

**Pharmacy Benefit Management (PBM) Program  
 FORMULARY/PRODUCT RESTRICTIONS**

**Key:**

- B** Available as brand name only
- G** Available as a generic equivalent

- \$** Average cost < \$50 per prescription
- \$\$** Average cost \$50 to \$99 per prescription
- \$\$\$** Average cost \$100 to \$249 per prescription
- \$\$\$\$** Average cost \$250 to \$499 per prescription
- \$\$\$\$\$** Average cost > \$499 per prescription

- F** Formulary: Indicates that the product is available without prior authorization.
- N/F** Non-Formulary: Indicates that the product is not available. An alternative F (Formulary) or PA (Prior Authorization) agent must be selected.
- PA** Prior Authorization: Indicates that the product require prior approval by WSI before being dispensed to the injured worker.

76 Antimyasthenic Agents	Description	Brand Name	B/G	Cost	Status
<i>7600 Myasthenia Gravis Agents</i>					
	Ambenonium Tab 10mg	Mytelase	B		PA
	Guanidine Tab 125mg		G		PA
	Pyridostigmine Syrup 60mg/5ml	Mestinon	B		PA
	Pyridostigmine Tab 60mg	Mestinon	G		PA
	Pyridostigmine Tab Ext Rel 180mg	Mestinon Timespan	G		PA

