>	<b>Otic Agents - Miscellaneous.....</b>	<b>153</b>
Odefsey Tablet 200-25-25 MG Oral.....	78	<b>Ophthalmic Nonsteroidal Anti-inflammatory Agents.....</b>	<b>151</b>	<b>Otic Anti-infectives.....</b>	<b>153</b>
Odomzo Capsule 200 MG Oral.....	61	<b>Ophthalmic Rho Kinase Inhibitors.....</b>	<b>151</b>	<b>Otic Steroid-Anti-infective Combinations.....</b>	<b>153</b>
Ofev Products.....	164	<b>Ophthalmic Selective Alpha Adrenergic Agonists.....</b>	<b>152</b>	<b>Otic Steroids.....</b>	<b>153</b>
Ofloxacin Products.....	120, 150, 153	<b>Ophthalmic Steroid Combinations.....</b>	<b>152</b>	<b>Ovulation Stimulants-Gonadotropins.....</b>	<b>115</b>
Ogestrel Tablet 0.5-50 MG-MCG Oral.....	93	<b>Ophthalmic Steroids.....</b>	<b>152</b>	<b>Oxaborole-Related Antifungals - Topical.....</b>	<b>106</b>
Ogsiveo Tablet 50 MG Oral.....	60	<b>Ophthalmic Sulfonamides.....</b>	<b>153</b>	Oxacillin Products.....	158
		<b>Ophthalmics - Cystinosis Agents.....</b>	<b>153</b>	Oxandrolone Products.....	18
		<b>Opioid Agonists.....</b>	<b>13</b>	Oxaprozin Tablet 600 MG Oral.....	11
				Oxazepam Products.....	21
				<b>Oxazolidinones.....</b>	<b>55</b>

## Index of Drugs

OXcarbazepine Products.....	31	<b>PCSK9 Inhibitors.....</b>	<b>49</b>	Perphenazine-Amitriptyline Products.....	162
Oxervate Solution 0.002 % Ophthalmic.....	151	<b>PDE Inhibitor-Endothelin Receptor Antagonist</b>		Perseris Products.....	73
Oxiconazole Nitrate Cream 1 % External.....	106	<b>Combinations.....</b>	<b>87</b>	Pexeva Products.....	34
Oxistat Products.....	106	<b>Ped Multi Vitamins w/FI &amp; FE.....</b>	<b>146</b>	Pfizer Products.....	174
oxyBUTYnin Chloride Solution 5 MG/5ML Oral...	171	<b>Ped MV w/ Fluoride.....</b>	<b>146</b>	Pfizer-BioNT COVID-19 Vac-TriS Suspension	
Oxybutynin Products.....	171	<b>Ped Vitamins ACD Fluoride &amp; Iron.....</b>	<b>146</b>	30 MCG/0.3ML Intramuscular.....	174
oxyCODONE Products.....	15	<b>Ped Vitamins ACD w/ Fluoride.....</b>	<b>146</b>	Pfizer-BioNTech COVID-19 Vacc Suspension	
OxyCODONE HCl Concentrate 100 MG/5ML Oral...	15	Pediarix Products.....	168	30 MCG/0.3ML Intramuscular.....	174
.....	15	Pedvax HIB Suspension 7.5 MCG/0.5ML		Pfizerpen-G SOLUTION RECONSTITUTED	
oxyCODONE-Acetaminophen Products.....	16	Intramuscular.....	172	2000000 UNIT INJECTION.....	157
Oxycodone-Acetaminophen Tablet 2.5-325 MG		PEG Products.....	135	Phenadoz Products.....	46
Oral.....	16	PEG-3350/Electrolytes Solution Reconstituted		Phenelzine Sulfate Tablet 15 MG Oral.....	33
oxyCODONE-Aspirin Tablet 4.8355-325 MG Oral	16	236 GM Oral.....	135	PHENobarbital Products.....	134
oxyCODONE-Ibuprofen Tablet 5-400 MG Oral....	16	PEG-3350/Electrolytes/Ascorbat Solution		<b>Phenothiazines.....</b>	<b>75</b>
OxyCONTIN Products.....	15	Reconstituted 100 GM Oral.....	136	<b>Phenothiazines &amp; Tricyclic Agents.....</b>	<b>162</b>
oxyMORphone Products.....	15, 16	Pegasys Products.....	81	Phenoxybenzamine HCl Capsule 10 MG Oral....	51
Oxymorphone Products.....	16	Peg-Intron Products.....	81	<b>Phenylketonuria Treatment - Agents.....</b>	<b>115</b>
OxymORphone HCl ER Tablet Extended Release		PEG-KCl-NaCl-NaSulf-Na Asc-C Solution		Phenytoin Products.....	32
12 Hour 40 MG Oral.....	16	Reconstituted 100 GM Oral.....	136	Phexxi Gel 1.8-1-0.4 % Vaginal.....	175
<b>Oxytocics.....</b>	<b>153</b>	Pemazyre Products.....	60	Phoslyra Solution 667 MG/5ML Oral.....	122
<b>OXYTOCICS.....</b>	<b>153</b>	Penbraya Suspension Reconstituted Intramuscular..		<b>Phosphate Binder Agents.....</b>	<b>122</b>
Oxytrol Patch Twice Weekly 3.9 MG/24HR		.....	172	<b>Phosphatidylinositol 3-Kinase (PI3K) Inhibitors...</b>	<b>67</b>
Transdermal.....	171	Penciclovir Cream 1 % External.....	102	<b>Phosphodiesterase 4 (PDE4) Inhibitors.....</b>	<b>11</b>
Ozempic Products.....	40	penicillAMINE Capsule 250 MG Oral.....	143	<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>	<b>106</b>
Pacerone Products.....	22	Penicillin Products.....	157	.....	
Palforzia Products.....	7	<b>Penicillin Combinations.....</b>	<b>157</b>	<b>Phosphodiesterase III Inhibitors.....</b>	<b>131</b>
Paliperidone Products.....	73	<b>Penicillinase-Resistant Penicillins.....</b>	<b>158</b>	Phospholine Iodide Solution Reconstituted	
Palonosetron Products.....	44	<b>PENICILLINS.....</b>	<b>156</b>	0.125 % Ophthalmic.....	150
Palynziq Products.....	115	Pentacel Suspension Reconstituted Intramuscular...		Photofrin SOLUTION RECONSTITUTED 75 MG	
Pamidronate Products.....	110	.....	168	Intravenous.....	64
Panretin Gel 0.1 % External.....	101	Pentamidine Products.....	54	Physiolyte SOLUTION Irrigation.....	144
Pantoprazole Products.....	170	Pentasa Products.....	121	Physiosol Irrigation Solution Irrigation.....	144
Paragard Intrauterine Copper Intrauterine Device		Pentazocine-Naloxone HCl Tablet 50-0.5 MG Oral...	17	Phytonadione Tablet 5 MG Oral.....	176
Intrauterine.....	94	.....	17	Picato Products.....	101
<b>Parathyroid Hormone And Derivatives.....</b>	<b>115</b>	Pentoxifylline ER Tablet Extended Release 400		Pifelro Tablet 100 MG Oral.....	79
Paricalcitol Products.....	114	MG Oral.....	131	<b>PIK3CA-Related Overgrowth Spectrum</b>	
Paroex Solution 0.12 % Mouth/Throat.....	146	Perindopril Products.....	50	<b>Agents - PI3K Inhib.....</b>	<b>145</b>
Paromomycin Sulfate Capsule 250 MG Oral.....	8	Periogard Solution 0.12 % Mouth/Throat.....	146	Pilocarpine Products.....	146, 150
PARoxetine Products.....	34, 163	<b>Peripheral COMT Inhibitors.....</b>	<b>71</b>	Pimecrolimus Cream 1 % External.....	106
Paser Packet 4 GM Oral.....	56	<b>Peripheral Opioid Receptor Antagonists.....</b>	<b>121</b>	Pimozide Products.....	162
<b>PASSIVE IMMUNIZING AND TREATMENT</b>		<b>Permethrin Cream 5 % External.....</b>	<b>107</b>	Pindolol Products.....	83
<b>AGENTS.....</b>	<b>154</b>	<b>Peroxisome Proliferator-Activated Receptor</b>		Pioglitazone Products.....	42
Paxlovid Products.....	80	<b>Agonists.....</b>	<b>122</b>	Piperacillin Products.....	158
PAZOPanib HCl Tablet 200 MG Oral.....	62	Perphenazine Products.....	75		

## Index of Drugs

Piqray Products.....	67	Pred-G Products.....	152	<b>PROGESTINS.....</b>	<b>158</b>
Pirfenidone Products.....	164	Prednicarbate Products.....	105	<b>Progestins-Antineoplastic.....</b>	<b>68</b>
Pirmella 1/35 Tablet 1-35 MG-MCG Oral.....	93	prednisoLONE Products.....	97, 98, 153	Prograf Solution 5 MG/ML Intravenous.....	145
Piroxicam Products.....	11	PrednisoLONE Products.....	97, 153	Prolastin-C Solution Reconstituted 1000 MG Intravenous.....	163
Pitavastatin Products.....	48	predniSONE Products.....	98	Prolia Products.....	115
<b>Plasma Kallikrein Inhibitors.....</b>	<b>131</b>	PredniSONE Products.....	98	Promacta Products.....	134
<b>Plasma Kallikrein Inhibitors - Monoclonal Antibodies.....</b>	<b>131</b>	Pregabalin Products.....	31	Promethazine Products.....	46, 98
Plasma-Lyte Products.....	141	Pregnyl Solution Reconstituted 10000 UNIT Intramuscular.....	115	Promethazine-Codeine Syrup 6.25-10 MG/5ML Oral.....	99
<b>Platelet Aggregation Inhibitor Combinations..</b>	<b>131</b>	PreHevbrio Suspension 10 MCG/ML Intramuscular.. .....	174	Promethazine-DM Syrup 6.25-15 MG/5ML Oral....	99
<b>Platelet Aggregation Inhibitors.....</b>	<b>131</b>	Premarin Products.....	119, 175	Promethegan Products.....	46
Plegridy Products.....	161	Prenatal Products.....	147	Propafenone Products.....	21
Plenvu Solution Reconstituted 140 GM Oral.....	136	<b>Prenatal MV &amp; Min w/FE-FA.....</b>	<b>147</b>	Propantheline Bromide Tablet 15 MG Oral.....	170
Plerixafor Solution 24 MG/1.2ML Subcutaneous	132	<b>Prenatal MV &amp; Min w/FE-FA-DHA.....</b>	<b>147</b>	Proparacaine HCl Solution 0.5 % Ophthalmic....	151
Pneumovax Products.....	172	Prepopik Packet 10-3.5-12 MG-GM-GM Oral.....	136	Propranolol Products.....	83
PNV Products.....	147	Pretomanid Tablet 200 MG Oral.....	56	Propranolol-HCTZ Products.....	53
PNV-DHA CAPSULE 27-0.6-0.4-300 MG ORAL	147	Prevaltan POWDER 4 GM/DOSE ORAL.....	47	Propylthiouracil Tablet 50 MG Oral.....	165
Pocket Products.....	139	Previfem Tablet 0.25-35 MG-MCG Oral.....	93	ProQuad Products.....	172
Podofilox Products.....	106	Prevnar Products.....	172	<b>Prostaglandin Vasodilators.....</b>	<b>87</b>
<b>Poly (ADP-ribose) Polymerase (PARP) Inhibitors.....</b>	<b>68</b>	Prevymis Products.....	80	<b>Prostaglandins - Ophthalmic.....</b>	<b>153</b>
Polycin Ointment 500-10000 UNIT/GM Ophthalmic.. .....	151	Prezcobix Tablet 800-150 MG Oral.....	78	<b>Prostatic Hypertrophy Agent Combinations... </b>	<b>123</b>
Polymyxin B-Trimethoprim Solution 10000-0.1 UNIT/ML-% Ophthalmic.....	151	Prezista Products.....	79	<b>Protease-Activated Receptor-1 (PAR-1) Antagonists.....</b>	<b>131</b>
Pomalyst Products.....	61	Priftin Tablet 150 MG Oral.....	56	<b>Proton Pump Inhibitors.....</b>	<b>170</b>
Ponvory Products.....	163	Primidone Products.....	31	Protriptyline Products.....	36
Portia-28 TABLET 0.15-30 MG-MCG Oral.....	93	Priorix Suspension Reconstituted Subcutaneous..... .....	172	<b>Pseudobulbar Affect Agent Combinations.....</b>	<b>162</b>
Posaconazole Products.....	45	Privigen Products.....	155, 156	<b>Psychotherapeutic and Neurological Agents - Misc.....</b>	<b>162</b>
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents.....</b>	<b>162</b>	Probenecid Tablet 500 MG Oral.....	123	<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....</b>	<b>158</b>
Potassium Products.....	122, 123, 141-143	ProChamber VHC Device.....	139	<b>Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC).....</b>	<b>87</b>
<b>Potassium.....</b>	<b>142</b>	Prochlorperazine Products.....	76	Pulmicort Products.....	25
<b>Potassium Removing Agents.....</b>	<b>145</b>	Procrit Products.....	133	<b>Pulmonary Fibrosis Agents.....</b>	<b>164</b>
<b>Potassium Sparing Diuretics.....</b>	<b>109</b>	ProctoCare-HC CREAM 2.5 % Rectal.....	19	<b>Pulmonary Fibrosis Agents - Kinase Inhibitors.... .....</b>	<b>164</b>
<b>PPI - Potassium-Competitive Acid Blockers (P-CAB).....</b>	<b>170</b>	Procto-Med HC Cream 2.5 % Rectal.....	19	<b>Pulmonary Hypertension - Activin Signaling Inhibitor.....</b>	<b>88</b>
Pramipexole Products.....	70, 71	Procto-Pak CREAM 1 % Rectal.....	19	<b>Pulmonary Hypertension - Endothelin Receptor Antagonists.....</b>	<b>88</b>
Pramox Gel 1 % External.....	106	Proctosol HC Cream 2.5 % Rectal.....	19	<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors.....</b>	<b>88</b>
Prasugrel Products.....	132	Proctozone-HC CREAM 2.5 % Rectal.....	19	Pulmozyme Solution 2.5 MG/2.5ML Inhalation....	164
Pravastatin Products.....	48	Procysbi Products.....	123		
Praziquantel Tablet 600 MG Oral.....	19	Progesterone Products.....	158		
Prazosin Products.....	53	<b>Progestin Contraceptives - Implants.....</b>	<b>94</b>		
Pred Mild Suspension 0.12 % Ophthalmic.....	153	<b>Progestin Contraceptives - Injectable.....</b>	<b>95</b>		
		<b>Progestin Contraceptives - IUD.....</b>	<b>95</b>		
		<b>Progestin Contraceptives - Oral.....</b>	<b>95</b>		
		<b>Progestins.....</b>	<b>158</b>		

# Index of Drugs

<b>Purine Analogs.....</b>	<b>145</b>	Relenza Products.....	82	Rituxan Solution 100 MG/10ML Intravenous.....	58
Pyrazinamide Tablet 500 MG Oral.....	56	Relistor Products.....	122	Rivastigmine Products.....	159
pyRIDostigmine Products.....	56	Renflexis Solution Reconstituted 100 MG		Rivelsa TABLET 42-21-21-7 DAYS Oral.....	94
Pyridostigmine Bromide ER Tablet Extended		Intravenous.....	122	Rivfloza Products.....	123
Release 180 MG Oral.....	56	Renvela Products.....	122	Rixubis Products.....	129
Pyrimethamine Tablet 25 MG Oral.....	56	Repaglinide Products.....	41	Rizatriptan Products.....	140
<b>Pyrimidine Synthesis Inhibitors.....</b>	<b>11</b>	Repatha Products.....	49	<b>ROCK Inhibitors.....</b>	<b>146</b>
Pyrukynd Products.....	131, 132	Rescriptor Products.....	79	rocklatan Solution 0.02-0.005 % Ophthalmic.....	151
<b>Pyruvate Kinase Activators.....</b>	<b>131</b>	<b>RESPIRATORY AGENTS - MISC.....</b>	<b>163</b>	Roflumilast Products.....	25
Qinlock Tablet 50 MG Oral.....	62	<b>Restless Leg Syndrome (RLS) Agents.....</b>	<b>162</b>	rOPINIRole Products.....	71
Quadracel Products.....	168	Retacrit Products.....	133	<b>Rosacea Agents.....</b>	<b>106</b>
Quadramet Solution 1850 MBQ/ML Intravenous..	64	Retevmo Products.....	63	Rosadan Cream 0.75 % External.....	107
Quasense Tablet 0.15-0.03 MG Oral.....	94	<b>Retinoic Acid Receptor Gamma Selective</b>		Rosuvastatin Products.....	48
<b>Quaternary Anticholinergics.....</b>	<b>170</b>	<b>Agonists.....</b>	<b>148</b>	Rotarix Suspension Reconstituted Oral.....	174
QUetiapine Products.....	74, 75	<b>Retinoids.....</b>	<b>68</b>	RotaTeq Solution Oral.....	174
Quinapril Products.....	50	<b>Rett Syndrome Agents - Glycine-Proline-</b>		Roweepra Products.....	31
Quinapril-hydroCHLORothiazide Products.....	51	<b>Glutamate Analogs.....</b>	<b>149</b>	Rozlytrek Products.....	63
<b>Quinazoline Agents.....</b>	<b>132</b>	Revlimid Products.....	144	<b>RSV Agents - Nucleoside Analogues.....</b>	<b>82</b>
quiNIDine Products.....	21	Rextovy Liquid 4 MG/0.25ML Nasal.....	43	Rubraca Products.....	68
QuiNINE Sulfate Capsule 324 MG Oral.....	56	Rexulti Products.....	76	Ruconest Solution Reconstituted 2100 UNIT	
<b>Quinolinone Derivatives.....</b>	<b>76</b>	Reyataz PACKET 50 MG ORAL.....	79	Intravenous.....	130
Qulipta Products.....	140	Reyvow Products.....	141	Rufinamide Products.....	31
Qvar Products.....	25, 26	Rezdiffra Products.....	120	Rukobia Tablet Extended Release 12 Hour 600	
RABEprazole Sodium Tablet Delayed Release		Rezlidhia Capsule 150 MG Oral.....	66	MG Oral.....	78
20 MG Oral.....	170	Rezurock Tablet 200 MG Oral.....	146	Rybelsus Products.....	40
Radicava Products.....	148	Rheumatrex TABLET 2.5 MG ORAL.....	8	Rydapt CAPSULE 25 MG Oral.....	62
Ragwitek TABLET SUBLINGUAL 12 AMB A 1-U		Rhopressa Solution 0.02 % Ophthalmic.....	151	Rykindo Products.....	74
Sublingual.....	7	Ribavirin Products.....	81	Saizen Products.....	113
Raloxifene HCl Tablet 60 MG Oral.....	116	Ridaura Capsule 3 MG Oral.....	9	Sajazir Solution Prefilled Syringe 30 MG/3ML	
Ramelteon Tablet 8 MG Oral.....	135	Rifabutin Capsule 150 MG Oral.....	56	Subcutaneous.....	130
Ramipril Products.....	50	Rifamate Capsule 150-300 MG Oral.....	56	<b>Salicylates.....</b>	<b>12</b>
<b>RANK Ligand (RANKL) Inhibitors.....</b>	<b>115</b>	rifAMPin Products.....	56	<b>Saline Laxative Mixtures.....</b>	<b>136</b>
Ranolazine Products.....	19	Rifampin Solution Reconstituted 600 MG		<b>Saliva Stimulants.....</b>	<b>146</b>
Rapamune Products.....	145	Intravenous.....	56	Sancuso Patch 3.1 MG/24HR Transdermal.....	44
Rasagiline Products.....	69	Rifater Tablet 50-120-300 MG Oral.....	56	SandIMMUNE Solution 100 MG/ML Oral.....	144
Royaldee Capsule Extended Release 30 MCG Oral		Riluzole Tablet 50 MG Oral.....	149	SandoSTATIN Products.....	116
.....	114	riMANTAdine HCl Tablet 100 MG Oral.....	81	Santyl Ointment 250 UNIT/GM External.....	106
Rebif Products.....	161	Rinvoq Products.....	8	Sapropterin Products.....	115
Rebinyng Products.....	129	Risedronate Products.....	110	Savella Products.....	159
Reclipsen Tablet 0.15-30 MG-MCG Oral.....	93	RisperDAL Products.....	73	sAXaglipitin Products.....	37
Recombivax Products.....	174	risperiDONE Products.....	73, 74	<b>Scabicides &amp; Pediculicides.....</b>	<b>107</b>
Recorlev Tablet 150 MG Oral.....	110	RisperiDONE Products.....	74	Scalacort Lotion 2 % External.....	105
<b>Rectal Steroids.....</b>	<b>18</b>	RiteFlo Device.....	139	Scemblis Products.....	59
Regranex GEL 0.01 % EXTERNAL.....	107	Ritonavir Tablet 100 MG Oral.....	79	<b>Sclerostin Inhibitors.....</b>	<b>115</b>

# Index of Drugs

Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal.....	44
Seconal Capsule 100 MG Oral.....	134
Secuado Products.....	74
<b>Selective Aldosterone Receptor Antagonists (SARAs).....</b>	<b>54</b>
<b>Selective cGMP Phosphodiesterase Type 5 Inhibitors.....</b>	<b>88</b>
<b>Selective Costimulation Modulators.....</b>	<b>11</b>
<b>Selective Estrogen Receptor Degradars.....</b>	<b>68</b>
<b>Selective Estrogen Receptor Modulators (SERMs).....</b>	<b>116</b>
<b>Selective Melatonin Receptor Agonists.....</b>	<b>135</b>
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors.....</b>	<b>25</b>
<b>Selective Retinoid X Receptor Agonists.....</b>	<b>68</b>
<b>Selective Serotonin Agonist-NSAID Combinations.....</b>	<b>140</b>
<b>Selective Serotonin Agonists 5-HT(1).....</b>	<b>140</b>
<b>Selective Serotonin Agonists 5-HT(1F).....</b>	<b>141</b>
<b>Selective Serotonin Reuptake Inhibitors (SSRIs).....</b>	<b>33</b>
<b>Selective T-Cell Costimulation Blockers.....</b>	<b>146</b>
<b>Selective Vasopressin V2-Receptor Antagonists.....</b>	<b>116</b>
Selegiline Products.....	69
Selenium Sulfide Lotion 2.5 % External.....	102
Selzentry Products.....	78
Semglee Products.....	39
Serevent Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation.....	24
Serostim Products.....	113
<b>Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag.....</b>	<b>162</b>
<b>Serotonin Modulators.....</b>	<b>34</b>
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs).....</b>	<b>34</b>
Sertraline Products.....	34
Setlakin TABLET 0.15-0.03 MG ORAL.....	94
Sevelamer Products.....	122
Sevenfact Products.....	129
<b>SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb.....</b>	<b>41</b>
<b>SGLT2 Inhibitor - DPP-4 Inhibitor Combinations..</b>	<b>41</b>
Shingrix SUSPENSION RECONSTITUTED 50 MCG Intramuscular.....	174
Signifor Products.....	116
Sildenafil Products.....	88
Silodosin Products.....	122
Silver sulfADIAZINE Cream 1 % External.....	103
Simbrinza Suspension 1-0.2 % Ophthalmic.....	149
Simulect Products.....	145
Simvastatin Products.....	48
<b>Sinus Node Inhibitors.....</b>	<b>88</b>
Sirolimus Products.....	145
Sirturo Products.....	56
Sivextro Tablet 200 MG Oral.....	55
Skyclarys Capsule 50 MG Oral.....	149
Skyla INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE.....	95
Skyrizi Products.....	102, 121
Skytrofa Products.....	113
Slynd Tablet 4 MG Oral.....	95
<b>Small Interfering Ribonucleic Acid Agents (siRNA).....</b>	<b>123</b>
<b>Smoking Deterrents.....</b>	<b>163</b>
Sodium Products....	99, 116, 123, 142, 143, 145, 159
<b>Sodium.....</b>	<b>143</b>
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors.....</b>	<b>41</b>
<b>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb.....</b>	<b>41</b>
Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral...	81
Sogroya Products.....	113
Sohonos Products.....	148
Solia TABLET 0.15-30 MG-MCG ORAL.....	93
Solifenacin Products.....	171
Soltamox Solution 10 MG/5ML Oral.....	57
<b>Soluble Tumor Necrosis Factor Receptor Agents.....</b>	<b>11</b>
Solu-CORTEF Products.....	98
SOLU-Medrol Solution Reconstituted 2 GM Injection.....	98
<b>Somatostatic Agents.....</b>	<b>116</b>
Somatuline Products.....	116
Somavert Products.....	111
SORafenib Tosylate Tablet 200 MG Oral.....	62
Sorine Products.....	83
Sotalol Products.....	83
<b>Spacer/Aerosol-Holding Chambers &amp; Supplies.....</b>	<b>139</b>
<b>Sphingosine 1-Phosphate (S1P) Receptor Modulators.....</b>	<b>163</b>
Spikevax COVID-19 Vaccine Suspension 100 MCG/0.5ML Intramuscular.....	174
<b>Spinal Muscular Atrophy-SMN2 Splicing Modifiers.....</b>	<b>149</b>
Spinosaad Suspension 0.9 % External.....	107
Spiriva Products.....	24
Spirolactone Products.....	109
Spirolactone-HCTZ Tablet 25-25 MG Oral.....	108
<b>Spleen Tyrosine Kinase (SYK) Inhibitors.....</b>	<b>132</b>
Spravato Products.....	33
Sprintec 28 Tablet 0.25-35 MG-MCG Oral.....	93
SPS Products.....	145
Sronyx TABLET 0.1-20 MG-MCG Oral.....	93
SSD Cream 1 % External.....	103
Stavudine Products.....	80
Stelara Products.....	102
<b>Steroid Inhalants.....</b>	<b>25</b>
<b>Steroids - Mouth/Throat/Dental.....</b>	<b>146</b>
Stimate Solution 1.5 MG/ML Nasal.....	117
Stimufend Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous.....	133
<b>Stimulants - Misc.....</b>	<b>5</b>
Stiolto Respimat Aerosol Solution 2.5-2.5 MCG/ACT Inhalation.....	23
Stivarga Tablet 40 MG Oral.....	62
Strensiq Products.....	114
Streptomycin Sulfate SOLUTION RECONSTITUTED 1 GM Intramuscular.....	8
Stribild Tablet 150-150-200-300 MG Oral.....	78
Striverdi Respimat Aerosol Solution 2.5 MCG/ACT Inhalation.....	24
Sublocade Products.....	17
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists.....</b>	<b>44</b>
Subsys Products.....	16
<b>Succinimides.....</b>	<b>32</b>
Suclear KIT ORAL.....	136

## Index of Drugs

Sucraid Solution 8500 UNIT/ML Oral.....	108	Tadalafil Products.....	88	Tetanus-Diphtheria Toxoids Td Suspension 2-2 LF/0.5ML Intramuscular.....	169
Sucralfate Products.....	169, 170	Tadliq Suspension 20 MG/5ML Oral.....	88	Tetrabenazine Products.....	160
Sulfacetamide Products.....	99, 153	Tafinlar Products.....	59	Tetracycline Products.....	165
Sulfacetamide-prednisolONE Solution 10-0.23 % Ophthalmic.....	152	Tafuprost (PF) Solution 0.0015 % Ophthalmic....	153	<b>Tetracyclines.....</b>	<b>165</b>
sulfADIAZINE Tablet 500 MG Oral.....	164	Tagrisso Products.....	60	<b>TETRACYCLINES.....</b>	<b>165</b>
Sulfamethoxazole-Trimethoprim Products.....	54	Takhzyro Products.....	131	<b>Tetrazoles.....</b>	<b>45</b>
Sulfamylon Cream 85 MG/GM External.....	103	Talzenna Products.....	68	Texacort Solution 2.5 % External.....	105
sulfaSALazine Tablet 500 MG Oral.....	121	Tamoxifen Products.....	57	Tezspire Products.....	26
SulfaSALazine Tablet Delayed Release 500 MG Oral.....	121	Tamsulosin HCl Capsule 0.4 MG Oral.....	122	Thalomid Products.....	143
Sulfazine Tablet 500 MG Oral.....	121	Tarina Products.....	93	Theo-24 Products.....	26
<b>Sulfonamides.....</b>	<b>164</b>	Tarpeyo Capsule Delayed Release 4 MG Oral.....	98	Theochron Products.....	26
<b>SULFONAMIDES.....</b>	<b>164</b>	Tascenso ODT Tablet Dispersible 0.25 MG Oral.....	163	Theophylline Products.....	26
<b>Sulfonylurea-Biguanide Combinations.....</b>	<b>42</b>	Tasigna Products.....	59	TheraCys Suspension Reconstituted 81 MG/VIAL Intravesical.....	64
<b>Sulfonylureas.....</b>	<b>42</b>	Tasimelteon Capsule 20 MG Oral.....	135	Thermazene CREAM 1 % EXTERNAL.....	103
Sulindac Products.....	11	Tasmar Tablet 100 MG Oral.....	69	<b>Thiazides and Thiazide-Like Diuretics.....</b>	<b>109</b>
SUMatriptan Products.....	140, 141	Tavorole Solution 5 % External.....	106	<b>Thiazolidinedione-Biguanide Combinations.....</b>	<b>42</b>
Sumatriptan-Naproxen Sodium Tablet 85-500 MG Oral.....	140	Tavalisse Products.....	132	<b>Thiazolidinediones.....</b>	<b>42</b>
SUNItinib Products.....	62	Tavneos Capsule 10 MG Oral.....	130	<b>Thienbenzodiazepines.....</b>	<b>76</b>
Sunlenca Products.....	78	Taysofy Capsule 1-20 MG-MCG(24) Oral.....	93	<b>Thienopyridine Derivatives.....</b>	<b>132</b>
Sunosi Products.....	5	Tazarotene Products.....	100, 101	Thioridazine Products.....	76
Suprax Products.....	90	Taztia Products.....	86	Thiothixene Products.....	77
Surmontil Products.....	36	Tazverik Tablet 200 MG Oral.....	61	<b>Thioxanthenes.....</b>	<b>77</b>
Sutab Tablet 1479-225-188 MG Oral.....	136	TDVAX Suspension 2-2 LF/0.5ML Intramuscular.....	169	<b>Thrombin Inhibitors - Selective Direct &amp; Reversible.....</b>	<b>28</b>
Syeda Tablet 3-0.03 MG Oral.....	93	Telmisartan Products.....	52	<b>Thrombopoietin (TPO) Receptor Agonists.....</b>	<b>134</b>
Sylvant Products.....	144	Telmisartan-amLODIPine Products.....	51	<b>Thymic Stromal Lymphopoietin (TSLP) Antagonists.....</b>	<b>26</b>
Symax-SL Tablet Sublingual 0.125 MG Sublingual... .....	169	Telmisartan-HCTZ Products.....	52	Thymoglobulin SOLUTION RECONSTITUTED 25 MG Intravenous.....	144
Symdeko Products.....	164	Temazepam Products.....	135	<b>THYROID AGENTS.....</b>	<b>165</b>
Symjepi Products.....	175	Temixys Tablet 300-300 MG Oral.....	78	<b>Thyroid Hormones.....</b>	<b>165</b>
SymlinPen Products.....	36	Temodar SOLUTION RECONSTITUTED 100 MG Intravenous.....	65	Thyrolar-1 Tablet 60 (12.5-50) MG (MCG) Oral...167	167
Synagis Products.....	154	Temozolomide Products.....	65, 66	Thyrolar-1/2 Tablet 30 (6.25-25) MG (MCG) Oral..... .....	168
Synarel SOLUTION 2 MG/ML NASAL.....	114	Tenivac Injectable 5-2 LFU Intramuscular.....	169	Thyrolar-1/4 Tablet 15 (3.1-12.5) MG (MCG) Oral..... .....	168
Synera Patch 70-70 MG External.....	107	Tenofovir Disoproxil Fumarate Tablet 300 MG Oral.. .....	80	Thyrolar-2 Tablet 120 (25-100) MG (MCG) Oral..168	168
Synjardy Products.....	41	Tepmetko Tablet 225 MG Oral.....	61	Thyrolar-3 Tablet 180 (37.5-150) MG (MCG) Oral..... .....	168
Synribo Solution Reconstituted 3.5 MG Subcutaneous.....	64	Terazosin Products.....	53	tiaGABine Products.....	31
<b>Synthetic Heparinoid-Like Agents.....</b>	<b>28</b>	Terbinafine HCl Tablet 250 MG Oral.....	45	Tibsovo Tablet 250 MG Oral.....	66
Synthroid Products.....	167	Terbutaline Products.....	24		
Tabloid Tablet 40 MG Oral.....	58	Terconazole Products.....	175		
Tabrecta Products.....	61	Teriflunomide Products.....	160		
Tacrolimus Products.....	106, 145	Teriparatide Products.....	115		
		Testosterone Products.....	18		

## Index of Drugs

Tice BCG Suspension Reconstituted 50 MG Intravesical.....	64	Travoprost (BAK Free) Solution 0.004 % Ophthalmic.....	153	TriNessa (28) Tablet 0.18/0.215/0.25 MG-35 MCG Oral.....	96
Tilia Fe Tablet 1-20/1-30/1-35 MG-MCG Oral.....	96	traZODone Products.....	34	Trintellix Products.....	34
Timolol Products.....	83, 149	Trecator Tablet 250 MG Oral.....	56	<b>Triphasic Contraceptives - Oral.....</b>	<b>95</b>
Timoptic Ocudose Solution 0.25 % Ophthalmic...	149	Trelegy Products.....	23	Tri-Sprintec Tablet 0.18/0.215/0.25 MG-35 MCG Oral.....	96
Tinidazole Products.....	54	Trelstar Products.....	67	Triumeq Products.....	78
Tiotropium Bromide Monohydrate Capsule 18 MCG Inhalation.....	24	Tremfya Products.....	102	Tri-Vit/Fluoride Products.....	146
Tis-U-Sol SOLUTION IRRIGATION.....	144	Treprostinil Products.....	87	Tri-Vit/Fluoride/Iron Solution 0.25-10 MG/ML Oral....	146
Tivicay Products.....	79	Tresiba Products.....	39	Tri-Vitamin/Fluoride Solution 0.25 MG/ML Oral... 146	
tiZANidine Products.....	148	Tretinoin Products.....	68, 100	Trivora (28) Tablet 50-30/75-40/ 125-30 MCG Oral... 96	
Tlando Capsule 112.5 MG Oral.....	18	Tretten Products.....	129	Tri-VyLibra Products.....	96
TobraDex Ointment 0.3-0.1 % Ophthalmic.....	152	Trexall Products.....	58	Tropicamide Products.....	150
Tobramycin Products.....	8, 151	Triamcinolone Products.....	105, 146	Trospium Products.....	171
Tobramycin-Dexamethasone Suspension 0.3-0.1 % Ophthalmic.....	152	Triamterene Products.....	109	Trulicity Products.....	40
Tobrex Ointment 0.3 % Ophthalmic.....	151	Triamterene-HCTZ Products.....	108	Trumenba Suspension Prefilled Syringe Intramuscular.....	172
Tolmetin Products.....	11	Triazolam Products.....	135	Truqap Products.....	58
Tolterodine Products.....	171	<b>Triazoles.....</b>	<b>45</b>	Tryvio Tablet 12.5 MG Oral.....	54
Tolvaptan Products.....	116	<b>Tricyclic Agents.....</b>	<b>35</b>	Tukysa Products.....	58
<b>Topical Anesthetic Combinations.....</b>	<b>107</b>	Triderm Cream 0.1 % External.....	105	<b>Tumor Necrosis Factor Alpha Blockers.....</b>	<b>122</b>
<b>Topical Decongestants.....</b>	<b>148</b>	Trientine HCl Capsule 250 MG Oral.....	143	Turalio Capsule 200 MG Oral.....	62
<b>Topical Selective Retinoid X Receptor Agonists..</b>	<b>107</b>	Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral.....	96	Turqoz Tablet 0.3-30 MG-MCG Oral.....	93
<b>Topical Steroid Combinations.....</b>	<b>107</b>	Tri-Fluoperazine Products.....	76	Tussigon Tablet 5-1.5 MG Oral.....	98
Topiramate Products.....	31	Trifluridine Solution 1 % Ophthalmic.....	151	Tuxarin ER Tablet Extended Release 12 Hour 54.3-8 MG Oral.....	99
<b>Topoisomerase I Inhibitors.....</b>	<b>68</b>	Trihexyphenidyl Products.....	69	Twinrix Products.....	172
Toposar Products.....	67	Trijardy Products.....	41	Twirla Patch Weekly 120-30 MCG/24HR Transdermal.....	94
Toremifene Citrate Tablet 60 MG Oral.....	57	Trikafta Products.....	164	Tyblume Tablet 0.1-20 MG-MCG Oral.....	93
Torisel Solution 25 MG/ML Intravenous.....	62	Tri-Linyah TABLET 0.18/0.215/0.25 MG-35 MCG ORAL.....	96	Tymlos Solution Pen-injector 3120 MCG/1.56ML Subcutaneous.....	115
Torsemide Products.....	109	Tri-Lo-Estarylla Tablet 0.18/0.215/0.25 MG-25 MCG Oral.....	96	Tyvaso Products.....	87
Toujeo Products.....	39	Tri-Lo-Marzia Tablet 0.18/0.215/0.25 MG-25 MCG Oral.....	96	Tyzeka TABLET 600 MG ORAL.....	80
<b>Toxoid Combinations.....</b>	<b>168</b>	Tri-Lo-Mili Tablet 0.18/0.215/0.25 MG-25 MCG Oral.....	96	Tyzine SOLUTION 0.05 % Nasal.....	148
<b>TOXOIDS.....</b>	<b>168</b>	Tri-Lo-Sprintec Tablet 0.18/0.215/0.25 MG-25 MCG Oral.....	96	Udenyca Products.....	133
traMADol Products.....	16	TriLyte Solution Reconstituted 420 GM Oral.....	136	<b>Ulcer Anti-Infective w/ Bismuth Combinations.....</b>	<b>170</b>
<b>Tramadol Combinations.....</b>	<b>17</b>	Trimethobenzamide HCl Capsule 300 MG Oral....	44	<b>Ulcer Anti-Infective w/ Proton Pump Inhibitors....</b>	<b>170</b>
traMADol-Acetaminophen Tablet 37.5-325 MG Oral.....	17	Trimethoprim Tablet 100 MG Oral.....	54	<b>Ulcer Drugs - Prostaglandins.....</b>	<b>171</b>
Trandolapril Products.....	50	Tri-Mili Tablet 0.18/0.215/0.25 MG-35 MCG Oral..	96		
Tranexamic Acid Tablet 650 MG Oral.....	134	Trimipramine Products.....	36		
Transderm-Scop (1.5 MG) Patch 72 Hour 1 MG/3DAYS Transdermal.....	44	Trinatal Rx 1 Tablet 60-1 MG Oral.....	147		
<b>Transthyretin Stabilizers.....</b>	<b>88</b>	Trinate Tablet Oral.....	147		
Tranylcypromine Sulfate Tablet 10 MG Oral.....	33				

# Index of Drugs

<b>ULCER</b>			
<b>DRUGS/ANTISPASMODICS/ANTICHOLINER</b>			
<b>GICS</b> .....	<b>169</b>	Varenicline Products.....	163
Ulesfia Lotion 5 % External.....	107	Varivax Products.....	174
UltiCare Pen Needles 29G X 12.7MM.....	139	Varubi Tablet 90 MG Oral.....	44
Unithroid Products.....	168	<b>Vascular Endothelial Growth Factor (VEGF)</b>	
<b>Urea Cycle Disorder - Agents</b> .....	<b>116</b>	<b>Inhibitors</b> .....	<b>68</b>
<b>Uricosurics</b> .....	<b>123</b>	<b>Vasoactive Soluble Guanylate Cyclase</b>	
<b>Urinary Anti-infectives</b> .....	<b>55</b>	<b>Stimulator (sGC)</b> .....	<b>88</b>
<b>Urinary Antispasmodic - Antimuscarinic</b>		<b>Vasodilators</b> .....	<b>54</b>
<b>(Anticholinergic)</b> .....	<b>171</b>	<b>Vasomotor Symptom Agents - SSRIs</b> .....	<b>163</b>
<b>URINARY ANTISPASMODICS</b> .....	<b>171</b>	<b>Vasopressin</b> .....	<b>117</b>
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		<b>Vasopressors</b> .....	<b>175</b>
<b>Agonists</b> .....	<b>171</b>	<b>VASOPRESSORS</b> .....	<b>175</b>
<b>Urinary Antispasmodics - Cholinergic Agonists</b> ..		Vixelis Products.....	169
.....	<b>171</b>	Vaxneuvance Suspension Prefilled Syringe 0.5	
<b>Urinary Antispasmodics - Direct Muscle</b>		ML Intramuscular.....	172
<b>Relaxants</b> .....	<b>171</b>	Velivet Tablet 0.1/0.125/0.15 -0.025 MG Oral.....	96
<b>Urinary Stone Agents</b> .....	<b>123</b>	Velphoro TABLET CHEWABLE 500 MG ORAL..	122
<b>Urinary Tract Protective Agents</b> .....	<b>68</b>	Vemlidy TABLET 25 MG ORAL.....	81
Ursodiol Products.....	120	Venclexta Products.....	58
Uvadex Products.....	64	Venlafaxine Products.....	34, 35
<b>VACCINES</b> .....	<b>171</b>	Ventavis Products.....	87
<b>VAGINAL AND RELATED PRODUCTS</b> .....	<b>174</b>	Veopoz Solution 400 MG/2ML Injection.....	130
<b>Vaginal Anti-infectives</b> .....	<b>175</b>	Verapamil Products.....	86
<b>Vaginal Contraceptive pH Modulator -</b>		Verdeso Foam 0.05 % External.....	105
<b>Combinations</b> .....	<b>175</b>	Veregen Ointment 15 % External.....	100
<b>Vaginal Estrogens</b> .....	<b>175</b>	Verquvo Products.....	88
<b>Vaginal Progestins</b> .....	<b>175</b>	Verzenio Products.....	65
valACYclovir Products.....	81	Vestura Tablet 3-0.02 MG Oral.....	93
Valchlor Gel 0.016 % External.....	101	Vexol Suspension 1 % Ophthalmic.....	153
valGANciclovir Products.....	80	Vibativ Products.....	55
Valproate Sodium Solution 100 MG/ML Intravenous		Videx Products.....	80
.....	32	Vienna Tablet 0.1-20 MG-MCG Oral.....	93
Valproic Acid Capsule 250 MG Oral.....	32	Vigabatrin Products.....	31
<b>Valproic Acid</b> .....	<b>32</b>	Vigadrone Packet 500 MG Oral.....	31
Valsartan Products.....	52	Vijoice Products.....	145
Valsartan-hydroCHLOROthiazide Products.....	52	Vilazodone Products.....	34
Valtoco Products.....	29	Vinate One Tablet 60-1 MG Oral.....	147
Valved Holding Chamber Device.....	140	Viorele Tablet 0.15-0.02/0.01 MG (21/5) Oral.....	90
Vancomycin Products.....	55	Viracept Products.....	79
Vandazole Gel 0.75 % Vaginal.....	175	<b>Viral Vaccine Combinations</b> .....	<b>172</b>
Vanflyta Products.....	62	<b>Viral Vaccines</b> .....	<b>172</b>
Vaqta Products.....	174	Virazole Solution Reconstituted 6 GM Inhalation..	82
		Viread Products.....	80
		Vistogard Packet 10 GM Oral.....	43
		Vitamin D (Ergocalciferol) Capsule 1.25 MG	
		(50000 UT) Oral.....	176
		<b>Vitamin C</b> .....	<b>176</b>
		<b>Vitamin D</b> .....	<b>176</b>
		<b>Vitamin K</b> .....	<b>176</b>
		<b>VITAMINS</b> .....	<b>176</b>
		Vitrakvi Products.....	63
		Vituz SOLUTION 5-4 MG/5ML Oral.....	99
		Vivitrol Suspension Reconstituted 380 MG	
		Intramuscular.....	43
		Vivjoa Capsule Therapy Pack 150 MG Oral.....	45
		Vizimpro Products.....	60
		Vocabria Tablet 30 MG Oral.....	79
		Vonjo Capsule 100 MG Oral.....	66
		Vonvendi Products.....	129
		Voquezna Products.....	170
		Vorango Products.....	66
		Voriconazole Products.....	45
		Vortex Valved Holding Chamber Device.....	140
		Vosevi TABLET 400-100-100 MG Oral.....	81
		Vowst Capsule Oral.....	121
		Voxzogo Products.....	115
		Voydeya Products.....	131
		Vpriv Solution Reconstituted 400 UNIT Intravenous..	
		.....	132
		Vraylar Products.....	72
		Vtama Cream 1 % External.....	102
		Vumerity Products.....	161
		Vyjuvek Gel 5000000000 PFU/2.5ML External... 107	
		Vyleesi Solution Auto-Injector 1.75 MG/0.3ML	
		Subcutaneous.....	160
		VyLibra TABLET 0.25-35 MG-MCG Oral.....	93
		Vyndamax Capsule 61 MG Oral.....	88
		Vyndaqel Capsule 20 MG Oral.....	88
		Wainua Solution Auto-Injector 45 MG/0.8ML	
		Subcutaneous.....	159
		Warfarin Products.....	27
		Watchhaler Device.....	140
		Welireg Tablet 40 MG Oral.....	61
		Wera Tablet 0.5-35 MG-MCG Oral.....	93
		Wide-Seal Products.....	137, 138
		Wilate Products.....	129
		Winrevair Products.....	88
		Wixela Products.....	23



## Index of Drugs

<b>Wound Care - Growth Factor Agents</b> .....	<b>107</b>	Zelboraf Tablet 240 MG Oral.....	59
<b>Wound Dressings</b> .....	<b>107</b>	Zemaira SOLUTION RECONSTITUTED 1000 MG Intravenous.....	163
<b>Wound Treatment - Gene Therapy</b> .....	<b>107</b>	Zemplar Products.....	114
WP Products.....	168	Zenatane Products.....	100
Wymzya Fe Tablet Chewable 0.4-35 MG-MCG Oral .....	93	Zenchant Tablet 0.4-35 MG-MCG Oral.....	93
Xalkori Products.....	58	Zenpep Products.....	108
<b>Xanthines</b> .....	<b>26</b>	Zenzedi Products.....	5
Xarelto Products.....	27	Zeposia Products.....	163
Xdemvy Solution 0.25 % Ophthalmic.....	151	Zidovudine Products.....	80
Xeljanz Products.....	8	Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous.....	133
Xembify Products.....	156	Zilbrysq Products.....	130
Xgeva SOLUTION 120 MG/1.7ML Subcutaneous..... .....	115	Zileuton ER Tablet Extended Release 12 Hour 600 MG Oral.....	22
Xiaflex Solution Reconstituted 0.9 MG Injection..	144	Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection.....	43
Xifaxan Products.....	54	Ziprasidone Products.....	72
Xigduo Products.....	41, 42	Zirgan Gel 0.15 % Ophthalmic.....	151
Xiidra Solution 5 % Ophthalmic.....	150	Zmax Suspension Reconstituted 2 GM Oral.....	136
Xolair Products.....	23	Zokinvy Products.....	144
Xolegel Gel 2 % External.....	106	Zoledronic Products.....	110
Xolremdi Capsule 100 MG Oral.....	132	Zolinza CAPSULE 100 MG ORAL.....	61
Xospata Tablet 40 MG Oral.....	62	ZOLMitriptan Products.....	141
Xphozah Products.....	110	Zolpidem Products.....	135
Xpovio Products.....	63, 64	Zonisamide Products.....	31
Xtandi Products.....	57	Zontivity Tablet 2.08 MG Oral.....	131
Xulane Patch Weekly 150-35 MCG/24HR Transdermal.....	94	Zoryve Products.....	102, 106
Xuriden Packet 2 GM Oral.....	113	Zostavax Suspension Reconstituted 19400 UNT/0.65ML Subcutaneous.....	174
Xylocaine-MPF/EPINEPHrine Solution 1 %- 1:200000 Injection.....	136	Zosyn Products.....	158
Xyntha Products.....	129, 130	Zovia 1/35E (28) Tablet 1-35 MG-MCG Oral.....	93
Xyrem Solution 500 MG/ML Oral.....	159	Ztalmy Suspension 50 MG/ML Oral.....	31
Xywav Solution 500 MG/ML Oral.....	159	Zubsolv Products.....	17
Ycanth Solution 0.7 % External.....	106	Zumandimine Tablet 3-0.03 MG Oral.....	93
Yonsa Tablet 125 MG Oral.....	57	Zuplenz Products.....	44
Yorvipath Products.....	114	Zurzuvae Products.....	33
Yuvaferm Tablet 10 MCG Vaginal.....	175	Zydelig Products.....	67
Zafemy Patch Weekly 150-35 MCG/24HR Transdermal.....	94	Zykadia Products.....	58
Zafirlukast Products.....	25	Zylet SUSPENSION 0.5-0.3 % OPHTHALMIC....	152
Zaleplon Products.....	135	ZyPREXA Products.....	77
Zegalogue Products.....	37		
Zejula Products.....	68		
Zelapar Tablet Dispersible 1.25 MG Oral.....	69		

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