Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Central alpha-agonists						
Clonidine	ALL except (0.025mg)	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Opiates/Opiate agonists						
Methadone Hydrochloride	ALL	TAB., LIQ, PWD	Yes	See Comments	N/A	See NOTES 1, 2 ,3, 4 & 11
Buprenorphine / Naloxone	ALL	TAB	Yes	See Comments	See Comments	See NOTES 1, 2 ,3, 4, 5 & 11
Opiate Antagonists						
Naltrexone	50MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2, 3, 11 & 17
Anticonvulsants						
Carbamazepine	ALL	TAB, CHEW, TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Carbamazepine CR	ALL	L.A. TAB	Yes	See Comments	See Comments	See NOTES 1, 2 , 3, 7 &11
Carbamazepine	100MG / 5ML	SUSP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Clobazam	10MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Clonazepam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Divalproex	ALL	ENT, TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Ethosuximide (Zarontin)	250MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Ethosuximide (Zarontin)	250MG / 5ML	SYR	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Gabapentin	100MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Gabapentin	300MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Gabapentin	400MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Gabapentin	600MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Gabapentin	800MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lacosamide	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lamotrigine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Levetiracetam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Methsuximide (Celontin)	300MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Oxcarbazepine	60MG / ML	SUSP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Oxcarbazepine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Perampanel	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenobarbital	25MG / 5ML	ELIX	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenobarbital	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenytoin (Dilantin)	30MG/ 5ML	SUSP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenytoin (Dilantin)	30MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenytoin (Dilantin)	50MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenytoin (Dilantin)	50MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenytoin (Dilantin)	100MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenytoin (Dilantin)	125MG / 5ML	SUSP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11

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Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Primidone	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Topiramate	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Topiramate	15 MG	CAPS	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Topiramate	25 MG	CAPS	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Valproic acid	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Valproic acid	250MG / 5ML	SYR	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Vigabatrin (Sabril)	500MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Vigabatrin (Sabril)	500MG	ORAL. PWD	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Antidepressants						
Amitriptyline	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Bupropion SR	ALL	L.A. TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Bupropion XL (Wellbutrin XL)	ALL	L.A. TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Citalopram	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Clomipramine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Desipramine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Doxepin	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Duloxetine (Cymbalta)	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3, 8 & 11
Escitalopram	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Fluoxetine	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Fluoxetine	20MG / 5ML	SOL	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Fluvoxamine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Imipramine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Maprotiline	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Mirtazapine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Moclobemide	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Nortriptyline	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Paroxetine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Phenelzine (Nardil)	15MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Sertraline	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Tranylcypromine (Parnate)	10MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Trazodone	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Trimipramine	ALL	TAB / CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Venlafaxine	ALL	L.A. CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Antipsychotic agents						
Aripiprazole	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Chlorpromazine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Chlorpromazine	25MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Clozapine	ALL	TAB	Yes	See Comments	See Comments	See NOTES 1, 2 , 3, 9 & 11
Flupenthixol (Fluanxol)	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Flupenthixol (Fluanxol)	ALL	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Fluphenazine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11

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				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Fluphenazine	25MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Fluphenazine	100MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Haloperidol	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Haloperidol	2MG / ML	LIQ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Haloperidol	ALL	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Loxapine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Methotrimeprazine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Methotrimeprazine	25MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Olanzapine	ALL	TAB	Yes	See Comments	See Comments	See NOTES 1, 2 , 3, 10 & 11
Paliperidone Palmitate	50MG / 0.5ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Paliperidone Palmitate	75 MG / .75ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Paliperidone Palmitate	100MG / 1.0 ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Paliperidone Palmitate	150MG / 1.5ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Pericyazine (Neuleptil)	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Pericyazine (Neuleptil)	10MG / ML	SOL	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Perphenazine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Pimozide	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Pipotiazine	ALL	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Prochlorperazine	10MG	SUSP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Prochlorperazine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Prochlorperazine	5 MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Quetiapine (Seroquel)	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Quetiapine (Seroquel XR)	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Risperidone	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Risperidone	1MG / ML	SOL	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Risperidone	ALL	Disnt. Tab	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Risperidone (Risperidal consta)	ALL	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Thioproperazine (Majeptil)	10MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Thiothixene (Navane)	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Trifluoperazine	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Ziprasidone	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Zuclopenthixol (Clopixol)	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Zuclopenthixol (Clopixol)	ALL	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Stimulants						
Dexamphetamine (Dexedrine)	ALL	TAB / L.A. CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Methylphenidate	ALL	TAB / L.A. TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Modafinil	100MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Benzodiazepines						
Alprazolam	0.25MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Alprazolam	0.5MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Alprazolam	1MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11

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Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Alprazolam	2MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Bromazepam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Chlordiazepoxide	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Clorazepate	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Diazepam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Diazepam	1 MG /ML	SOL	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Diazepam	5 MG / ML	RT GEL	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Diazepam	5 MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Flurazepam	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lorazepam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lorazepam	ALL	S.L. TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lorazepam	4 MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Nitrazepam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Oxazepam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Temazepam	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Triazolam	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Other anxiolytics, hypnotics						
Buspirone	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Chloral hydrate	500MG / 5ML	SYR	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Hydroxyzine	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Hydroxyzine	10MG / 5ML	SYR	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Hydroxyzine	50MG / ML	INJ	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Zopiclone	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Antimanic agents						
Lithium	600MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lithium	150MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lithium	300MG	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Lithium	300MG / 5ML	SYR	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Other central nervous system agents						
Entacapone (Comtan)	200MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Levodopa/benzerazine (Prolopa)	ALL	CAP	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Levodopa/carbidopa	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Levodopa/carbidopa	ALL	L.A. TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Pramipexole	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Ropinirole (Requip)	ALL	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11
Selegiline	5MG	TAB	Yes	See Comments	N/A	See NOTES 1, 2 , 3 & 11

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Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Antiinfective agents						
Penicillin G	5,000,000 U	INJ	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Penicillin G	10,000,000 U	INJ	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Penicillin G	1,000,000 U	INJ	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Penicillin V	300MG	TAB	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Penicillin V (Pen-Vee)	300MG / 5ML	SUSP	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11

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Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Penicillin V (Pen-Vee)	180MG / 5ML	SUSP	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Penicillin V	250MG / 5ML	SUSP	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Penicillin V	125MG / 5ML	SUSP	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Benzathine Penicillin G	1,200,000 U	INJ	Yes	**ICD 9:** 032, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 090-096, 41.01, 040.82, 670, 728.86, 711.0, 320, 320.2, 034.0, 684, 686, 034.1, 038.0 **ICD 10:** A36, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A50-A52; A 40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00, G00.2, G00.3, G00.8, G00.9, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Erythromycin	250MG	TAB	Yes	**ICD 9:** 032, 033.0, 033.9, 033.1, 099.0, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A36, A37.0, A37.9,A37.1, A57, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11

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				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Erythromycin	600MG	TAB	Yes	**ICD 9:** 032, 033.0, 033.9, 033.1, 099.0, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A36, A37.0, A37.9,A37.1, A57, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Erythromycin	40MG / ML	SUSP	Yes	**ICD 9:** 032, 033.0, 033.9, 033.1, 099.0, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A36, A37.0, A37.9,A37.1, A57, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Erythromycine	80MG / ML	SUSP	Yes	**ICD 9:** 032, 033.0, 033.9, 033.1, 099.0, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A36, A37.0, A37.9,A37.1, A57, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Erythromycin	250MG / 5ML	SUSP	Yes	**ICD 9:** 032, 033.0, 033.9, 033.1, 099.0, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A36, A37.0, A37.9,A37.1, A57, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Erythromycin	333MG	CAPS	Yes	**ICD 9:** 032, 033.0, 033.9, 033.1, 099.0, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A36, A37.0, A37.9,A37.1, A57, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Erythromycin	500MG	TAB	Yes	**ICD 9:** 032, 033.0, 033.9, 033.1, 099.0, 036.0, 320.1, 038.2, 041.2, 481, 711.0, 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A36, A37.0, A37.9,A37.1, A57, A39.0, G00.1, A40.3, B95.3, J13, M00.1, A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Sulfamethoxazole-Trimethoprim (Sulfonamides Antibacterial Agent)	400MG / 80MG	TAB	Yes	**ICD 9:** 033.0, 033.9, 033.1, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9 **ICD 10:** A37.0, A37.9, A37.1, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9	**ICD 9:** 008.04, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	See NOTES 1, 2, 6 & 11
Sulfamethoxazole-Trimethoprim (Sulfonamides Antibacterial Agent)	800MG / 160MG	TAB	Yes	**ICD 9:** 033.0, 033.9, 033.1, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9 **ICD 10:** A37.0, A37.9, A37.1, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9	**ICD 9:** 008.04, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	See NOTES 1, 2, 6 & 11
Sulfamethoxazole-Trimethoprim (Sulfonamides Antibacterial Agent)	100MG / 20MG	TAB	Yes	**ICD 9:** 033.0, 033.9, 033.1, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9 **ICD 10:** A37.0, A37.9, A37.1, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9	**ICD 9:** 008.04, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Sulfamethoxazole-Trimethoprim (Sulfonamides Antibacterial Agent)	80MG / 16MG /ML	INJ	Yes	**ICD 9:** 033.0, 033.9, 033.1, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9 **ICD 10:** A37.0, A37.9, A37.1, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9	**ICD 9:** 008.04, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	See NOTES 1, 2, 6 & 11
Sulfamethoxazole-Trimethoprim (Sulfonamides Antibacterial Agent)	40MG / 8MG / ML	ORAL SUSP	Yes	**ICD 9:** 033.0, 033.9, 033.1, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9 **ICD 10:** A37.0, A37.9, A37.1, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9	**ICD 9:** 008.04, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	See NOTES 1, 2, 6 & 11
Ampicillin (Antibiotics)	250MG	CAP	Yes	**ICD 9:** 038.41, 320.0, 041.5, 464.3, 482.2, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 320 **ICD 10:** G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Ampicillin (Antibiotics)	500MG	CAP	Yes	**ICD 9:** 038.41, 320.0, 041.5, 464.3, 482.2, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 320 **ICD 10:** G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Ampicillin (Antibiotics)	250MG	INJ	Yes	**ICD 9:** 038.41, 320.0, 041.5, 464.3, 482.2, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A03.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 320 **ICD 10:** G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Ampicillin (Antibiotics)	500MG	INJ	Yes	**ICD 9:** 038.41, 320.0, 041.5, 464.3, 482.2, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 320 **ICD 10:** G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Ampicillin (Antibiotics)	1G	INJ	Yes	**ICD 9:** 038.41, 320.0, 041.5, 464.3, 482.2, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 320 **ICD 10:** G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Ampicillin (Antibiotics)	2G	INJ	Yes	**ICD 9:** 038.41, 320.0, 041.5, 464.3, 482.2, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 320 **ICD 10:** G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Rifampin (Antitubercular agents)	300MG	CAP	Yes	**ICD 9:** 320.0, 038.41, 041.5, 464.3, 482.2, 036.0, 010-018, V01.1, 030 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A39.0, A15-A19, Z20.1, A30	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Rifampin (Antitubercular agents)	150MG	CAP	Yes	**ICD 9:** 320.0, 038.41, 041.5, 464.3, 482.2, 036.0, 010-018, V01.1, 030 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A39.0, A15-A19, Z20.1, A30	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Oseltamivir Phosphate (Antivirals Agents)	ALL	ALL	Yes	**ICD 9:** 487 **ICD 10:** J09, J10, J11	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Amantadine (Antivirals Agents)	ALL	ALL	Yes	**ICD 9:** 487 **ICD 10:** J09, J10, J11	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Ciprofloxacin (Quinolones, anti-Infectives agent)	250MG	TAB	Yes	**ICD 9:** 036.0, 099.0, 030, 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A39.0, A57, A30, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 098.0-098.3, 001, 099.8 **ICD 10:** A54.0-A54.2, A00, A00.1, A00.9, A56	See NOTES 1, 2, 6 & 11
Ciprofloxacin (Quinolones, anti-Infectives agent)	500MG	TAB	Yes	**ICD 9:** 036.0, 099.0, 030, 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A39.0, A57, A30, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 098.0-098.3, 001, 099.8 **ICD 10:** A54.0-A54.2, A00, A00.1, A00.9, A56	See NOTES 1, 2, 6 & 11
Ciprofloxacin (Quinolones, anti-Infectives agent)	750MG	TAB	Yes	**ICD 9:** 036.0, 099.0, 030, 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A39.0, A57, A30, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 098.0-098.3, 001, 099.8 **ICD 10:** A54.0-A54.2, A00, A00.1, A00.9, A56	See NOTES 1, 2, 6 & 11
Ciprofloxacin XR (Quinolones, anti-Infectives agent)	500MG	LA TAB	Yes	**ICD 9:** 036.0, 099.0, 030, 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A39.0, A57, A30, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 098.0-098.3, 001, 099.8 **ICD 10:** A54.0-A54.2, A00, A00.1, A00.9, A56	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Ciprofloxacin XR (Quinolones, anti-Infectives agent)	1000MG	LA TAB	Yes	**ICD 9:** 036.0, 099.0, 030, 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A39.0, A57, A30, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 098.0-098.3, 001, 099.8 **ICD 10:** A54.0-A54.2, A00, A00.1, A00.9, A56	See NOTES 1, 2, 6 & 11
Ciprofloxacin (Quinolones, anti-Infectives agent)	10G / 100ML	ORAL SUSP	Yes	**ICD 9:** 036.0, 099.0, 030, 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A39.0, A57, A30, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 098.0-098.3, 001, 099.8, **ICD 10:** A54.0-A54.2, A00, A00.1, A00.9, A56	See NOTES 1, 2, 6 & 11
Ciprofloxacin (Quinolones, anti-Infectives agent)	2MG / ML	INJ	Yes	**ICD 9:** 036.0, 099.0, 030, 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A39.0, A57, A30, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 098.0-098.3, 001, 099.8, **ICD 10:** A54.0-A54.2, A00, A00.1, A00.9, A56	See NOTES 1, 2, 6 & 11
Norfloxacin (Quinolones, Anti-Infectives agent)	400 MG	TAB	Yes	**ICD9:** 008.04, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A04.3, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD9: N/A** **ICD10: N/A**	See NOTES 1,2,6 &11
Ceftriaxone Disodium (Third Generation Cephalosporins)	250MG / VIAL	INJ PWD-1	Yes	**ICD 9:** 036.0, 320.1, 038.2, 041.2, 481, 711.0 **ICD 10:** A39.0, G00.1, A40.3, B95.3, J13, M00.1, A54.0-A54.2	**ICD 9:** 320.0, 038.41, 041.5, 464.3, 482.2, 090-096, 099.0, 098.0-098.3 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A50-A52, A57,	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Ceftriaxone Disodium (Third Generation Cephalosporins)	1G / VIAL	INJ PWD-1	Yes	**ICD 9:** 036.0, 320.1, 038.2, 041.2, 481, 711.0 **ICD 10:** A39.0, G00.1, A40.3, B95.3, J13, M00.1, A54.0-A54.2	**ICD 9:** 320.0, 038.41, 041.5, 464.3, 482.2, 090-096, 099.0, 098.0-098.3 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A50-A52, A57,	See NOTES 1, 2, 6 & 11
Ceftriaxone Disodium (Third Generation Cephalosporins)	2G / VIAL	INJ PWD-1	Yes	**ICD 9:** 036.0, 320.1, 038.2, 041.2, 481, 711.0 **ICD 10:** A39.0, G00.1, A40.3, B95.3, J13, M00.1, A54.0-A54.2	**ICD 9:** 320.0, 038.41, 041.5, 464.3, 482.2, 090-096, 099.0, 098.0-098.3 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A50-A52, A57,	See NOTES 1, 2, 6 & 11
Ceftriaxone Disodium (Third Generation Cephalosporins)	10G / VIAL	INJ PWD-1	Yes	**ICD 9:** 036.0, 320.1, 038.2, 041.2, 481, 711.0 **ICD 10:** A39.0, G00.1, A40.3, B95.3, J13, M00.1, A54.0-A54.2	**ICD 9:** 320.0, 038.41, 041.5, 464.3, 482.2, 090-096, 099.0, 098.0-098.3 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, A50-A52, A57,	See NOTES 1, 2, 6 & 11
Ethambutol HCL (Antitubercular agents)	ALL	ALL	Yes	**ICD 9:** 010-018; V01.1 **ICD 10:** A15-A19; Z20.1	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Isoniazid (Antitubercular agents)	ALL	ALL	Yes	**ICD 9:** 010-018; V01.1 **ICD 10:** A15-A19; Z20.1	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Pyrazinamide (Antitubercular agents)	ALL	ALL	Yes	**ICD 9:** 010-018; V01.1 **ICD 10:** A15-A19; Z20.1	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Rifabutin (Antitubercular agents)	ALL	ALL	Yes	**ICD 9:** 010-018 **ICD 10:** A15-A19	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Streptomycin (Antibiotic Aminoglycosides)	1G / VIAL	INJ PWD	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 010-018 **ICD 10:** A15-A19	See NOTES 1, 2, 6 & 11
Amikacine	250MG / ML	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 010-018 **ICD 10:** A15-A19	See NOTES 1, 2, 6 & 11
Levofloxacin (Quinolones anti-infective)	250MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 010-018, 099.8 **ICD 10:** A15-A19, A56	See NOTES 1, 2, 6 & 11
Levofloxacin (Quinolones anti-infective)	500MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 010-018, 099.8 **ICD 10:** A15-A19, A56	See NOTES 1, 2, 6 & 11
Levofloxacin (Quinolones anti-infective)	750MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 010-018, 099.8 **ICD 10:** A15-A19, A56	See NOTES 1, 2, 6 & 11
Levofloxacin (Quinolones anti-infective)	5MG / ML	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 010-018, 099.8 **ICD 10:** A15-A19, A56	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Moxifloxacin (Quinolones antibacterial agent)	400MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 010-018 **ICD 10:** A15-A19	See NOTES 1, 2, 6 & 11
Azithromycin (Macrolides)	250MG	TAB	Yes	**ICD 9:** 099.8, 001, 008.04 **ICD 10:** A56, A00, A00.1, A00.9, 04.3, A54.0-A54.2	**ICD 9:** 099.0, 098.0-098.3, 033.0, 033.9, 033.1, 320 **ICD 10:** A57, A37.0, A37.9, A37.1, G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Azithromycin (Macrolides)	600MG	TAB	Yes	**ICD 9:** 099.8, 001, 008.04 **ICD 10:** A56, A00, A00.1, A00.9, A04.3, A54.0-A54.2	**ICD 9:** 099.0, 098.0-098.3, 033.0, 033.9, 033.1, 320 **ICD 10:** A57, A37.0, A37.9, A37.1, G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Azithromycin (Macrolides)	100MG / 5ML	SUSP	Yes	**ICD 9:** 099.8, 001, 008.04 **ICD 10:** A56, A00, A00.1, A00.9, A04.3, A54.0-A54.2	**ICD 9:** 099.0, 098.0-098.3, 033.0, 033.9, 033.1, 320 **ICD 10:** A57, A37.0, A37.9, A37.1, G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Azithromycin (Macrolides)	200MG / 5ML	SUSP	Yes	**ICD 9:** 099.8, 001, 008.04 **ICD 10:** A56, A00, A00.1, A00.9, A04.3, A54.0-A54.2	**ICD 9:** 099.0, 098.0-098.3, 033.0, 033.9, 033.1, 320 **ICD 10:** A57, A54.0-A54.2, A37.0, A37.9, A37.1, G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Azithromycin (Macrolides)	500MG	INJ	Yes	**ICD 9:** 099.8, 001, 008.04 **ICD 10:** A56, A00, A00.1, A00.9, A04.3, A54.0-A54.2	**ICD 9:** 099.0, 098.0-098.3, 033.0, 033.9, 033.1, 320 **ICD 10:** A57, A37.0, A37.9, A37.1, G00, G00.3, G00.8, G00.9	See NOTES 1, 2, 6 & 11
Doxycycline Hyclate (Tetracyclines)	100MG	TAB / CAPS	Yes	**ICD 9:** 099.8, 001, 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9 **ICD 10:** A56, A00, A00.1, A00.9, A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9	**ICD 9:** 090-096, 008.04 **ICD 10:** A50-A52, A04.3, A54.0-A54.2	See NOTES 1, 2, 6 & 11
Cefixime (Cephalosporins)	400MG	TAB	Yes	**ICD 9:** 098.0-098.3 **ICD 10:** A54.0-A54.2	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Cefixime (Cephalosporins)	100MG / 5ML	SUSP	Yes	**ICD 9:** 098.0-098.3 **ICD 10:** A54.0-A54.2	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Cephalexin Monohydrate (First Generation Cephalosporins)	250MG	TAB / CAPS	Yes	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Cephalexin Monohydrate (First Generation Cephalosporins)	500MG	TAB / CAPS	Yes	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Cephalexin Monohydrate (First Generation Cephalosporins)	25MG / ML	SUSP	Yes	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Cephalexin Monohydrate (First Generation Cephalosporins)	50MG / ML	SUSP	Yes	**ICD 9: 0**38.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Dapsone (Miscellaneous Antimycobacterials)	100MG	TAB	Yes	**ICD 9:** 030 **ICD 10:** A30	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Minocycline Hcl (Tetracyclines)	50MG	CAP	Yes	**ICD 9:** 030 **ICD 10:** A30	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Minocycline Hcl (Tetracyclines)	100MG	CAP	Yes	**ICD 9:** 030 **ICD 10:** A30	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Tetracycline (Tetracyclines)	250MG	CAP	Yes	**ICD 9:** 004, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A03, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	**ICD 9:** 001, 090-096, **ICD 10:** A00, A00.1, A00.9, A50-A52,	See NOTES 1, 2, 6 & 11
Clarithromycin (Macrolides)	250MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1, 033.0, 033.9, 033.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08, A37.0, A37.9, A37.1	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Clarithromycin (Macrolides)	500MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1, 033.0, 033.9, 033.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08, A37.0, A37.9, A37.1	See NOTES 1, 2, 6 & 11
Clarithromycin (Macrolides)	250MG / 5ML	SUSP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1, 033.0, 033.9, 033.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08, A37.0, A37.9, A37.1	See NOTES 1, 2, 6 & 11
Clarithromycin (Macrolides)	125MG / 5ML	SUSP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1, 033.0, 033.9, 033.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08, A37.0, A37.9, A37.1	See NOTES 1, 2, 6 & 11
Clindamycin Hcl (Lincomycins)	150MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	See NOTES 1, 2, 6 & 11
Clindamycin Hcl (Lincomycins)	300MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Clindamycin Hcl (Lincomycins)	15MG / ML	PWD	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	See NOTES 1, 2, 6 & 11
Clindamycin Hcl (Lincomycins)	150MG / ML	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.0, 041.01, 040.82, 670, 728.86, 711.0, 320.2, 034.0, 684, 686, 034.1 **ICD 10:** A40.0, A49.1, B95.0, A48.3, O85, M72.6, M00, G00.2, J02.0, A38, L01, L08	See NOTES 1, 2, 6 & 11
Amoxicillin (Aminopenicillins)	250MG	CAP	Yes	**ICD 9:** 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9,A38, A40.0, A49.1, A48.3, B95.0, G00.2, J02.0, L01, L08, M72.6, M00, O85	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Amoxicillin (Aminopenicillins)	500MG	CAP	Yes	**ICD 9:** 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9, ,A38, A40.0, A49.1, A48.3, B95.0, G00.2, J02.0, L01, L08, M72.6, M00, O85	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Amoxicillin (Aminopenicillins)	125MG	CHEW, TAB	Yes	**ICD 9:** 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9, ,A38, A40.0, A49.1, A48.3, B95.0, G00.2, J02.0, L01, L08, M72.6, M00, O85	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Amoxicillin (Aminopenicillins)	250MG	CHEW, TAB	Yes	**ICD 9:** 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9, ,A38, A40.0, A49.1, A48.3, B95.0, G00.2, J02.0, L01, L08, M72.6, M00, O85	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Amoxicillin (Aminopenicillins)	125 MG / 5 ML	SUSP	Yes	**ICD 9:** 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9, ,A38, A40.0, A49.1, A48.3, B95.0, G00.2, J02.0, L01, L08, M72.6, M00, O85	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Amoxicillin (Aminopenicillins)	250 MG / 5 ML	SUSP	Yes	**ICD 9:** 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9, A38, A40.0, A49.1, A48.3, B95.0, G00.2, J02.0, L01, L08, M72.6, M00, O85	**ICD 9:** 099.8 **ICD 10:** A56	See NOTES 1, 2, 6 & 11
Chloramphenicol (Antibiotic)	1 G	INJ.	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 038.41, 320.0, 041.5, 464.3, 482.2, 320, 002.1, 002.2, 002.3, 002.4, 003, 003.0, 003.1, 003.2, 003.8, 003.9 **ICD 10:** G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6, G00, G00.3, G00.8, G00.9, A01.1, A01.2, A01.3, A01.4, A02, A02.0, A02.1, A02.2, A02.8, A02.9	See NOTES 1, 2, 6 & 11
Metronidazole (Antibacterial antiprotozoal)	500MG	CAP	Yes	**ICD9:** 007.1, 008.45 **ICD10:** A07.1, A04.7	**ICD9: N/A** **ICD10: N/A**	See NOTES 1,2,6 &11
Metronidazole (Antibacterial antiprotozoal)	250MG	TAB	Yes	**ICD9:** 007.1, 008.45 **ICD10:** A07.1, A04.7	**ICD9: N/A** **ICD10: N/A**	See NOTES 1,2,6 &11
Metronidazole (Antibacterial antiprotozoal)	5 MG / ML	INJ	Yes	**ICD9:** 007.1, 008.45 **ICD10:** A07.1, A04.7	**ICD9: N/A** **ICD10: N/A**	See NOTES 1,2,6 &11
Vancomycin (Antibiotic)	125MG	CAP	Yes	**ICD9:** N/A **ICD10:** N/A	**ICD9:** 008.45 **ICD10:** A04.7	See NOTES 1,2,6 &11
Vancomycin (Antibiotic)	250MG	CAP	Yes	**ICD9:** N/A **ICD10:** N/A	**ICD9:** 008.45 **ICD10:** A04.7	See NOTES 1,2,6 &11
Paromomycin (Antibiotic)	250MG	CAP	Yes	**ICD9:** 007.1 **ICD10:** A07.1	**ICD9:** N/A **ICD10:** N/A	See NOTES 1,2,6 &11
Antiretroviral agents and Interferons						
Lamivudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	10MG / ML O/L	SOL	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, Y05, (W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Lamivudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	100MG	TAB	Yes	**ICD 9:** 042-044, 279.5, V02.61, 070.22, 070.23, 070.32 **ICD 10:** B20-B24, B18.0, B18.1, (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Lamivudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	150MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Lamivudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	300MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Lamivudine & Zidovudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	150MG / 300MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Atazanavir Sulfate (Antivirals,HIV Protease Inhibitors)	150MG	CAP	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Atazanavir Sulfate (Antivirals,HIV Protease Inhibitors)	200MG	CAP	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Atazanavir Sulfate (Antivirals,HIV Protease Inhibitors)	300MG	CAP	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Efavirenz (Antivirals,Nonnucleoside Reverse Transcriptase)	50MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Efavirenz (Antivirals,Nonnucleoside Reverse Transcriptase)	100MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Efavirenz (Antivirals,Nonnucleoside Reverse Transcriptase)	200MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Efavirenz (Antivirals,Nonnucleoside Reverse Transcriptase)	600MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Efavirenz/Tenofovir Disoproxil Fumarate/Emtricitabine (Atripla) (Antivirals,Nucleoside and Nucleotide Reverse)	600MG / 300MG / 200MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Fosamprenavir Calcium (Antivirals,HIV Protease Inhibitors)	50MG / ML	SUSP	Yes	**ICD 9:** N/A **ICD 10:** B20-B24	**ICD 9:** 042-044, 279.5 **ICD 10:** N/A	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Fosamprenavir Calcium (Antivirals,HIV Protease Inhibitors)	700MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** B20-B24	**ICD 9:** 042-044, 279.5 **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Lopinavir & Ritonavir (Antivirals,HIV Protease Inhibitors)	80MG / ML & 20MG / ML O/L	LIQ	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Lopinavir & Ritonavir (Antivirals,HIV Protease Inhibitors)	100MG / 25MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Lopinavir & Ritonavir (Antivirals,HIV Protease Inhibitors)	200MG / 50MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Raltegravir Potassium (Antivirals,Integrase Inhibitors)	25MG	CHEW TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Raltegravir Potassium (Antivirals,Integrase Inhibitors)	100MG	CHEW TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Raltegravir Potassium (Antivirals,Integrase Inhibitors)	400MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Ritonavir (Antivirals,HIV Protease Inhibitors)	80MG / ML O/L	LIQ	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Ritonavir (Antivirals,HIV Protease Inhibitors)	100MG	CAP	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Ritonavir (Antivirals,HIV Protease Inhibitors)	100MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Emtricitabine & Tenofovir Disoproxil Fumarate (Antivirals,Nucleoside and Nucleotide Reverse)	200MG & 300MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Tenofovir Disoproxil (Antivirals,Nucleoside and Nucleotide Reverse)	300MG	TAB	Yes	**ICD 9:** 042-044, 279.5, V02.61, 070.22, 070.23, 070.32 **ICD 10:** B20-B24, B18.0, B18.1, Z21	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Zidovudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	10MG / ML	SYR	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, Z21 (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Zidovudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	100MG	CAP	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, Z21 (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Zidovudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	10MG / ML	INJ	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, Z21 (Y05, W46: see NOTE 16)	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6, 11 & 16
Abacavir Sulfate (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	20MG / ML O/L	SOL	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Abacavir Sulfate (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	300MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Abacavir & Lamivudine & Zidovudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	300MG / 150MG / 300MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Abacavir & Lamivudine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	600MG / 300MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Didanosine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	125MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Didanosine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	200MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Didanosine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	250MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Didanosine (Antivirals,Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	400MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Delavirdine Mesylate (Antivirals,Nonnucleoside Reverse Transcriptase Inhibitors)	100MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Darunavir (Antivirals,HIV Protease Inhibitors)	75MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Darunavir (Antivirals,HIV Protease Inhibitors)	150MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Darunavir (Antivirals,HIV Protease Inhibitors)	400MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Darunavir (Antivirals,HIV Protease Inhibitors)	600MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Darunavir (Antivirals,HIV Protease Inhibitors)	800MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Indinavir (Antivirals,HIV Protease Inhibitors)	200MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Indinavir (Antivirals,HIV Protease Inhibitors)	400MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Nelfinavir Mesylate (Antivirals,HIV Protease Inhibitors)	250MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	See NOTES 1, 2, 6 & 11
Nelfinavir Mesylate (Antivirals,HIV Protease Inhibitors)	625MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, (Y05, W46: see NOTE 16)	See NOTES 1, 2, 6 & 11
Tipranavir (Antivirals)	250MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Stavudine (Antivirals, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	15MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Stavudine (Antivirals, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	20MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Stavudine (Antivirals, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	30MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Stavudine (Antivirals, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)	40MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Saquinavir (Antivirals, HIV Protease Inhibitors)	200MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Saquinavir (Antivirals, HIV Protease Inhibitors)	500MG	CAP	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Nevirapine (Antivirals, Nonnucleoside Reverse Transcriptase Inhibitors)	200MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Nevirapine XR (Antivirals, Nonnucleoside Reverse Transcriptase Inhibitors)	400 MG	LA TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Maraviroc (Antivirals, Entry and Fusion Inhibitors)	150MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Maraviroc (Antivirals, Entry and Fusion Inhibitors)	130MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Etravirine (Nonnucleoside Reverse Transcriptase)	25MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Etravirine (Nonnucleoside Reverse Transcriptase)	100MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Etravirine (Nonnucleoside Reverse Transcriptase)	200MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Enfuvirtide (Antivirals, Entry and Fusion Inhibitors)	108MG / Vial	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	See NOTES 1, 2, 6 & 11
Emtricitabine / Rilpivirine / Tenofovir (Antivirals, Nucleoside and Nucleotide Reverse)	200MG/ 25MG/ 300MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24, Z21	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Rilpivirine Hydrochloride	25MG	TAB	Yes	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24,	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Elvitegravir/Cobicistat/ Emtricitabine/Tenoforir	150 MG/ 150MG/ 200MG/ 300MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** 042-044, 279.5 **ICD 10:** B20-B24	See NOTES 1, 2, 6 & 11
Entecavir	0.05MG / ML	ORAL SOL	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** V02.61, 070.22, 070.23, 070.32 **ICD 10:** B18.0, B18.1,	See NOTES 1, 2, 11 & 13
Entecavir	0.5MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** V02.61, 070.22, 070.23, 070.32 **ICD 10:** B18.0, B18.1,	See NOTES 1, 2, 11 & 13
Adefovir Dipivoxil	10MG	TAB	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** V02.61, 070.22, 070.23, 070.32 **ICD 10:** B18.0, B18.1,	See NOTES 1, 2, 11 & 15
Peginterferon Alfa-2a	180MG /0.5ML	INJ	Yes	**ICD 9:** V02.61, 070.22, 070.23, 070.32 **ICD 10:** B18.0, B18.1, Z21	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 11 & 14
Miscellaneous						
Dextrose	5%	LIQ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Sodium Chloride	0.9%	LIQ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Sterile Water for Inj	ALL	LIQ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2, 6 & 11
Toxoids and Vaccines						
Tetanus - Diphtheria Toxoid (Absorbed) **(T,d)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Diphtheria - Tetanus Toxoid - Poliomyelitis Vaccine (Inactivated, Absorbed) **(T,d, IPV)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) **T,d,ap**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) **D,T,aP**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) Poliomyelitis Vaccine (Inactivated) **D,T,aP, IPV**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Diphtheria - Tetanus Toxoid - Acelullar Pertussis Vaccine - Haemophilius B Conjugate **D,T,aP+(Hib)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Diphtheria - Tetanus Toxoid - Acelullar Pertussis Vaccine - Inactivated Poliomyelitis Vaccine - Haemophilius B Conjugate **D,T,aP, IPV+(Hib)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Haemophilius Influenzae Type B Conjugate Vaccine **(Hib)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Hepatitis A Vaccine (inactivated)	ALL	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Hepatitis B Vaccine (Recombinant)	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Hepatitis A&B Vaccine (combination)	ALL	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Measles - Mumps - Rubella Virus Vaccine (Live, Attenuated)	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Meningococcal Polysaccharide Vaccine **(Men-A-C-Y-W-135)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Meningococcal Conjugate Vaccine **(Men-C)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Pneumococcal Conjugate **(Pneu-C-10);(Pheu-C-13)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Pneumococcal polysaccharide - 23 valent **(Pneu-P-23)**	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12

Public Health and Public Safety Prescription Drug Coverage

Benefit Description	Strength	Form	Pre-Authorization Required	Pre-Auth Criteria		Comments
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	
Poliomyelitis Vaccine (Inactivated)	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Varicella Virus Vaccine	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12
Influenzae Vaccine	All	INJ	Yes	**ICD 9:** N/A **ICD 10:** N/A	**ICD 9:** N/A **ICD 10:** N/A	See NOTES 1, 2 &12

NOTES:

NOTE 1 - Prescription is required. Interchangeable program applies to pay lower cost generic medication/product. The program will provide reimbursement of a higher cost interchangeable medication/product in medically necessary circumstances where a patient has experienced adverse reaction with a lower-cost interchangeable medication/product. When a practitioner identifies a patient for which it is medically necessary that a higher cost interchangeable medication/product be provided, the practitioner must handwrite on the prescription “No Substitution” or "No sub"

NOTE 2 - Prior authorization must be obtained by the prescriber.

NOTE 3 - Beneficiary must have a condition of public safety concern, - a mental health condition in a person who has been examined by a physician licensed in Canada and for which the physician is of the opinion that the person will likely cause harm to others.

NOTE 4 - For the management of patients undergoing methadone Maintenance Treatment (MMT). Prescriber must be exempted pursuant to section 56 of the Controlled Drugs and Substances Act.

NOTE 5 - Treatment of opioid dependency where methadone is contraindicated (e.g., for patients at high risk of, or with, QTc prolongation or those with a hypersensitivity to methadone. Prescriber must be exempted pursuant to section 56 of the Controlled Drugs and Substances Act.

NOTE 6 - Drugs can be approved for an alternative treatment if prescribed for at least one the following reasons:
- contraindication to the first line medication;
- comorbid conditions (e.g., cardiovascular disease, chemical dependency, liver disease, psychiatric disease, renal diseases);
- adverse drug effects;
- drug interactions with other medications;
- pregnancy ;
- drug-resistance;
- patient adherence (e.g., pill burden, dosing frequency, etc)

NOTE 7 - For patients who have been tried on conventional carbamazepine with unsatisfactory results due to adverse effects or poor control of symptoms.

NOTE 8 - For treatment of major depressive disorder.

NOTE 9 - Requests will be considered for beneficiaries who are non-responsive to, or intolerant of, conventional or other atypical antipsychotic drugs Non-responsiveness is defined as a lack of satisfactory clinical response, despite treatment with the appropriate courses of maximum tolerated therapeutic doses at least two chemically-unrelated antipsychotics. Intolerance is defined as the inability to achieve adequate benefit with conventional antipsychotics because of dose-limiting, intolerable adverse effects such as parkinsonism, dystonia, akathesia and tardive dyskinesia.
- Clozapine must be prescribed by, or in consultation with, a psychiatrist.

Public Health and Public Safety Prescription Drug Coverage						
Benefit Description	**Strength**	**Form**	**Pre-Authorization Required**	**Pre-Auth Criteria**		**Comments**
				drug can be approved for conditions below (ICD 9 or 10 codes)	as alternative treatment only for conditions below (ICD 9 or 10 codes)	

NOTE 10 - For the acute and maintenance treatment of schizophrenia and related psychotic disorders.
- For the acute treatment of manic or mixed episodes in bipolar I disorder in patients with intolerance or a history of failure to one other atypical antipsychotic.
- For maintenance treatment in patients with bipolar disorder who are currently stabilized on olanzapine. Advice from a psychiatrist is suggested prior to starting therapy.

NOTE 11 - Once the request approved, subsequent requests for refills do not require prior approval, with the exception of antibiotics.

NOTE 12 - IFHP will cover immunizations as per NACI guidelines for children and adults with inadequate immunization records or risk factors. Claims must include rationale for immunization (i.e. Inadequate immunization record, unclear history of prior immunization or risk factors).

NOTE 13 - For treatment of Chronic Hepatitis B in patients having resistance to Lamivudine as defined by one of the following:
- A 1 log 10 increase in HBV-DNA under treatment with Lamivudine confirmed by a second test one month later;
- A laboratory trial showing resistance to Lamivudine;
- A 1 log 10 increase in HBV-DNA under treatment with Lamivudine, with viremia greater than 20,000 IU/mL; and for whom Adefovir or Tenofovir has: (1) failed; (2) is contraindicated or (3) is not tolerated.

NOTE 14 - For treatment of Chronic Hepatitis B in patients with cirrhosis documented on radiologic or histology grounds and a HBV DNA concentration above 2,000 IU/mL.

NOTE 15 - For treatment of chronic Hepatitis B in persons:
Who have developed resistance to Lamivudine as defined by a 1 log10 IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three month of lamivudine therapy, and when failure to amivudine therapy is not due to poor adherence to therapy.

NOTE 16 - IFHP will approve 28 days' supply of ARVs for Post Exposure Prophylaxis of HIV for IFHP beneficiary who is a victim of sexual assault when the assailant is known to be HIV positive or is in a high-risk group for HIV infection OR for IFHP beneficiary with needle stick wounds from abandoned needles when needles are found in areas where there is a high concentration of injection drug use and HIV infection, or the injection of fresh blood from hollow bore needles.

NOTE 17 - For treatment of opioid or alcohol dependency.