



MASSACHUSETTS

Medicare Advantage Group

2022 FORMULARY

(List of Covered Drugs)
2-Tier



**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
22213, Version 22**

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.

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NOTE TO EXISTING MEMBERS:

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

When this formulary (drug list) refers to "we," "us," or "our," it means Blue Cross Blue Shield of Massachusetts. When it refers to "plan" or "our plan," it means Medicare HMO Blue or Medicare PPO Blue.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2023, and from time to time during the year.





WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

A formulary is a list of covered drugs selected by our Medicare Advantage Group Plans in consultation with a team of health care providers, that represents the prescription therapies believed to be a necessary part of a quality treatment program. Our Medicare HMO Blue or Medicare PPO Blue plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Advantage plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

CAN THE FORMULARY (DRUG LIST) CHANGE?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - » If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Medicare Advantage Group Plan's Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare Advantage Group Plan's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2022. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year, non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, bluecrossma.com/medicare. You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

HOW DO I USE THE FORMULARY?

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

- **Medical Condition.** The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 107. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the index that begins on page 107. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

Our plans cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 capsules per 30 days per prescription for Omeprazole 10 mg. capsules. This may be in addition to a standard one-month or three-month supply.
- **Opioid Safety Edits:** For certain drugs or combinations of drugs, there may be a safety edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other similar, medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare Advantage Group Plan's formulary?" on page 4 for information about how to request an exception.

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

If you learn that your Medicare Advantage Group Plan does not cover your drug, you have two options:

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

HOW DO I REQUEST AN EXCEPTION TO THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

You can ask your Medicare Advantage Group Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

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

Generally, our Medicare Advantage Group Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

WHAT SHOULD I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover, or drugs that might be covered under Medicare Part B.

FOR MORE INFORMATION

For more detailed information about your Medicare Advantage Group Plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 107.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., AMOXIL®¹) and generic drugs are listed in lower-case italics (e.g., amoxicillin).

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

The abbreviations you may see in the formulary (list of covered drugs) include:

Quantity Limits (QL): To help ensure that the quantity and dosage of your medications remains consistent with manufacturer, clinical, and FDA recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.
- **Mail Order (MO):** These prescription drugs are available through mail order.

Home Infusion (HI): This prescription drug may be covered under our medical benefit. For more information, call us. Our contact information appears on the front and back cover pages.

Medical Benefit (MB): These drugs and supplies are covered under your plan's medical benefit and are available through network retail pharmacies or mail order service.*

Prior Authorization (PA): These prescription drugs require prior authorization from the plan.

Step Therapy (ST): These prescription drugs require you to first try another drug to treat your medical condition.

Limited Pharmacy Availability (LA): This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call us. Our contact information appears on the front and back cover pages.

Medicare Part B or D (B/D): This prescription drug may be covered under Medicare Part B or D, depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Non-Extended Day Supply (NEDS): In an effort to control drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

*Coverage for diabetic test strips and blood glucose monitors at a participating retail or mail order pharmacy is limited to those listed on our formulary and provided at no cost to you. There is no coverage for other brand-name test strips and blood glucose monitors that are not listed on our formulary when purchased at a retail or mail order pharmacy.

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	2	B/D PA, HI, NEDS
<i>amphotericin b</i>	1	B/D PA, MO, HI
<i>amphotericin b liposome</i>	1	B/D PA
<i>caspofungin intravenous recon soln 50 mg</i>	1	B/D PA, HI, NEDS
<i>caspofungin intravenous recon soln 70 mg</i>	1	B/D PA, HI
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	2	HI, NEDS
CRESEMBA ORAL	2	NEDS
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO, HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	HI
<i>flucytosine</i>	1	MO, NEDS
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO, QL (120 per 30 days)

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO, HI, NEDS
<i>NOXAFIL INTRAVENOUS</i>	2	HI
<i>NOXAFIL ORAL SUSPENSION</i>	2	MO, NEDS
<i>nystatin oral</i>	1	MO
<i>posaconazole</i>	1	MO, NEDS
<i>terbinafine hcl oral</i>	1	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	1	PA, MO, HI, NEDS
<i>voriconazole oral suspension for reconstitution</i>	1	MO, NEDS
<i>voriconazole oral tablet</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ANTI - INFECTIVES: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA, MO, HI
<i>adefovir</i>	1	MO, NEDS
<i>amantadine hcl</i>	1	MO
<i>APRETUDE</i>	2	MO, NEDS
<i>APTIVUS</i>	2	MO, NEDS
<i>atazanavir</i>	1	MO
<i>BARACLUDE ORAL SOLUTION</i>	2	MO, NEDS
<i>BIKTARVY</i>	2	MO, NEDS
<i>CABENUVA</i>	2	MO, NEDS
<i>cidofovir</i>	1	B/D PA, MO, HI, NEDS
<i>CIMDUO</i>	2	MO, NEDS
<i>COMPLERA</i>	2	MO, NEDS
<i>DELSTRIGO</i>	2	MO, NEDS
<i>DESCOVY</i>	2	MO, NEDS
<i>DOVATO</i>	2	MO, NEDS
<i>EDURANT</i>	2	MO, NEDS
<i>efavirenz</i>	1	MO
<i>efavirenz-emtricitabin-tenofovir</i>	1	MO, NEDS
<i>efavirenz-lamivu-tenofovir disop</i>	1	MO, NEDS
<i>emtricitabine</i>	1	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>emtricitabine-tenofovir (tdf)</i>	1	MO, NEDS
<i>EMTRIVA ORAL SOLUTION</i>	2	MO
<i>entecavir</i>	1	MO
<i>EPCLUSIA</i>	2	PA, MO, QL (28 per 28 days), NEDS
<i>EPIVIR HBV ORAL SOLUTION</i>	2	MO
<i>etravirine</i>	1	MO, NEDS
<i>EVOTAZ</i>	2	MO, NEDS
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO, NEDS
<i>foscarnet</i>	1	B/D PA, MO
<i>FUZEON SUBCUTANEOUS RECON SOLN</i>	2	MO, NEDS
<i>ganciclovir sodium intravenous</i>	1	B/D PA, MO, HI
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA, MO, HI
<i>GENVOYA</i>	2	MO, NEDS
<i>HARVONI</i>	2	PA, MO, QL (28 per 28 days), NEDS
<i>INTELENCE ORAL TABLET 100 MG, 200 MG</i>	2	MO, NEDS
<i>INTELENCE ORAL TABLET 25 MG</i>	2	MO
<i>INVIRASE ORAL TABLET</i>	2	MO, NEDS
<i>ISENTRESS HD</i>	2	MO, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
ISENTRESS ORAL POWDER IN PACKET	2	MO, NEDS
ISENTRESS ORAL TABLET	2	MO, NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	2	MO, NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	2	MO, NEDS
KALETRA ORAL TABLET 100-25 MG	2	MO
KALETRA ORAL TABLET 200-50 MG	2	MO, NEDS
LAGEVRIO (EUA)	2	\$0 copay
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
LIVTENCITY	2	PA, NEDS
<i>lopinavir-ritonavir</i>	1	MO
<i>maraviroc</i>	1	MO, NEDS
MAVYRET ORAL PELLETS IN PACKET	2	PA, MO, QL (168 per 28 days), NEDS
MAVYRET ORAL TABLET	2	PA, MO, QL (84 per 28 days), NEDS
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
ODEFSEY	2	MO, NEDS
<i>oseltamivir oral capsule 30 mg</i>	1	MO, QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	MO, QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	MO, QL (600 per 180 days)
PAXLOVID (EUA)	2	\$0 copay
PIFELTRO	2	MO, NEDS
PREVYMIS INTRAVENOUS	2	HI, NEDS
PREVYMIS ORAL	2	MO, NEDS
PREZCOBIX	2	MO, NEDS
PREZISTA ORAL SUSPENSION	2	MO, NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	2	MO, NEDS
RELENZA DISKHALER	2	MO, QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
REYATAZ ORAL POWDER IN PACKET	2	MO, NEDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	2	MO, NEDS
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	2	MO, NEDS
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SOVALDI	2	PA, MO, QL (28 per 28 days), NEDS
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO, NEDS
SYMTUZA	2	MO, NEDS
SYNAGIS	2	MO, NEDS
TEMIXYS	2	MO, NEDS
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	2	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	2	MO, NEDS
TIVICAY PD	2	MO, NEDS
TRIUMEQ	2	MO, NEDS

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
TRIUMEQ PD	2	MO, NEDS
TRIZIVIR	2	MO, NEDS
TROGARZO	2	MO, NEDS
TYBOST	2	MO
<i>valacyclovir</i>	1	MO
<i>valganciclovir oral recon soln</i>	1	MO, NEDS
<i>valganciclovir oral tablet</i>	1	MO
VEKLURY	2	NEDS
VEMLIDY	2	MO, NEDS
VIEKIRA PAK	2	PA, MO, QL (112 per 28 days), NEDS
VIRACEPT ORAL TABLET	2	MO, NEDS
VIREAD ORAL POWDER	2	MO, NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO, NEDS
VOSEVI	2	PA, MO, QL (28 per 28 days), NEDS
XOFLUZA ORAL TABLET 40 MG	2	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	2	MO, QL (2 per 180 days)
ZEPATIER	2	PA, MO, QL (28 per 28 days), NEDS
<i>zidovudine</i>	1	MO

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This drug list was last updated on 12/01/2022.

ANTI - INFECTIVES: CEPHALOSPORINS

Drug Name	Tier	Requirements/ Limits
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO, HI
cefazolin injection recon soln 1 gram, 500 mg	1	MO, HI
cefazolin injection recon soln 10 gram	1	HI
cefazolin injection recon soln 100 gram, 300 g	1	HI
cefazolin intravenous	1	HI
cefdinir	1	MO
cefpeme in dextrose, iso-osm	1	
cefpeme injection	1	MO, HI
cefixime	1	MO

ANTI - INFECTIVES: CEPHALOSPORINS (continued)

Drug Name	Tier	Requirements/ Limits
cefotetan injection	1	HI
cefoxitin in dextrose, iso-osm	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO, HI
cefoxitin intravenous recon soln 10 gram	1	HI
cefpodoxime oral suspension for reconstitution 100 mg/5 ml	1	MO
cefpodoxime oral suspension for reconstitution 50 mg/5 ml	1	
cefpodoxime oral tablet	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	MO, HI
ceftazidime injection recon soln 6 gram	1	HI
ceftriaxone in dextrose, iso-os	1	MO, HI
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO, HI
ceftriaxone injection recon soln 10 gram	1	HI
ceftriaxone intravenous	1	MO, HI
cefuroxime axetil oral tablet	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**ANTI - INFECTIVES:
CEPHALOSPORINS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO, HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO, HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin</i>	1	MO
<i>FETROJA</i>	2	NEDS
<i>SUPRAX ORAL TABLET,CHEWABLE</i>	2	MO
<i>tazicef injection</i>	1	MO, HI
<i>tazicef intravenous</i>	1	
<i>TEFLARO</i>	2	MO, HI, NEDS
<i>ZERBAXA</i>	2	HI, NEDS

**ANTI - INFECTIVES:
ERYTHROMYCINS / OTHER MACROLIDES**

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	1	MO, HI
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
<i>DIFICID ORAL TABLET</i>	2	MO, NEDS
<i>e.e.s. 400 oral tablet</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
<i>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</i>	2	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**ANTI - INFECTIVES:
ERYTHROMYCINS / OTHER
MACROLIDES (continued)**

Drug Name	Tier	Requirements/ Limits
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate	1	MO
erythromycin oral	1	MO

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES**

Drug Name	Tier	Requirements/ Limits
albendazole	1	MO, NEDS
amikacin injection solution 1,000 mg/4 ml	1	MO, HI
amikacin injection solution 500 mg/2 ml	1	MO, HI
ARIKAYCE	2	PA, LA, NEDS
atovaquone	1	MO, NEDS
atovaquone-proguanil	1	MO
aztreonam injection recon soln 1 gram	1	MO, HI
aztreonam injection recon soln 2 gram	1	MO, HI
bacitracin intramuscular	1	
BENZNIDAZOLE	2	MO
CAYSTON	2	MO, LA, NEDS
chloramphenicol sod succinate	1	HI
chloroquine phosphate	1	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	MO, HI
clindamycin pediatric	1	MO
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)	1	HI
clindamycin phosphate injection solution 150 mg/ml	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>clindamycin phosphate intravenous</i>	1	HI
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO, HI
CYCLOSERINE	2	MO
DALVANCE	2	MO, HI, NEDS
<i>dapsone oral</i>	1	MO
DAPTOMYcin INTRAVENOUS RECON SOLN 350 MG (BRAND)	2	MO, HI, NEDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO, HI, NEDS
EMVERM	2	MO, NEDS
<i>ertapenem</i>	1	MO, HI
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO, HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	HI
<i>gentamicin injection solution 40 mg/ml</i>	1	MO, HI
<i>gentamicin sulfate (ped) (pf)</i>	1	MO

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG</i>	2	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO, HI
IMPAVIDO	2	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
KIMYRSA	2	NEDS
LAMPIT	2	
<i>lincomycin</i>	1	HI
<i>linezolid in dextrose 5%</i>	1	HI
<i>linezolid oral suspension for reconstitution</i>	1	MO, NEDS
<i>linezolid oral tablet</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	NEDS
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO, HI
<i>metro i.v.</i>	1	MO, HI
<i>metronidazole in nacl (iso-os)</i>	1	MO, HI
<i>metronidazole oral</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO, NEDS
ORBACTIV	2	MO, HI, NEDS
<i>paromomycin</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
PASER	2	MO
<i>pentamidine inhalation</i>	1	B/D PA, MO
<i>pentamidine injection</i>	1	MO
<i>polymyxin b sulfate</i>	1	MO, HI
<i>praziquantel</i>	1	MO
PRETOMANID	2	
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>primaquine (generic)</i>	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA, MO, NEDS
<i>quinine sulfate</i>	1	MO
RECARBRIOD	2	NEDS
<i>rifabutin</i>	1	MO
<i>rifampin intravenous</i>	1	MO, HI
<i>rifampin oral</i>	1	MO
SIRTURO	2	LA, NEDS
SIVEXTRO INTRAVENOUS	2	HI, NEDS
SIVEXTRO ORAL	2	MO, NEDS
STREPTOMYCIN	2	MO
<i>tigecycline</i>	1	MO, HI, NEDS
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	2	MO, NEDS
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA, MO, NEDS

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>tobramycin inhalation</i>	1	B/D PA, MO, NEDS
<i>tobramycin sulfate injection recon soln</i>	1	HI
<i>tobramycin sulfate injection solution</i>	1	MO, HI
TRECATOR	2	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	2	
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	2	
VANCOMYCIN IN DEXTROSE ISO- OSM (BRAND)	2	
VANCOMYCIN INJECTION (BRAND)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	1	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	2	HI
<i>vancomycin intravenous recon soln 10 gram</i>	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
vancomycin <i>intravenous recon soln 5 gram</i>	1	HI
vancomycin oral	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
XENLETA INTRAVENOUS	2	
XENLETA ORAL	2	MO, QL (10 per 30 days), NEDS
XIFAXAN ORAL TABLET 550 MG	2	MO, NEDS

ANTI - INFECTIVES: PENICILLINS

Drug Name	Tier	Requirements/ Limits
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	MO
amoxicillin-pot clavulanate oral tablet, chewable	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	MO, HI
ampicillin sodium injection recon soln 2 gram	1	MO, HI
ampicillin sodium injection recon soln 250 mg, 500 mg	1	HI
ampicillin sodium intravenous	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO, HI
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	HI
<i>ampicillin-sulbactam intravenous</i>	1	HI
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm</i>	1	HI
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO, HI
<i>nafcillin injection recon soln 10 gram</i>	1	HI, NEDS
<i>nafcillin intravenous recon soln 2 gram</i>	1	HI
<i>oxacillin in dextrose (iso-osm)</i>	1	HI
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	HI
<i>oxacillin injection recon soln 2 gram</i>	1	MO, HI
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO, HI
<i>penicillin g potassium injection recon soln 5 million unit</i>	1	MO, HI
<i>penicillin g procaine</i>	1	MO
<i>penicillin g sodium</i>	1	MO, HI
<i>penicillin v potassium</i>	1	MO
<i>pfiZerpen-g</i>	1	HI

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	1	HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO, HI
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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ANTI - INFECTIVES: QUINOLONES

Drug Name	Tier	Requirements/ Limits
BAXDELA INTRAVENOUS	2	HI, NEDS
BAXDELA ORAL	2	MO, NEDS
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO, HI
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	1	MO, HI
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	HI
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO, HI
<i>levofloxacin intravenous</i>	1	MO, HI
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod. chloride(iso)</i>	1	MO, HI
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO

ANTI - INFECTIVES: SULFA'S / RELATED AGENTS

Drug Name	Tier	Requirements/ Limits
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole- trimethoprim intravenous</i>	1	MO, HI
<i>sulfamethoxazole- trimethoprim oral</i>	1	MO

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ANTI - INFECTIVES: TETRACYCLINES

Drug Name	Tier	Requirements/ Limits
<i>demeclacycline</i>	1	MO
<i>doxy-100</i>	1	MO, HI
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr</i>	1	MO
<i>monodoxine nl oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS	2	HI, NEDS
NUZYRA ORAL	2	NEDS
<i>tetracycline</i>	1	MO

ANTI - INFECTIVES: URINARY TRACT AGENTS

Drug Name	Tier	Requirements/ Limits
<i>fosfomycin tromethamine</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

Drug Name	Tier	Requirements/ Limits
dexrazoxane hcl	1	MO, HI, NEDS
ELITEK	2	MO, HI, NEDS
KEPIVANCE	2	HI, NEDS
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	1	MO, HI
leucovorin calcium injection recon soln 500 mg	1	HI
leucovorin calcium injection solution	1	HI
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous recon soln	1	MO, HI, NEDS
levoleucovorin calcium intravenous solution	1	HI, NEDS
mesna	1	MO, HI
MESNEX ORAL	2	MO, NEDS
VISTOGARD	2	NEDS
XGEVA	2	PA, MO, NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
abiraterone oral tablet 250 mg	1	PA, MO, QL (120 per 30 days), NEDS
abiraterone oral tablet 500 mg	1	PA, MO, QL (60 per 30 days), NEDS
ABRAXANE	2	PA, MO, HI, NEDS
ADAKVEO	2	PA, NEDS
ALECensa	2	PA, MO, NEDS
ALIMTA	2	MO, HI, NEDS
ALIQOPA	2	LA, NEDS
ALUNBRIG	2	PA, NEDS
ALYMSYS	2	PA, MO, NEDS
anastrozole	1	MO
ARRANON	2	MO, HI, NEDS
arsenic trioxide intravenous solution 1 mg/ml	1	
arsenic trioxide intravenous solution 2 mg/ml	1	MO
ARZERRA	2	B/D PA, MO, HI, NEDS
ASTAGRAF XL	2	B/D PA, MO
AVASTIN	2	PA, MO, HI, NEDS
AYVAKIT	2	PA, LA, NEDS
azacitidine	1	MO, HI, NEDS
azathioprine	1	B/D PA, MO
azathioprine sodium	1	B/D PA, HI
BALVERSA	2	PA, LA, NEDS
BAVENCIO	2	PA, LA, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
BELEODAQ	2	HI, NEDS
BENDEKA	2	MO, NEDS
BESPONSA	2	MO, HI, NEDS
<i>bexarotene</i>	1	PA, MO, NEDS
<i>bicalutamide</i>	1	MO
BLENREP	2	B/D PA, NEDS
<i>bleomycin</i>	1	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	2	B/D PA
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	1	NEDS
<i>bortezomib injection recon soln 3.5 mg</i>	1	MO, NEDS
BORTEZOMIB INTRAVENOUS RECON SOLN	2	HI, NEDS
BOSULIF	2	PA, MO, NEDS
BRAFTOVI ORAL CAPSULE 75 MG	2	PA, MO, LA, NEDS
BRUKINSA	2	PA, LA, NEDS
<i>busulfan</i>	1	HI, NEDS
CABOMETYX	2	PA, MO, LA, NEDS
CALQUENCE	2	PA, LA, NEDS
CALQUENCE (ACALABRUTINIB MAL)	2	PA, NEDS
<i>capecitabine</i>	MB	MO
CAPRELSA	2	PA, LA, NEDS
<i>carboplatin intravenous solution</i>	1	MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>carmustine intravenous recon soln 100 mg</i>	1	MO, NEDS
<i>cisplatin intravenous solution</i>	1	MO, HI
<i>cladribine</i>	1	B/D PA, MO, HI, NEDS
<i>clofarabine</i>	1	HI, NEDS
COMETRIQ	2	PA, MO, NEDS
COPIKTRA	2	PA, NEDS
COTELLIC	2	PA, MO, LA, NEDS
<i>cyclophosphamide intravenous recon soln</i>	1	MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA, MO
<i>cyclosporine intravenous</i>	1	B/D PA, HI
<i>cyclosporine modified oral capsule</i>	1	B/D PA, MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA, MO
CYRAMZA	2	B/D PA, MO, HI, NEDS
<i>cytarabine</i>	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA, MO, HI

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This drug list was last updated on 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA, HI
<i>dacarbazine</i>	1	MO, HI
<i>dactinomycin</i>	1	HI, NEDS
DANYELZA	2	PA, NEDS
DARZALEX	2	PA, MO, LA, NEDS
DARZALEX FASPRO	2	PA, MO, LA, NEDS
<i>daunorubicin intravenous solution</i>	1	HI
DAURISMO	2	PA, MO, NEDS
<i>decitabine</i>	1	MO, HI, NEDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ ml)</i>	1	HI, NEDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	MO, HI, NEDS
<i>doxorubicin intravenous recon soln 10 mg</i>	1	
<i>doxorubicin intravenous recon soln 50 mg</i>	1	MO, HI
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	HI
<i>doxorubicin, peg- liposomal</i>	1	MO, HI, NEDS
ELIGARD	2	MO
ELIGARD (3 MONTH)	2	MO
ELIGARD (4 MONTH)	2	MO
ELIGARD (6 MONTH)	2	MO
ELZONRIS	2	B/D PA, NEDS
EMCYT	2	MO, NEDS
EMPLICITI	2	B/D PA, MO, HI, NEDS
ENHERTU	2	PA, MO, NEDS
ENSPRYNG	2	PA, MO, NEDS
ENVARSUS XR	2	B/D PA, MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	MO, HI
ERBITUX	2	PA, MO, HI, NEDS
ERIVEDGE	2	PA, MO, NEDS
ERLEADA	2	PA, MO, QL (120 per 30 days), NEDS
<i>erlotinib</i>	1	PA, MO, NEDS
ETOPOPHOS	2	MO, HI
<i>etoposide intravenous</i>	1	MO, HI
<i>etoposide oral</i>	MB	MO
<i>everolimus (antineoplastic)</i>	1	PA, MO, NEDS

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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
everolimus <i>(immunosuppressive)</i>	1	B/D PA, MO, NEDS
exemestane	1	MO
EXKIVITY	2	PA, LA, NEDS
FARYDAK	2	PA, MO, NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	MO, NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	MO
floxuridine	1	B/D PA
fludarabine <i>intravenous recon soln</i>	1	MO, HI
fludarabine <i>intravenous solution</i>	1	HI
fluorouracil <i>intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA, MO, HI
fluorouracil <i>intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA, HI
flutamide	1	MO
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ ML (1 ML)	2	MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	MO, HI, NEDS
FOTIVDA	2	PA, QL (21 per 28 days), NEDS
fulvestrant	1	MO, NEDS
GAMIFANT	2	PA, LA, NEDS
GAVRETO	2	PA, MO, LA, QL (120 per 30 days), NEDS
GAZYVA	2	PA, MO
gemcitabine <i>intravenous recon soln 1 gram, 200 mg</i>	1	MO, HI
gemcitabine <i>intravenous recon soln 2 gram</i>	1	HI
gemcitabine <i>intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ ml)</i>	1	MO, HI
genraf	1	B/D PA, MO
GILOTRIF	2	PA, MO, NEDS
HALAVEN	2	PA, MO, HI, NEDS
HERCEPTIN HYLECTA	2	PA, MO, NEDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	PA, MO, HI, NEDS

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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
HERZUMA	2	PA, MO, NEDS
HYCAMTIN ORAL	MB	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA, MO, QL (21 per 28 days), NEDS
ICLUSIG	2	PA, NEDS
<i>idarubicin</i>	1	MO, HI
IDHIFA	2	PA, MO, LA, NEDS
<i>ifosfamide intravenous recon soln</i>	1	MO, HI
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	MO, HI
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	HI
<i>imatinib</i>	1	PA, MO, NEDS
IMBRUVICA ORAL CAPSULE 140 MG	2	PA, QL (120 per 30 days), NEDS
IMBRUVICA ORAL CAPSULE 70 MG	2	PA, QL (30 per 30 days), NEDS
IMBRUVICA ORAL SUSPENSION	2	PA, QL (324 per 30 days), NEDS
IMBRUVICA ORAL TABLET	2	PA, QL (30 per 30 days), NEDS
IMFINZI	2	PA, MO, HI, LA, NEDS
INFUGEM	2	HI, NEDS
INLYTA	2	PA, MO, NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
INQOVI	2	PA, MO, NEDS
INREBIC	2	PA, MO, LA, NEDS
IRESSA	2	PA, MO, NEDS
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	MO, HI
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	HI
ISTODAX	2	MO, HI, NEDS
IXEMPRA	2	PA, MO, HI, NEDS
JAKAFI	2	PA, MO, QL (60 per 30 days), NEDS
JEMPERLI	2	MO, NEDS
JEVTANA	2	PA, MO, HI, NEDS
KADCYLA	2	PA, MO, HI, NEDS
KANJINTI	2	PA, MO, NEDS
KEYTRUDA	2	PA, HI, NEDS
KIMMTRAK	2	PA, NEDS
KISQALI	2	PA, MO, NEDS
KISQALI FEMARA CO-PACK	2	PA, MO, NEDS
KLISYRI	2	MO, QL (5 per 30 days), NEDS
KOSELUGO	2	PA, NEDS
KYPROLIS	2	PA, HI, NEDS
<i>lapatinib</i>	1	PA, MO, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA, MO, QL (28 per 28 days), NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA, QL (28 per 28 days), NEDS
LENVIMA	2	PA, MO, NEDS
<i>letrozole</i>	1	MO
LEUKERAN	2	MO, NEDS
<i>leuprolide subcutaneous kit</i>	1	MO, NEDS
LIBTAYO	2	PA, HI, NEDS
LONSURF	2	PA, MO, NEDS
LORBRENA	2	PA, MO, NEDS
LUMAKRAS	2	PA, MO, QL (240 per 30 days), NEDS
LUMOXITI	2	PA, HI, LA, NEDS
LUPKYNIS	2	PA, LA
LUPRON DEPOT	2	MO, NEDS
LUPRON DEPOT (3 MONTH)	2	MO, NEDS
LUPRON DEPOT (4 MONTH)	2	MO, NEDS
LUPRON DEPOT (6 MONTH)	2	MO, NEDS
LUPRON DEPOT-PED	2	MO, NEDS
LUPRON DEPOT-PED (3 MONTH)	2	MO, NEDS
LYNPARZA	2	PA, MO, NEDS
LYSODREN	2	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
MATULANE	2	NEDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA, MO
<i>megestrol oral tablet</i>	1	PA, MO
MEKINIST	2	PA, MO, NEDS
MEKTOVI	2	PA, MO, LA, NEDS
<i>melphalan</i>	1	B/D PA, MO
<i>melphalan hcl</i>	1	HI, NEDS
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA, HI
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA, MO, HI
<i>methotrexate sodium injection</i>	1	B/D PA, MO, HI
<i>methotrexate sodium oral</i>	1	B/D PA, MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	MO, HI
<i>mitomycin intravenous recon soln 40 mg</i>	1	MO, HI, NEDS
<i>mitoxantrone</i>	1	MO, HI
MONJUVI	2	PA, NEDS
MVASI	2	PA, MO, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA, HI
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA, MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA, MO, NEDS
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA, MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D PA, MO
MYLERAN	MB	MO
MYLOTARG	2	MO, HI, LA, NEDS
<i>nelarabine</i>	1	MO
NERLYNX	2	PA, MO, LA, NEDS
<i>nilutamide</i>	1	PA, MO, NEDS
NINLARO	2	PA, MO, QL (3 per 28 days), NEDS
NUBEQA	2	PA, MO, LA, NEDS
NULOJIX	2	B/D PA, MO, HI, NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	MO, NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	MO, NEDS
ODOMZO	2	PA, MO, LA, NEDS
OGIVRI	2	PA, MO, NEDS
ONCASPAR	2	NEDS
ONIVYDE	2	PA, NEDS
ONTRUZANT	2	PA, NEDS
ONUREG	2	PA, MO, NEDS
OPDIVO	2	PA, MO, HI, NEDS
OPDUALAG	2	PA, MO, NEDS
ORGOVYX	2	PA, LA, NEDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	HI
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	MO, HI
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	
paclitaxel	1	MO, HI
PADCEV	2	PA, MO, NEDS
paraplatin	1	HI
PEMAZYRE	2	PA, LA, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	1	MO, NEDS
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	NEDS
PERJETA	2	PA, MO, HI, NEDS
PHESGO	2	PA, MO, NEDS
PIQRAY	2	PA, MO, NEDS
POLIVY	2	PA, MO, NEDS
POMALYST	2	PA, MO, LA, NEDS
PORTRAZZA	2	B/D PA, MO, NEDS
POTELIGEO	2	PA, NEDS
PROGRAF INTRAVENOUS	2	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA, MO
PURIXAN	2	NEDS
QINLOCK	2	PA, LA, NEDS
RETEVMO	2	PA, MO, LA, NEDS
REVLIMID	2	PA, MO, LA, QL (28 per 28 days), NEDS
REZUROCK	2	PA, LA, NEDS
RIABNI	2	PA, MO, NEDS
RITUXAN	2	PA, MO, HI, NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
RITUXAN HYCELA	2	PA, MO, NEDS
<i>romidepsin intravenous recon soln</i>	1	NEDS
ROMIDEPSIN INTRAVENOUS SOLUTION	2	NEDS
ROZLYTREK	2	PA, MO, NEDS
RUBRACA	2	PA, MO, LA, NEDS
RUXIENCE	2	PA, MO, NEDS
RYBREVANT	2	PA, MO, NEDS
RYDAPT	2	PA, MO, NEDS
RYLAZE	2	PA, NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	MO, NEDS
SARCLISA	2	PA, NEDS
SCEMBLIX	2	PA, MO, NEDS
SIGNIFOR	2	NEDS
SIKLOS ORAL TABLET 1,000 MG	2	MO, NEDS
SIKLOS ORAL TABLET 100 MG	2	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA, HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA, MO, HI
<i>sirolimus oral solution</i>	1	B/D PA, MO, NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA, MO
<i>sirolimus oral tablet 2 mg</i>	1	B/D PA, MO, NEDS
SOLTAMOX	2	MO, NEDS
SOMATULINE DEPOT	2	MO, NEDS
<i>sorafenib</i>	1	PA, MO, NEDS
SPRYCEL	2	PA, MO, NEDS
STIVARGA	2	PA, MO, NEDS
<i>sunitinib</i>	1	PA, MO, NEDS
SYNRIBO	2	NEDS
TABLOID	2	MO
TABRECTA	2	PA, MO, NEDS
<i>tacrolimus oral</i>	1	B/D PA, MO
TAFINLAR	2	PA, MO, NEDS
TAGRISSO	2	PA, MO, LA, QL (30 per 30 days), NEDS
TALZENNA	2	PA, MO, NEDS
<i>tamoxifen</i>	1	MO
TASIGNA	2	PA, MO, NEDS
TAZVERIK	2	PA, LA, NEDS
TECENTRIQ	2	PA, MO, HI, LA, NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
TEMODAR INTRAVENOUS	2	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	1	MO, NEDS
TEPMETKO	2	PA, LA, QL (60 per 30 days), NEDS
THALOMID	2	PA, MO, NEDS
<i>thiotepa injection recon soln 100 mg</i>	1	NEDS
<i>thiotepa injection recon soln 15 mg</i>	1	MO, NEDS
TIBSOVO	2	PA, NEDS
TIVDAK	2	PA, MO, NEDS
<i>toposar</i>	1	MO, HI
<i>topotecan intravenous recon soln</i>	1	MO, HI, NEDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	MO, HI, NEDS
<i>toremifene</i>	1	MO, NEDS
TRAZIMERA	2	PA, MO, NEDS
TREANDA	2	MO, HI, NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO, NEDS
<i>tretinoin (antineoplastic)</i>	1	MO, NEDS
TRODELVY	2	PA, NEDS
TRUSELTIQ ORAL CAPSULE 100 MG/ DAY (100 MG X 1)	2	PA, LA, QL (21 per 28 days), NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
TRUSELTIQ ORAL CAPSULE 125 MG/ DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	2	PA, LA, QL (42 per 28 days), NEDS
TRUSELTIQ ORAL CAPSULE 75 MG/ DAY (25 MG X 3)	2	PA, LA, QL (63 per 28 days), NEDS
TRUXIMA	2	PA, MO, NEDS
TUKYSA	2	PA, LA, NEDS
TURALIO	2	LA, NEDS
UNITUXIN	2	NEDS
UPLIZNA	2	B/D PA, MO, NEDS
<i>valrubicin</i>	1	MO
VECTIBIX	2	B/D PA, MO, HI, NEDS
VELCADE	2	MO, HI, NEDS
VENCLEXTA ORAL TABLET 10 MG	2	PA, LA, QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA, LA, QL (120 per 30 days), NEDS
VENCLEXTA ORAL TABLET 50 MG	2	PA, LA, QL (30 per 30 days), NEDS
VENCLEXTA STARTING PACK	2	PA, LA, QL (42 per 30 days), NEDS
VERZENIO	2	PA, MO, LA, NEDS
VIJOICE	2	PA, NEDS
<i>vinblastine</i>	1	B/D PA, MO, HI
<i>vincasar pfs</i>	1	B/D PA, MO, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>vincristine</i>	1	B/D PA, MO, HI
<i>vinorelbine</i>	1	MO, HI
VITRAKVI	2	PA, MO, LA, NEDS
VIZIMPRO	2	PA, MO, NEDS
VONJO	2	PA, NEDS
VOTRIENT	2	PA, MO, NEDS
VYXEOS	2	B/D PA, HI, NEDS
WELIREG	2	PA, LA, NEDS
XALKORI	2	PA, MO, NEDS
XATMEP	2	B/D PA, MO
XERMELO	2	LA, NEDS
XOSPATA	2	PA, LA, NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	2	PA, LA, NEDS
XTANDI ORAL CAPSULE	2	PA, MO, QL (120 per 30 days), NEDS
XTANDI ORAL TABLET	2	PA, MO, NEDS
YEROVY	2	PA, MO, HI, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
YONDELIS	2	HI, NEDS
YONSA	2	PA, MO, NEDS
ZALTRAP	2	MO, HI, NEDS
ZANOSAR	2	MO, HI
ZEJULA	2	PA, MO, LA, NEDS
ZELBORAF	2	PA, MO, NEDS
ZEPZELCA	2	B/D PA, NEDS
ZIRABEV	2	PA, MO, NEDS
ZOLADEX	2	MO
ZOLINZA	2	PA, MO, NEDS
ZORTRESS ORAL TABLET 1 MG	2	B/D PA, MO, NEDS
ZYDELIG	2	PA, MO, NEDS
ZYKADIA	2	PA, MO, NEDS
ZYNLONTA	2	NEDS

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS**

Drug Name	Tier	Requirements/ Limits
APTIOM	2	MO, NEDS
BRIVIACT INTRAVENOUS	2	MO, HI
BRIVIACT ORAL	2	MO, NEDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
clobazam	1	MO
clonazepam oral tablet	1	MO
<i>clonazepam oral tablet, disintegrating</i>	1	MO
DIACOMIT	2	PA, LA, NEDS
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ ec)</i>	1	MO
EPIDIOLEX	2	PA, MO, LA, NEDS
<i>epitol</i>	1	MO
EPRONTIA	2	PA, MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	1	MO, NEDS
<i>felbamate oral tablet</i>	1	MO
FINTEPLA	2	LA, NEDS
<i>fosphenytoin</i>	1	MO, HI
FYCOMPA ORAL SUSPENSION	2	MO, NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	2	MO, NEDS
FYCOMPA ORAL TABLET 2 MG	2	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>lacosamide intravenous</i>	1	MO, NEDS
<i>lacosamide oral</i>	1	MO
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO, HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	HI
<i>levetiracetam intravenous</i>	1	MO, HI
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
NAYZILAM	2	MO, QL (10 per 30 days), NEDS
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	2	MO
<i>phenobarbital oral elixir</i>	1	PA, MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA

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**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA, MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	
<i>Pregabalin</i>	1	MO
<i>primidone</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide</i>	1	MO, NEDS
<i>SPRITAM</i>	2	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>subvenite starter (orange) kit</i>	1	MO
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	2	MO, NEDS
<i>SYMPAZAN ORAL FILM 5 MG</i>	2	MO
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA, MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	MO
<i>topiramate oral tablet</i>	1	PA, MO
<i>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG</i>	2	PA, MO
<i>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG</i>	2	PA, MO, NEDS
<i>valproate sodium</i>	1	MO, HI
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>VALTOCO</i>	2	MO, NEDS
<i>vigabatrin</i>	1	MO, LA, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
vigadronε	1	LA, NEDS
VIMPAT INTRAVENOUS	2	MO, HI
VIMPAT ORAL SOLUTION	2	MO, NEDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	MO, NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	2	MO
XCOPRI ORAL TABLET 200 MG	2	MO, NEDS
XCOPRI TITRATION PACK	2	MO
ZONISADE	2	PA
zonisamide	1	PA, MO
ZTALMY	2	PA, NEDS

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTIPARKINSONISM AGENTS**

Drug Name	Tier	Requirements/ Limits
APOKYN	2	MO, LA, NEDS
apomorphine	1	NEDS
<i>benztropine injection</i>	1	MO, HI
<i>benztropine oral</i>	1	MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	MO
<i>carbidopa-levodopa- entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE	2	PA, NEDS
NEUPRO	2	MO
NOURIANZ	2	PA, MO, LA, NEDS
ONGENTYS	2	PA, MO
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO

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**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTIPARKINSONISM AGENTS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	NEDS
<i>trihexyphenidyl</i>	1	MO
<i>ZELAPAR</i>	2	MO, NEDS

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MIGRAINE /
CLUSTER HEADACHE THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>AIMOVIG AUTOINJECTOR</i>	2	PA, MO, QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 per 30 days), NEDS
<i>EMGALITY PEN</i>	2	PA, MO, QL (2 per 30 days)
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML</i>	2	PA, MO, QL (2 per 30 days)
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)</i>	2	PA, MO, QL (3 per 30 days), NEDS
<i>ergotamine-caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO, QL (18 per 30 days)
<i>NURTEC ODT</i>	2	PA, QL (15 per 30 days), NEDS
<i>rizatriptan oral tablet</i>	1	MO, QL (36 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO, QL (36 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO, QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO, QL (36 per 30 days)
<i>sumatriptan succinate oral</i>	1	MO, QL (18 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MIGRAINE /
CLUSTER HEADACHE THERAPY
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan-naproxen</i>	1	MO, QL (18 per 30 days)
UBRELVY ORAL TABLET 100 MG	2	PA, QL (16 per 30 days), NEDS
UBRELVY ORAL TABLET 50 MG	2	PA, QL (16 per 30 days)
ZOLMITRIPTAN NASAL SPRAY, NON- AEROSOL 2.5 MG	2	MO, QL (18 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	MO, QL (18 per 30 days)
<i>zolmitriptan oral</i>	1	MO, QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON- AEROSOL 2.5 MG	2	MO, QL (18 per 30 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
MISCELLANEOUS NEUROLOGICAL
THERAPY**

Drug Name	Tier	Requirements/ Limits
AUBAGIO	2	PA, MO, QL (30 per 30 days), NEDS
AUSTEDO	2	PA, MO, LA, NEDS
<i>dalfampridine oral tablet extended release 12 hr</i>	1	PA, MO, QL (60 per 30 days), NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA, MO, QL (14 per 30 days), NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA, MO, QL (120 per 180 days), NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA, MO, QL (60 per 30 days), NEDS
<i>donepezil</i>	1	MO
EVRYSDI	2	PA, MO, NEDS
<i>fingolimod</i>	1	PA, QL (30 per 30 days), NEDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA, MO, QL (30 per 30 days), NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
MISCELLANEOUS NEUROLOGICAL
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA, QL (30 per 30 days), NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA, QL (12 per 28 days), NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA, MO, QL (30 per 30 days), NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA, MO, QL (12 per 28 days), NEDS
INGREZZA INITIATION PACK	2	LA, NEDS
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	LA, NEDS
INGREZZA ORAL CAPSULE 60 MG	2	NEDS
KESIMPTA PEN	2	PA, MO, QL (1.6 per 28 days), NEDS
KEVEYIS	2	NEDS
LEMTRADA	2	MO
MAVENCLAD (10 TABLET PACK)	2	PA, MO, LA, QL (10 per 28 days), NEDS
MAVENCLAD (4 TABLET PACK)	2	PA, MO, LA, QL (4 per 28 days), NEDS
MAVENCLAD (5 TABLET PACK)	2	PA, MO, LA, QL (5 per 28 days), NEDS

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
MISCELLANEOUS NEUROLOGICAL
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
MAVENCLAD (6 TABLET PACK)	2	PA, MO, LA, QL (6 per 28 days), NEDS
MAVENCLAD (7 TABLET PACK)	2	PA, MO, LA, QL (7 per 28 days), NEDS
MAVENCLAD (8 TABLET PACK)	2	PA, MO, LA, QL (8 per 28 days), NEDS
MAVENCLAD (9 TABLET PACK)	2	PA, MO, LA, QL (9 per 28 days), NEDS
MAYZENT ORAL TABLET 0.25 MG	2	PA, MO, QL (120 per 30 days), NEDS
MAYZENT ORAL TABLET 1 MG	2	PA, MO, QL (60 per 30 days), NEDS
MAYZENT ORAL TABLET 2 MG	2	PA, MO, QL (30 per 30 days), NEDS
MAYZENT STARTER (FOR 1MG MAINT)	2	PA, MO, QL (7 per 180 days)
MAYZENT STARTER (FOR 2MG MAINT)	2	PA, MO, QL (12 per 180 days), NEDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	MO
<i>memantine oral solution</i>	1	MO
<i>memantine oral tablet</i>	1	MO
NUEDEXTA	2	PA, MO, NEDS
NULIBRY	2	B/D PA, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
MISCELLANEOUS NEUROLOGICAL
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
OCREVUS	2	PA, MO, NEDS
ONPATTRO	2	PA, HI, LA, NEDS
PONVORY	2	PA, MO, QL (30 per 30 days), NEDS
PONVORY 14-DAY STARTER PACK	2	PA, MO, QL (14 per 180 days), NEDS
RADICAVA	2	HI, NEDS
RADICAVA ORS	2	MO, NEDS
RADICAVA ORS STARTER KIT SUSP	2	MO, NEDS
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal</i>	1	MO
TEGSEDI	2	PA, MO, LA, NEDS
tetrabenazine	1	PA, MO, NEDS
TYSABRI	2	PA, MO, HI, LA, NEDS
ZEPOSIA	2	PA, MO, QL (30 per 30 days), NEDS
ZEPOSIA STARTER KIT	2	PA, MO, QL (37 per 30 days), NEDS
ZEPOSIA STARTER PACK	2	PA, MO, QL (7 per 30 days), NEDS

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MUSCLE
RELAXANTS / ANTISPASMODIC
THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>baclofen intrathecal</i>	1	B/D PA, MO
<i>baclofen oral tablet</i>	1	MO
<i>carisoprodol</i>	1	PA, MO
<i>carisoprodol-aspirin- codeine</i>	1	PA, MO
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	PA, MO
<i>cyclobenzaprine oral tablet</i>	1	PA, MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>meprobamate</i>	1	MO
<i>metaxalone</i>	1	PA, MO
<i>methocarbamol injection</i>	1	PA, MO, HI
<i>methocarbamol oral</i>	1	PA, MO
<i>neostigmine methylsulfate intravenous solution</i>	1	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	1	
<i>orphenadrine citrate injection</i>	1	MO
<i>orphenadrine citrate oral tablet extended release</i>	1	PA, MO
<i>orphenadrine-asa- caffeine oral tablet 25-385-30 mg</i>	1	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MUSCLE
RELAXANTS / ANTISPASMODIC
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>orphengesic forte</i>	1	PA, MO
<i>pyridostigmine bromide oral syrup</i>	1	MO, NEDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>regonol</i>	1	
<i>revonto</i>	1	
<i>tizanidine</i>	1	MO
<i>vanadom</i>	1	PA

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS**

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen-caff- dihydrocod oral capsule</i>	1	MO
<i>acetaminophen-caff- dihydrocod oral tablet</i>	1	
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	1	MO
<i>acetaminophen- codeine oral tablet</i>	1	MO
<i>ascomp with codeine</i>	1	PA, MO
<i>buprenorphine</i>	1	PA, MO
<i>buprenorphine hcl injection solution</i>	1	MO, HI
<i>buprenorphine hcl injection syringe</i>	1	HI
<i>buprenorphine hcl sublingual</i>	1	MO
<i>butalbital compound w/codeine</i>	1	PA
<i>butalbital-acetaminop- caf-cod</i>	1	PA, MO
<i>butalbital- acetaminophen oral capsule</i>	1	PA, MO
<i>butalbital- acetaminophen oral tablet 25-325 mg</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA, MO
<i>butalbital-acetaminophen-caff oral tablet</i>	1	PA, MO
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA, MO
<i>butalbital-aspirin-caffeine oral tablet</i>	1	PA
<i>codeine sulfate</i>	1	MO
<i>codeine-butalbital-asa-caff</i>	1	PA, MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	
<i>endocet</i>	1	MO
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA, MO, NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA, MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	1	MO
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	1	MO, NEDS
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA, MO
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg</i>	1	PA, MO, NEDS
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA, MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	2	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
hydrocodone- ibuprofen	1	MO
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	1	
hydromorphone injection solution 1 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	MO
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	MO
hydromorphone injection syringe 2 mg/ml	1	
hydromorphone oral liquid	1	MO
hydromorphone oral tablet	1	MO
hydromorphone oral tablet extended release 24 hr	1	PA, MO
levorphanol tartrate oral tablet 2 mg	1	MO, NEDS
levorphanol tartrate oral tablet 3mg	1	MO, NEDS
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	PA, MO
meperidine oral solution	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
meperidine oral tablet 50 mg	1	MO
methadone injection solution	1	HI
methadone intensol	1	PA, MO
methadone oral concentrate	1	PA
methadone oral solution	1	PA, MO
methadone oral tablet	1	PA, MO
methadose oral concentrate	1	PA, MO
morphine (pf) injection solution 0.5 mg/ml	1	
morphine (pf) injection solution 1 mg/ml	1	MO
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	1	B/D PA
morphine concentrate oral solution	1	MO
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ ML, 5 MG/ML (BRAND)	2	
morphine injection syringe 4 mg/ml	1	MO
morphine injection syringe 8 mg/ml	1	
morphine intravenous solution 10 mg/ml	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND)	2	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)	2	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)	2	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA, MO
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA, MO
<i>morphine oral solution</i>	1	MO
<i>morphine oral tablet</i>	1	MO
<i>morphine oral tablet extended release</i>	1	PA, MO
<i>oxycodone oral capsule</i>	1	MO
<i>oxycodone oral concentrate</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>oxycodone oral solution</i>	1	MO
<i>oxycodone oral tablet</i>	1	MO
<i>oxycodone-acetaminophen oral solution</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 7.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>oxymorphone oral tablet</i>	1	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA, MO
<i>prolate oral tablet</i>	1	MO
<i>tencon</i>	1	PA, MO
<i>vto lq</i>	1	PA, MO
<i>XTAMPZA ER</i>	2	PA, MO
<i>zebutal</i>	1	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: NON-NARCOTIC ANALGESICS

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml)</i>	1	MO
<i>buprenorphine-naloxone</i>	1	MO
<i>butorphanol tartrate injection</i>	1	MO, HI
<i>butorphanol tartrate nasal</i>	1	MO
<i>cataflam</i>	1	
<i>celecoxib</i>	1	MO, QL (60 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral capsule</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: NON-NARCOTIC ANALGESICS (continued)

Drug Name	Tier	Requirements/ Limits
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	1	MO
<i>diflunisal</i>	1	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>fenoprofen oral capsule 400 mg</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	1	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-famotidine</i>	1	
<i>indomethacin oral capsule</i>	1	MO
<i>indomethacin oral capsule, extended release</i>	1	MO
<i>indomethacin sodium</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NON-
NARCOTIC ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular solution</i>	1	
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	1	
<i>lofena</i>	1	MO
<i>LUCEMYRA</i>	2	MO, QL (224 per 180 days), NEDS
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO, QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	MO, HI
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NON-
NARCOTIC ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>naltrexone</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>pentazocine-naloxone</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO
<i>tramadol oral tablet extended release 24 hr</i>	1	PA, MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA, MO
<i>tramadol-acetaminophen</i>	1	MO

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AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: PSYCHOTHERAPEUTIC DRUGS

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	2	ST, MO, NEDS
<i>alprazolam intensol</i>	1	MO
<i>alprazolam oral tablet</i>	1	MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	MO
<i>alprazolam oral tablet, disintegrating</i>	1	MO
<i>amitriptyline</i>	1	PA, MO
<i>amitriptyline-chlordiazepoxide</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	MO
<i>ariPIPrazole oral solution</i>	1	MO
<i>ariPIPrazole oral tablet</i>	1	MO
<i>ariPIPrazole oral tablet,disintegrating</i>	1	MO, NEDS
ARISTADA	2	ST, MO, NEDS
ARISTADA INITIO	2	ST, MO, NEDS
<i>armodafinil</i>	1	PA, MO
<i>asenapine maleate</i>	1	MO
<i>atomoxetine</i>	1	MO, QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: PSYCHOTHERAPEUTIC DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>buspirone</i>	1	MO
CAPLYTA	2	ST, MO, QL (30 per 30 days), NEDS
<i>chlordiazepoxide hcl</i>	1	MO
<i>chlorpromazine</i>	1	MO
<i>chlorpromazine injection</i>	1	MO, HI
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine</i>	1	PA, MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	MO
<i>clozapine</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg</i>	1	MO, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	MO, QL (30 per 30 days)
dexmethylphenidate oral tablet	1	MO
dextroamphetamine oral capsule, extended release	1	MO
dextroamphetamine oral solution	1	MO
dextroamphetamine oral tablet	1	MO
dextroamphetamine sulfate	1	MO
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO, QL (30 per 30 days)
dextroamphetamine-amphetamine oral tablet	1	MO
diazepam injection	1	
diazepam intensol	1	MO
diazepam oral concentrate	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	
diazepam oral tablet	1	MO
doxepin oral capsule	1	PA, MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
doxepin oral concentrate	1	PA, MO
doxepin oral tablet	1	MO
DRIZALMA SPRINKLE	2	MO
duloxetine oral capsule,delayed release (dr/ec)	1	MO
EMSAM	2	MO, NEDS
ergoloid	1	MO
escitalopram oxalate	1	MO
estazolam	1	MO
eszopiclone	1	MO, QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST, MO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	2	ST, MO, NEDS
FANAPT ORAL TABLETS,DOSE PACK	2	ST, MO
FETZIMA	2	MO
flumazenil	1	
fluoxetine oral capsule	1	MO
fluoxetine oral capsule,delayed release(dr/ec)	1	MO
fluoxetine oral solution	1	MO
fluphenazine decanoate	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>fluphenazine hcl</i>	1	MO
<i>flurazepam</i>	1	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
FORFIVO XL	2	MO
<i>guanfacine oral tablet extended release 24 hr</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	2	PA, MO, QL (30 per 30 days), NEDS
HETLIOZ LQ	2	PA, MO, QL (150 per 30 days), NEDS
<i>imipramine hcl</i>	1	PA, MO
<i>imipramine pamoate</i>	1	PA, MO
INVEGA HAFYERA	2	ST, MO, NEDS

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML</i>	2	ST, MO, NEDS
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</i>	2	ST, MO
INVEGA TRINZA	2	ST, MO, NEDS
LATUDA	2	ST, MO, NEDS
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	MO
<i>lorazepam intensol</i>	1	
<i>lorazepam oral concentrate</i>	1	MO
<i>lorazepam oral tablet</i>	1	MO
<i>loxapine succinate</i>	1	MO
LYBALVI	2	ST, MO, NEDS
MARPLAN	2	MO
<i>methamphetamine</i>	1	PA, MO
<i>methylphenidate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral cap,er sprinkle, biphasic 40-60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1	MO, QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	MO, QL (30 per 30 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>midazolam (pf) injection solution</i>	1	
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA, MO
<i>molindone</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
<i>NUPLAZID</i>	2	ST, MO, NEDS
<i>olanzapine intramuscular recon soln</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO
<i>olanzapine oral tablet, disintegrating</i>	1	MO
<i>olanzapine-fluoxetine</i>	1	MO
<i>oxazepam</i>	1	MO
<i>paliperidone</i>	1	MO
<i>paroxetine hcl</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>paroxetine mesylate (menop.sym)</i>	1	MO
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>perphenazine- amitriptyline</i>	1	PA, MO
PERSERIS	2	ST, MO, NEDS
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procenta</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet</i>	1	MO
<i>quetiapine oral tablet extended release 24 hr</i>	1	MO
<i>ramelteon</i>	1	MO
REXULTI	2	ST, MO, NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	ST, MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	2	ST, MO, NEDS
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>risperidone oral tablet, disintegrating</i>	1	MO
SECUADO	2	ST, MO, NEDS
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam</i>	1	MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>triazolam</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA, MO
TRINTELLIX	2	MO, QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO
VERSACLOZ	2	ST, NEDS
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	MO, QL (30 per 30 days)
<i>vilazodone</i>	1	MO, QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	2	ST, MO, NEDS
VRAYLAR ORAL CAPSULE,DOSE PACK	2	ST, MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
XYREM	2	PA, LA, NEDS
zaleplon	1	MO, QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	2	MO
ziprasidone hcl	1	MO
ziprasidone mesylate	1	MO
zolpidem oral tablet	1	MO, QL (30 per 30 days)
zolpidem oral tablet, ext release multiphase	1	MO, QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	ST, MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	2	MO

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS:
ANTIARRHYTHMIC AGENTS**

Drug Name	Tier	Requirements/ Limits
adenosine	1	
amiodarone intravenous solution	1	B/D PA, MO, HI
amiodarone intravenous syringe	1	B/D PA
amiodarone oral tablet 100 mg, 400 mg	1	
amiodarone oral tablet 200 mg	1	MO
bretylium tosylate	1	NEDS
disopyramide phosphate oral capsule	1	MO
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) in d7.5w	1	
lidocaine (pf) intravenous	1	HI
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine	1	MO
MULTAQ	2	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection	1	HI
propafenone oral capsule,extended release 12 hr	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral tablet extended release</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS:
ANTIHYPERTENSIVE THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	MO, HI
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt oral capsule, extended release 24hr</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	HI
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext release degradable</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>doxazosin</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol</i>	1	B/D PA, MO
<i>epoprostenol (glycine)</i>	1	B/D PA, MO
<i>esmolol in nacl (iso-osm)</i>	1	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynone sodium</i>	1	HI, NEDS
<i>ethacrynic acid</i>	1	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO, HI
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>guanfacine oral tablet</i>	1	MO
<i>hydralazine injection</i>	1	MO, HI
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	HI
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	HI
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>methyldopa-hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	HI

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metyrosine</i>	1	MO, NEDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	
<i>nicardipine intravenous solution</i>	1	HI
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</i>	2	PA, MO
<i>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG</i>	2	PA, MO, NEDS
<i>osmitrol 20 %</i>	1	

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	MO, NEDS
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	HI
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt oral capsule, extended release</i>	1	MO
<i>TEKTURNA HCT</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium</i>	1	B/D PA, MO, NEDS
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
<i>UPTRAVI INTRAVENOUS</i>	2	PA, LA, NEDS
<i>UPTRAVI ORAL</i>	2	PA, MO, LA, NEDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA, MO
<i>verapamil intravenous</i>	1	HI
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/ Limits
<i>aminocaproic acid</i>	1	MO
ANDEXXA	2	NEDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	LA, NEDS
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
<i>dabigatran etexilate</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	MO, LA, QL (60 per 30 days), NEDS
DOPTELET (15 TAB PACK)	2	MO, LA, QL (60 per 30 days), NEDS
DOPTELET (30 TAB PACK)	2	MO, LA, QL (60 per 30 days), NEDS
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO, QL (180 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO, QL (60 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO, QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO, QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO, QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO, QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO, QL (24 per 30 days), NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO, QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO, QL (12 per 30 days), NEDS
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO, QL (18 per 30 days), NEDS
<i>hep flush-10 (pf)</i>	MB	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO, HI
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge	1	MO, HI
heparin (porcine) injection solution	1	MO, HI
heparin (porcine) injection syringe 5,000 unit/ml	1	MO, HI
heparin flush (porcine)-0.9nacl	MB	MO
heparin lock flush (porcine)	MB	MO
heparin lockflush (porcine)(pf)	MB	MO
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	MO
heparin, porcine (pf) intravenous syringe 1 unit/ml	MB	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	MB	MO
jantoven	1	MO
MULPLETA	2	MO, QL (7 per 180 days), NEDS
NPLATE	2	MO, NEDS
pentoxifylline oral tablet extended release	1	MO
prasugrel	1	MO
PRAXBIND	2	NEDS
PROMACTA	2	MO, LA, NEDS
protamine	1	
TAVALISSE	2	LA, NEDS
warfarin	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/ CHOLESTEROL LOWERING AGENTS

Drug Name	Tier	Requirements/ Limits
amlodipine- atorvastatin	1	MO
atorvastatin	1	MO
cholestyramine (with sugar)	1	MO
cholestyramine light	1	
cholestyramine- aspartame	1	
colestipol	1	MO
EVKEEZA	2	PA, NEDS
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet	1	MO
fenofibrate oral tablet 120 mg, 40 mg, 54 mg	1	MO
fenofibrate oral tablet 160 mg (generic)	1	MO
fenofibric acid	1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec)	1	MO
fluvastatin oral capsule	1	MO
gemfibrozil	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/CHOLESTEROL LOWERING AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>icosapent ethyl</i>	1	PA, MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	PA, MO, LA, NEDS
<i>lovastatin</i>	1	MO
NEXLETOL	2	PA, MO, QL (30 per 30 days)
NEXLIZET	2	PA, MO, QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA, QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA, QL (4 per 28 days)
<i>pravastatin</i>	1	MO
<i>prevalite</i>	1	MO
<i>rosuvastatin</i>	1	MO
<i>simvastatin oral tablet</i>	1	MO
VASCEPA	2	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

Drug Name	Tier	Requirements/ Limits
CAMZYOS	2	PA, MO, NEDS
<i>cardioplegic soln</i>	1	
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA, MO
<i>digitek</i>	1	MO
<i>digoxin injection solution</i>	1	HI
<i>digoxin oral</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA, MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA, MO
ENTRESTO	2	MO, QL (60 per 30 days)
<i>isoproterenol hcl</i>	1	
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VECAMYL	2	NEDS
VERQUVO	2	MO, QL (30 per 30 days)
VYNDAMAX	2	PA, MO, NEDS
VYNDAQEL	2	PA, MO, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

Drug Name	Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA, HI
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/ Limits
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO, QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO, QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO, QL (120 per 30 days)
<i>calcipotriene-beta-methasone</i>	1	MO, QL (400 per 30 days)
<i>calcitriol topical</i>	1	
<i>COSENTYX</i>	2	PA, MO, QL (2 per 28 days), NEDS
<i>COSENTYX (2 SYRINGES)</i>	2	PA, MO, QL (2 per 28 days), NEDS
<i>COSENTYX PEN</i>	2	PA, MO, QL (2 per 28 days), NEDS
<i>COSENTYX PEN (2 PENS)</i>	2	PA, MO, QL (10 per 28 days), NEDS
<i>selenium sulfide topical lotion</i>	1	MO
<i>SKYRIZI SUBCUTANEOUS PEN INJECTOR</i>	2	PA, MO, QL (1 per 28 days), NEDS
<i>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</i>	2	PA, MO, QL (1 per 28 days), NEDS
<i>SKYRIZI SUBCUTANEOUS SYRINGE KIT</i>	2	PA, MO, QL (1 per 28 days), NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC (continued)

Drug Name	Tier	Requirements/Limits
STELARA INTRAVENOUS	2	PA, MO, HI, NEDS
STELARA SUBCUTANEOUS	2	PA, MO, QL (0.5 per 28 days), NEDS
STELARA SUBCUTANEOUS	2	PA, MO, QL (1 per 28 days), NEDS
TALTZ AUTOINJECTOR	2	PA, MO, QL (1 per 28 days), NEDS
TALTZ AUTOINJECTOR (2 PACK)	2	PA, MO, QL (2 per 28 days), NEDS
TALTZ AUTOINJECTOR (3 PACK)	2	PA, MO, QL (3 per 28 days), NEDS
TALTZ SYRINGE	2	PA, MO, QL (1 per 28 days), NEDS
VTAMA	2	PA, MO, NEDS

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

Drug Name	Tier	Requirements/Limits
ADBRY	2	PA, MO, NEDS
<i>ammonium lactate</i>	1	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>chloroprocaine (pf)</i>	1	
CIBINQO	2	PA, MO, NEDS
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	1	MO
<i>doxepin topical</i>	1	MO, QL (45 per 30 days), NEDS
DUPIXENT PEN	2	PA, MO, NEDS
DUPIXENT SYRINGE	2	PA, MO, NEDS
FLUOROURACIL TOPICAL CREAM 0.5 %	2	MO, NEDS
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
glydo	1	MO
<i>imiquimod</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	HI
<i>lidocaine hcl injection solution</i>	1	HI
<i>lidocaine hcl laryngotracheal</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA, MO
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>methoxsalen</i>	1	MO, NEDS
<i>OPZELURA</i>	2	PA, MO, NEDS
<i>PANRETIN</i>	2	PA, MO, NEDS
<i>pimecrolimus</i>	1	PA, MO
<i>podofilox</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
<i>prodoxin</i>	1	MO
<i>REGRANEX</i>	2	MO, NEDS
<i>SANTYL</i>	2	MO
<i>silver sulfadiazine</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA, MO
<i>VALCHLOR</i>	2	MO, NEDS
<i>xylocaine dental-epinephrine</i>	1	

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DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

Drug Name	Tier	Requirements/ Limits
accutane	1	
adapalene topical cream	1	PA, MO
adapalene topical gel	1	PA, MO
adapalene topical gel with pump	1	PA, MO
adapalene topical solution	1	PA
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	PA, MO
amnesteem	1	
avita topical cream	1	PA, MO
azelaic acid	1	MO
claravis	1	
clindacin etz topical swab	1	MO
clindacin p	1	MO
clindamycin phosphate topical foam	1	
clindamycin phosphate topical gel	1	MO
clindamycin phosphate topical gel, once daily	1	MO
clindamycin phosphate topical lotion	1	MO
clindamycin phosphate topical solution	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

Drug Name	Tier	Requirements/ Limits
clindamycin phosphate topical swab	1	MO
clindamycin-benzoyl peroxide	1	MO
clindamycin-tretinoin	1	PA, MO
dapsone topical	1	MO
ery pads	1	MO
erygel	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
FABIOR	2	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	NEDS
ivermectin topical cream	1	MO
metronidazole topical	1	MO
myorisan	1	
neuac	1	MO
rosadan topical cream	1	MO
rosadan topical gel	1	MO
tazarotene topical cream	1	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE
(continued)

Drug Name	Tier	Requirements/ Limits
TAZAROTENE TOPICAL FOAM	2	PA
<i>tazarotene topical gel</i>	1	PA, MO
TAZORAC TOPICAL CREAM 0.05 %	2	PA, MO
TAZORAC TOPICAL GEL	2	PA, MO
<i>tretinoin microspheres</i>	1	PA, MO
<i>tretinoin topical</i>	1	PA, MO
<i>zenatane</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

Drug Name	Tier	Requirements/ Limits
<i>gentamicin topical</i>	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin ointment</i>	1	MO, QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLYON TOPICAL CREAM	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
<i>econazole</i>	1	MO
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical foam</i>	1	MO, QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO
<i>ketodan</i>	1	MO
LULICONAZOLE	2	MO
LUZU	2	MO
<i>naftifine topical cream</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO
<i>nystatin topical ointment</i>	1	MO
<i>nystatin topical powder</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
<i>tavaborole</i>	1	MO, NEDS

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DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>acyclovir topical cream</i>	1	MO, QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	MO, QL (30 per 30 days)
DENAVIR	2	MO, NEDS

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

Drug Name	Tier	Requirements/ Limits
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	
<i>apexicon e</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>clobetasol</i>	1	MO
<i>clobetasol-emollient</i>	1	MO
<i>clocortolone pivalate</i>	1	MO
<i>clodan</i>	1	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO
<i>desrx</i>	1	MO
<i>diflorasone topical cream</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide-e</i>	1	

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DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

Drug Name	Tier	Requirements/ Limits
<i>fluocinonide-emollient</i>	1	MO
<i>flurandrenolide</i>	1	MO
<i>fluticasone propionate topical</i>	1	MO
<i>halcinonide</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone butyr-emollient</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>nolix topical lotion</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>tovet emollient</i>	1	MO
<i>triamcinolone acetonide topical</i>	1	MO
<i>trianex</i>	1	
<i>triderm topical cream</i>	1	MO
<i>tritocin</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

Drug Name	Tier	Requirements/ Limits
<i>crotan</i>	1	MO
<i>ivermectin topical lotion</i>	1	
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO
<i>spinosad</i>	1	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine intravenous</i>	1	

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

Drug Name	Tier	Requirements/ Limits
<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringer's irrigation</i>	1	
<i>SORBITOL IRRIGATION SOLUTION 3 %</i>	2	
<i>tis-u-sol pentalyte</i>	1	MO

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DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
acamprostate oral tablet, delayed release (dr/ec)	1	MO
acetic acid irrigation	1	MO
anagrelide	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	PA, MO, HI, LA, NEDS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	PA, MO, HI, LA, NEDS
bacteriostatic water (parabens)	MB	
bd posiflush normal saline 0.9	MB	MO
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
CARBAGLU	2	MO, LA, NEDS
carglumic acid	1	LA, NEDS
cevimeline	1	MO
CHEMET	2	
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA, HI
CLINIMIX E 2.75%/ D5W SULF FREE	2	B/D PA, HI
d10 %-0.45 % sodium chloride	1	MO, HI
d2.5 %-0.45 % sodium chloride	1	HI
d5 % and 0.9 % sodium chloride	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
d5 %-0.45 % sodium chloride	1	MO, HI
deferasirox	1	MO, NEDS
deferiprone	1	MO, NEDS
deferoxamine	1	MO
dextrose 10 % and 0.2 % nacl	1	HI
dextrose 10 % in water (d10w)	1	HI
dextrose 25 % in water (d25w)	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO, HI
dextrose 5 % in water (d5w) intravenous piggyback	1	MO
dextrose 5 %-lactated ringers	1	MO, HI
dextrose 5%-0.2 % sod chloride	1	HI
dextrose 5%-0.3 % sod.chloride	1	HI
dextrose 50 % in water (d50w)	1	MO
dextrose 70 % in water (d70w)	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	MO, NEDS
EMPAVELI	2	PA, LA, NEDS

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DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
ENJAYMO	2	PA, NEDS
FERRIPROX ORAL SOLUTION	2	NEDS
FERRIPROX ORAL TABLET 500 MG	2	NEDS
GIVLAARI	2	PA, MO, NEDS
GLASSIA	2	PA, MO, HI, LA, NEDS
INCRELEX	2	PA, MO, LA, NEDS
<i>lanthanum oral tablet, chewable</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>midodrine</i>	1	MO
<i>monoject 0.9% sodium chloride</i>	MB	
<i>monoject prefill advanced ns</i>	MB	MO
<i>nitisinone</i>	1	MO, NEDS
<i>NITYR</i>	2	MO, LA
<i>normal saline flush</i>	MB	MO
<i>ORFADIN ORAL CAPSULE 20 MG</i>	2	LA, NEDS
<i>ORFADIN ORAL SUSPENSION</i>	2	LA, NEDS
<i>OXBRYTA ORAL TABLET</i>	2	PA, MO, LA, QL (150 per 30 days), NEDS

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
<i>OXBRYTA ORAL TABLET FOR SUSPENSION</i>	2	PA, MO, QL (150 per 30 days), NEDS
<i>pilocarpine hcl oral</i>	1	MO
<i>PROLASTIN-C INTRAVENOUS RECON SOLN</i>	2	PA, HI, LA, NEDS
<i>PROLASTIN-C INTRAVENOUS SOLUTION</i>	2	PA, HI, LA, NEDS
<i>PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG</i>	2	PA, NEDS
<i>PYRUKYND ORAL TABLETS,DOSE PACK</i>	2	PA, NEDS
<i>RAVICTI</i>	2	MO, NEDS
<i>REVCovi</i>	2	NEDS
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO, QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	1	MO, NEDS
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sevelamer hcl</i>	1	MO
<i>sodium benzoate-sod phenylacet</i>	1	
<i>sodium chlor 0.9% bacteriostat</i>	MB	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	MB	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
sodium chloride 0.9 % injection	MB	
sodium chloride 0.9 % intravenous parenteral solution	1	MO, HI
sodium chloride 0.9 % intravenous piggyback	1	MO, HI
sodium chloride injection	MB	
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	MO, NEDS
sodium phenylbutyrate oral tablet	1	NEDS
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
TAVNEOS	2	PA, NEDS
THIOLA	2	NEDS
THIOLA EC	2	NEDS
TIGLUTIK	2	NEDS
tiopronin	1	MO, NEDS
trientine	1	MO, NEDS
VELTASSA	2	MO
water for inject, bacteriostat	MB	
water for irrigation, sterile	1	MO
XURIDEN	2	NEDS

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
ZOKINVY	2	PA, NEDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

Drug Name	Tier	Requirements/Limits
bupropion hcl (smoking deter) oral tablet extended release	1	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX ORAL TABLET 1 MG	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	2	MO
NICOTROL NS	2	MO
varenicline	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
azelastine nasal	1	MO, QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
fluoride (sodium) dental solution	1	MO
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)	1	MO, QL (30 per 30 days)
ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)	1	MO, QL (45 per 30 days)
olopatadine nasal	1	MO, QL (30.5 per 30 days)
oralone	1	MO
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

Drug Name	Tier	Requirements/ Limits
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/ Limits
ciprofloxacin-dexamethasone	1	MO
neomycin-polymyxin-hc otic (ear)	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
<i>betamethasone acet, sod phos</i>	1	MO
<i>dexabliss</i>	1	
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA, MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO, HI
<i>methylprednisolone sodium succ intravenous</i>	1	MO, HI
<i>millipred oral tablet</i>	1	B/D PA, MO
<i>prednisolone oral solution</i>	1	MO

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	B/D PA, MO
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>TARPEYO</i>	2	PA, NEDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

Drug Name	Tier	Requirements/ Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acarbose</i>	1	MO
ALCOHOL PADS	2	MO
BAQSIMI	2	MO
BYDUREON BCISE	2	MO, QL (3.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO, QL (1.2 per 30 days)
CYCLOSET	2	MO
DEXCOM RECEIVER	MB	QL (1 per 365 days)
DEXCOM SENSOR	MB	
DEXCOM TRANSMITTER	MB	
<i>diazoxide</i>	1	MO
FREESTYLE LIBRE 2 READER	MB	QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	MB	
FREESTYLE LIBRE READER	MB	QL (1 per 365 days)
FREESTYLE LIBRE SENSOR	MB	
<i>glimepiride</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
glipizide-metformin	1	MO
GLUCAGON (HCL) EMERGENCY KIT	2	
glucagon emergency kit (human)	1	MO
glyburide	1	MO
glyburide micronized	1	MO
glyburide-metformin	1	MO
GUARDIAN REAL-TIME GLUCOSE MONITORING SYSTEM	MB	QL (1 per 365 days)
GUARDIAN SENSOR	MB	
GUARDIAN TRANSMITTER	MB	
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25 (U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
INPEN (FOR HUMALOG)	2	QL (1 per 365 days)
INVOKAMET	2	MO
INVOKAMET XR	2	MO
INVOKANA	2	MO
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO
JARDIANCE	2	MO
KOMBIGLYZE XR	2	MO
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
metformin oral solution	1	MO
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	MO
metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR)	1	MO
miglitol	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
MOUNJARO	2	ST, MO, QL (2 per 28 days)
<i>nateglinide</i>	1	MO
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ONETOUCH ULTRA TEST	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 28 days)
ONGLYZA	2	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	ST, MO, QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST, MO, QL (3 per 28 days)
<i>pioglitazone</i>	1	MO
<i>pioglitazone-glimepiride</i>	1	MO
<i>pioglitazone-metformin</i>	1	MO
<i>repaglinide</i>	1	MO
RYBELSUS	2	ST, MO, QL (30 per 30 days)
SOLIQUA 100/33	2	PA, MO, QL (90 per 30 days)
SYMLINPEN 120	2	MO, NEDS
SYMLINPEN 60	2	MO, NEDS
SYNJARDY	2	MO
SYNJARDY XR	2	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
TOUJEON MAX U-300 SOLOSTAR	2	MO
TOUJEON SOLOSTAR U-300 INSULIN	2	MO
TRULICITY	2	MO, QL (2 per 28 days)
VGO	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

Drug Name	Tier	Requirements/ Limits
ALDURAZYME	2	MO, HI, NEDS
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO, NEDS
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	HI
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
CERDELGA	2	MO, NEDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA, MO, HI, NEDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	2	PA, MO
<i>cinacalcet oral tablet 30 mg</i>	1	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	1	MO, NEDS
<i>clomid</i>	1	PA, MO
<i>clomiphene citrate</i>	1	PA
CRYSVITA	2	MO, NEDS
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO, HI
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELELYSO	2	MO, HI, NEDS
FABRAZYME	2	MO, HI, NEDS
GALAFOLD	2	PA, MO, LA, NEDS
ISTURISA	2	PA, LA, NEDS
<i>javygtor</i>	1	NEDS
JYNARQUE	2	LA, NEDS
KANUMA	2	MO, HI, NEDS
KORLYM	2	PA, NEDS
MEPSEVII	2	MO, NEDS
METHITEST	2	MO
<i>methyltestosterone oral capsule</i>	1	MO, NEDS
<i>miglustat</i>	1	MO, LA, NEDS
MYALEPT	2	MO, LA, NEDS
NAGLAZYME	2	MO, HI, LA, NEDS
NATPARA	2	PA, MO, LA, NEDS
NOVAREL	2	PA, MO
<i>oxandrolone</i>	1	PA, MO
PALYNZIQ	2	MO, LA, NEDS
<i>pamidronate intravenous solution</i>	1	MO, HI
<i>paricalcitol intravenous</i>	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**ENDOCRINE/DIABETES:
MISCELLANEOUS HORMONES
(continued)**

Drug Name	Tier	Requirements/ Limits
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML	2	MO, HI
<i>paricalcitol oral</i>	1	MO
PARSABIV	2	MO, NEDS
RECORLEV	2	PA, NEDS
SAMSCA ORAL TABLET 15 MG	2	MO, NEDS
<i>sapropterin</i>	1	MO, NEDS
SOMAVERT	2	MO, NEDS
STRENSIQ	2	LA, NEDS
SYNAREL	2	MO, NEDS
TEPEZZA	2	PA, MO, NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate</i>	1	MO
<i>testosterone transdermal gel (generic)</i>	1	MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic)</i>	1	MO

**ENDOCRINE/DIABETES:
MISCELLANEOUS HORMONES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic)</i>	1	MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)</i>	1	MO
<i>testosterone transdermal gel in packet (Androgel generic)</i>	1	MO
<i>testosterone transdermal solution in metered pump w/ app (Axiron generic)</i>	1	MO
<i>tolvaptan</i>	1	MO, NEDS
<i>vasopressin</i>	1	
VIMIZIM	2	MO
VOXZOGO	2	PA, MO, LA, NEDS
<i>zoledronic acid intravenous solution</i>	1	MO, HI
<i>zoledronic acid- mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

ENDOCRINE/DIABETES: THYROID HORMONES

Drug Name	Tier	Requirements/ Limits
euthyrox	1	MO
levo-t	1	
levothyroxine <i>intravenous recon soln</i>	1	MO
levothyroxine oral <i>tablet</i>	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine <i>intravenous</i>	1	MO, HI
liothyronine oral	1	MO
np thyroid	1	MO
unithroid	1	MO

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
atropine injection <i>solution</i>	1	
atropine injection <i>syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
chlordiazepoxide- <i>clidinium</i>	1	
CUVPOSA	2	MO
dicyclomine <i>intramuscular</i>	1	MO
dicyclomine oral <i>capsule</i>	1	MO
dicyclomine oral <i>solution</i>	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate- <i>atropine</i>	1	MO
glycopyrrolate (pf)	1	
glycopyrrolate (pf) in <i>water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
glycopyrrolate <i>injection</i>	1	MO
glycopyrrolate oral <i>solution</i>	1	MO
glycopyrrolate oral <i>tablet 1 mg, 2 mg</i>	1	MO
glycopyrrolate oral <i>tablet 1.5 mg</i>	1	
loperamide oral <i>capsule</i>	1	MO
methscopolamine	1	MO
MYTESI	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**GASTROENTEROLOGY:
ANTIDIARRHEALS /
ANTISPASMODICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>opium tincture</i>	1	MO

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>alosetron</i>	1	MO, QL (60 per 30 days), NEDS
<i>aprepitant</i>	1	B/D PA, MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO, NEDS
<i>budesonide oral capsule, delayed, extend.release</i>	1	MO
<i>budesonide oral tablet, delayed and ext.release</i>	1	NEDS
<i>BYLVAY</i>	2	PA, MO, LA, NEDS
<i>CHOLBAM</i>	2	NEDS
<i>CIMZIA</i>	2	PA, MO, QL (3 per 28 days), NEDS
<i>CIMZIA POWDER FOR RECONST</i>	2	PA, MO, QL (1 per 28 days), NEDS
<i>CIMZIA STARTER KIT</i>	2	PA, MO, QL (3 per 28 days), NEDS
<i>CINVANTI</i>	2	MO, HI
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
<i>CREON</i>	2	MO
<i>cromolyn oral</i>	1	MO
<i>CYSTADANE</i>	2	NEDS
<i>dimenhydrinate injection solution</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	B/D PA, MO
<i>droperidol injection solution</i>	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
ENTYVIO	2	PA, MO
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	2	PA, MO, NEDS
GATTEX ONE-VIAL	2	PA, MO, NEDS
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	MO
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO, HI
<i>gransetron hcl intravenous</i>	1	MO, HI
<i>gransetron hcl oral</i>	1	B/D PA, MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone- pramoxine rectal cream 1-1 %</i>	1	MO
INFLECTRA	2	PA, MO, HI, NEDS
<i>lactulose oral packet</i>	1	MO

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LINZESS	2	MO, QL (30 per 30 days)
LIVMARLI	2	PA, LA, NEDS
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO, HI
<i>metoclopramide hcl injection syringe</i>	1	HI
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
OCALIVA	2	MO, LA, QL (30 per 30 days), NEDS
<i>ondansetron hcl (pf)</i>	1	MO, HI
<i>ondansetron hcl intravenous</i>	1	MO, HI
<i>ondansetron hcl oral solution</i>	1	B/D PA, MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA, MO
<i>ondansetron oral tablet,disintegrating</i>	1	B/D PA, MO
OSMOPREP	2	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	2	MO, NEDS
<i>prochlorperazine</i>	1	MO

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	2	MO
RELISTOR ORAL	2	MO, NEDS
RELISTOR SUBCUTANEOUS SOLUTION	2	MO, NEDS
RELISTOR SUBCUTANEOUS SYRINGE	2	MO, NEDS
<i>scopolamine base</i>	1	MO
<i>SKYRIZI INTRAVENOUS</i>	2	PA, MO, QL (10 per 28 days), NEDS
<i>SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR</i>	2	PA, MO, QL (2.4 per 28 days), NEDS
<i>sodium,potassium, mag sulfates</i>	1	
SUCRAID	2	NEDS
<i>sulfasalazine oral tablet</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
sulfasalazine oral tablet,delayed release (dr/ec)	1	MO
SYNDROS	2	B/D PA, NEDS
trimethobenzamide oral	1	B/D PA, MO
UCERIS RECTAL	2	MO
ursodiol oral capsule 200 mg, 400 mg	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	2	B/D PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO

GASTROENTEROLOGY: ULCER THERAPY

Drug Name	Tier	Requirements/ Limits
amoxicil-clarithromy-lansopraz	1	MO
cimetidine	1	MO
cimetidine hcl oral	1	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	ST, MO, QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	ST, MO, QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST, MO, QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST, MO, QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	1	HI
famotidine (pf)	1	MO, HI
famotidine (pf)-nacl (iso-os)	1	MO, HI
famotidine intravenous	1	MO, HI
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	ST, MO, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/Limits
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	ST, MO, QL (60 per 30 days)
misoprostol	1	MO
nizatidine oral capsule 150 mg	1	MO
nizatidine oral capsule 300 mg	1	
omeprazole oral capsule, delayed release(dr/ec) 10 mg	1	MO, QL (30 per 30 days)
omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg	1	MO, QL (60 per 30 days)
pantoprazole intravenous	1	MO, HI
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	MO, QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	MO, QL (60 per 30 days)
sucralfate	1	MO
VOQUEZNA DUAL PAK	2	MO, QL (112 per 14 days)
VOQUEZNA TRIPLE PAK	2	MO, QL (112 per 14 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS

Drug Name	Tier	Requirements/Limits
ACTIMMUNE	2	PA, MO, NEDS
ARCALYST	2	MO, NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA, MO, QL (4 per 28 days), NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA, MO, QL (4 per 28 days), NEDS
BESREMI	2	PA, LA, NEDS
EGRIFTA SV	2	PA, MO, NEDS
FULPHILA	2	PA, MO, QL (1.2 per 30 days), NEDS
GRANIX	2	MO, NEDS
ILARIS (PF)	2	PA, MO, LA, NEDS
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	PA, MO, NEDS
LEUKINE INJECTION RECON SOLN	2	PA, MO, HI, NEDS
MOZOBIL	2	MO, NEDS
NEULASTA	2	PA, MO, NEDS
NEULASTA ONPRO	2	PA, MO, NEDS
NEUPOGEN	2	PA, MO, NEDS
NIVESTYM	2	PA, MO, NEDS
NYVEPRIA	2	PA, MO, NEDS
OMNITROPE	2	PA, MO, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY:
BIOTECHNOLOGY DRUGS (continued)**

Drug Name	Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION	2	MO, QL (4 per 28 days), NEDS
PEGASYS SUBCUTANEOUS SYRINGE	2	MO, QL (2 per 28 days), NEDS
PLEGRIDY INTRAMUSCULAR	2	PA, MO, QL (1 per 28 days), NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA, MO, QL (1 per 28 days), NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA, MO, QL (1 per 180 days), NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE	2	PA, MO, QL (1 per 28 days), NEDS
REBIF (WITH ALBUMIN)	2	PA, MO, QL (6 per 28 days), NEDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA, MO, QL (6 per 28 days), NEDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA, MO, QL (4.2 per 180 days), NEDS
REBIF TITRATION PACK	2	PA, MO, QL (4.2 per 180 days), NEDS

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY:
BIOTECHNOLOGY DRUGS (continued)**

Drug Name	Tier	Requirements/ Limits
REBLOZYL	2	PA, NEDS
RELEUKO	2	PA, MO, NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA, MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA, MO, NEDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA, MO, NEDS
UDENYCA	2	PA, MO, QL (1.2 per 30 days), NEDS
ZARXIO	2	MO, NEDS
ZIEXTENZO	2	PA, MO, NEDS
ZORBTIVE	2	PA, MO, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Drug Name	Tier	Requirements/ Limits
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	1	MO
AFLURIA QD 2022-23 (3YR UP)(PF)	MB	MO
AFLURIA QUAD 2022-2023(6MO UP)	MB	
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	2	PA, MO
COMIRNATY TRIS VACCINE(PF)	MB	
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DENGVAXIA (PF)	1	
DYSPORT	2	PA, MO
<i>engerix-b (pf)</i>	1	B/D PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
FLUAD QUAD 2022-23(65Y UP) (PF)	MB	MO
FLUARIX QUAD 2022-2023 (PF)	MB	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: VACCINES / MISCELLANEOUS IMMUNOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
FLUBLOK QUAD 2022-2023 (PF)	MB	MO
FLUCELVAX QUAD 2022-2023	MB	
FLUCELVAX QUAD 2022-2023 (PF)	MB	MO
FLULAVAL QUAD 2022-2023 (PF)	MB	MO
FLUMIST QUAD 2022-2023	MB	
FLUZONE HIGHDOSE QUAD 22-23 PF	MB	MO
FLUZONE QUAD 2022-2023	MB	
FLUZONE QUAD 2022-2023 (PF)	MB	MO
<i>fomepizole</i>	1	HI
GAMASTAN	2	MO
GAMASTAN S/D	2	
GAMMAGARD LIQUID	2	PA, MO, HI, NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA, MO, HI, NEDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA, MO, HI, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	B/D PA, MO, HI, NEDS
GARDASIL 9 (PF)	1	MO
GRASTEK	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	MO
HIBERIX (PF)	1	MO
IMOVAX RABIES VACCINE (PF)	1	
<i>infanrix (dtap) (pf) intramuscular syringe</i>	1	MO
IPOP	1	
IXIARO (PF)	1	
JANSSEN COVID-19 VACCINE (EUA)	MB	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</i>	1	MO
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
MODERNA COVID BIVAL(6Y UP)(PF)	MB	
MODERNA COVID (6M-5Y) VACC(EUA)	MB	
MODERNA COVID-19 (6-11YR)(EUA)	MB	
MODERNA COVID-19 VACCINE (EUA)	MB	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	
<i>pentacel (pf)</i>	1	
PFIZER COVID BIVAL (12Y UP)(PF)	MB	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	MB	
PFIZER COVID-19 VACCINE (EUA)	MB	
PNEUMOVAX-23	MB	MO
<i>prehevabio (pf)</i>	1	B/D PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
PREVNAR 13 (PF)	MB	MO
PREVNAR 20 (PF)	MB	MO
<i>priorix (pf)</i>	1	
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	MO
RAGWITEK	2	MO
<i>recombivax hb (pf)</i>	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA, MO
ROTARIX	1	
ROTAQUE VACCINE	1	MO
SHINGRIX (PF)	1	MO
SPIKEVAX (PF)	MB	
STAMARIL (PF)	1	
TDVAX	1	MO
<i>tenivac (pf)</i>	1	MO

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO
TETANUS, DIPHTHERIA TOX PED(PF)	1	MO
TICE BCG	1	MO
<i>ticovac</i>	1	MO
TRUMENBA	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
VAXNEUVANCE	MB	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	2	PA, MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	2	PA, MO, NEDS
YF-VAX (PF)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
ZINPLAVA	2	PA, MO, HI, NEDS

MISCELLANEOUS SUPPLIES

Drug Name	Tier	Requirements/ Limits
GAUZE PADS 2X2	2	MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
NEEDLES, INSULIN DISP.,SAFETY	2	MO

**MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	HI
<i>aloprim</i>	1	HI
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	2	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alendronate oral solution</i>	1	MO, QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO, QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO, QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	2	PA, QL (2.34 per 30 days), NEDS
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	2	PA, MO, QL (2.34 per 30 days), NEDS
<i>ibandronate intravenous</i>	1	MO
<i>ibandronate oral</i>	1	MO, QL (1 per 30 days)
PROLIA	2	PA, MO
raloxifene	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO, QL (1 per 30 days)
<i>risedronate oral tablet 35 mg</i>	1	MO, QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO, QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO, QL (4 per 28 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
TERIPARATIDE	2	PA, MO, QL (2.48 per 28 days), NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
ACTEMRA ACTPEN	2	PA, MO, QL (3.6 per 28 days), NEDS
ACTEMRA INTRAVENOUS	2	PA, MO, HI, QL (40 per 28 days), NEDS
ACTEMRA SUBCUTANEOUS	2	PA, MO, QL (3.6 per 28 days), NEDS
BENLYSTA INTRAVENOUS	2	PA, MO, HI, NEDS
BENLYSTA SUBCUTANEOUS	2	PA, MO, NEDS
ENBREL MINI	2	PA, MO, QL (8 per 28 days), NEDS
ENBREL SUBCUTANEOUS RECON SOLN	2	PA, MO, QL (16 per 28 days), NEDS
ENBREL SUBCUTANEOUS SOLUTION	2	PA, MO, QL (8 per 28 days), NEDS
ENBREL SUBCUTANEOUS SYRINGE	2	PA, MO, QL (8 per 28 days), NEDS
ENBREL SURECLICK	2	PA, MO, QL (8 per 28 days), NEDS
HUMIRA PEN	2	PA, MO, QL (4 per 28 days), NEDS
HUMIRA PEN CROHNS-UC-HS START	2	PA, MO, QL (6 per 180 days), NEDS

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA, MO, QL (4 per 180 days), NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA, MO, QL (4 per 28 days), NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA, MO, QL (3 per 180 days), NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA, MO, QL (2 per 180 days), NEDS
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA, MO, QL (3 per 180 days), NEDS
HUMIRA(CF) PEN PEDIATRIC UC	2	PA, MO, QL (4 per 180 days), NEDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA, MO, QL (3 per 180 days), NEDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	2	PA, MO, QL (4 per 28 days), NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA, MO, QL (2 per 28 days), NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**MUSCULOSKELETAL /
RHEUMATOLOGY: OTHER
RHEUMATOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA, MO, QL (2 per 28 days), NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA, MO, QL (4 per 28 days), NEDS
KEVZARA	2	PA, MO, QL (2.28 per 28 days), NEDS
KINERET <i>leflunomide</i>	2 1	PA, NEDS MO, QL (30 per 30 days)
ORENCIA (WITH MALTOSA)	2	PA, MO, HI, QL (4 per 28 days), NEDS
ORENCIA CLICKJECT	2	PA, MO, QL (4 per 28 days), NEDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ ML	2	PA, MO, QL (4 per 28 days), NEDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA, MO, QL (1.6 per 28 days), NEDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA, MO, QL (2.8 per 28 days), NEDS
OTEZLA	2	PA, MO, QL (60 per 30 days), NEDS

**MUSCULOSKELETAL /
RHEUMATOLOGY: OTHER
RHEUMATOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA, MO, QL (54 per 28 days), NEDS
<i>penicillamine</i>	1	MO, NEDS
RIDAURA	2	MO, NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA, MO, QL (30 per 30 days), NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA, MO, QL (28 per 28 days), NEDS
SIMPONI ARIA	2	PA, MO, HI, NEDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA, MO, QL (1 per 28 days), NEDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	2	PA, MO, QL (0.5 per 28 days), NEDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ ML	2	PA, MO, QL (1 per 28 days), NEDS
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	2	PA, MO, QL (0.5 per 28 days), NEDS
XELJANZ ORAL SOLUTION	2	PA, MO, QL (150 per 30 days), NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**MUSCULOSKELETAL /
RHEUMATOLOGY: OTHER
RHEUMATOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
XELJANZ ORAL TABLET	2	PA, MO, QL (60 per 30 days), NEDS
XELJANZ XR	2	PA, MO, QL (30 per 30 days), NEDS

**OBSTETRICS / GYNECOLOGY:
ESTROGENS / PROGESTINS**

Drug Name	Tier	Requirements/ Limits
<i>amabelz</i>	1	MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
<i>dotti</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1%), 0.5 mg/0.5 gram (0.1%), 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1%)</i>	1	
<i>estradiol transdermal gel in packet 1 mg/gram (0.1%)</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	MO
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	MO
<i>fyavolv</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	NEDS
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**OBSTETRICS / GYNECOLOGY:
ESTROGENS / PROGESTINS
(continued)**

Drug Name	Tier	Requirements/ Limits
lyeq	1	MO
lyllana	1	MO
lyza	1	
medroxyprogesterone	1	MO
mimvey	1	MO
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	1	MO
PREMARIN INJECTION	2	HI
progesterone	1	MO
progesterone micronized	1	MO
sharobel	1	MO
yuvafem	1	MO

**OBSTETRICS / GYNECOLOGY:
MISCELLANEOUS OB/GYN**

Drug Name	Tier	Requirements/ Limits
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etongestrel-ethinyl estradiol</i>	1	
GYZNAZOLE-1	2	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS

Drug Name	Tier	Requirements/ Limits
<i>afirmelle</i>	1	MO
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethia</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30 (21)</i>	1	MO
<i>aurovela 1/20 (21)</i>	1	MO
<i>aurovela 24 fe</i>	1	MO
<i>aurovela fe 1.5/30 (28)</i>	1	MO
<i>aurovela fe 1-20 (28)</i>	1	MO
<i>aviane</i>	1	MO
<i>ayuna</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>balziva (28)</i>	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO
<i>briellyn</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>charlotte 24 fe</i>	1	MO
<i>chateal (28)</i>	1	
<i>chateal eq (28)</i>	1	MO

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>cryselle (28)</i>	1	MO
<i>cyred</i>	1	
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e. estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	MO
<i>drospirenone-e. estradiol-lm.fa</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>femynor</i>	1	MO
<i>finzala</i>	1	
<i>hailey</i>	1	MO
<i>hailey 24 fe</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
hailey fe 1.5/30 (28)	1	MO
hailey fe 1/20 (28)	1	MO
iclevia	1	
introvale	1	MO
isibloom	1	MO
jaimiess	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO
kalliga	1	
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50 (28)	1	MO
kurvelo (28)	1	MO
I norgest/e.estradiol-e. estradiol oral tablets, dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
I norgest/e.estradiol-e. estradiol oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg	1	
levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estradiol tablets, dose pack,3 month	1	MO
levonorg-eth estrad triphasic	1	
levora-28	1	MO
lojaimiess	1	MO
loryna (28)	1	MO
low-ogestrel (28)	1	MO
lo-zumandimine (28)	1	MO
lulera (28)	1	MO
marlissa (28)	1	MO
merzee	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e. estradiol-iron</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>nylia 1/35 (28)</i>	1	MO
<i>nylia 7/7/7 (28)</i>	1	MO

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>nymyo</i>	1	MO
<i>ocella</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>simliya (28)</i>	1	MO
<i>simpesse</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>taysofy</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-femynor</i>	1	MO
<i>tri-estarrylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarrylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>tri-sprintec</i> (28)	1	MO
<i>trivora</i> (28)	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen</i> (28)	1	MO
<i>vestura</i> (28)	1	MO
<i>vienna</i>	1	MO
<i>viorele</i> (28)	1	MO
<i>volnea</i> (28)	1	MO
<i>vyfemla</i> (28)	1	MO
<i>vylibra</i>	1	MO
<i>wera</i> (28)	1	MO
<i>wymzya fe</i>	1	MO
<i>zovia 1-35</i> (28)	1	MO
<i>zumandimine</i> (28)	1	MO

OBSTETRICS / GYNECOLOGY: OXYTOCICS

Drug Name	Tier	Requirements/ Limits
<i>methergine</i>	1	
<i>methylergonovine oral</i>	1	

OPHTHALMOLOGY: ANTIBIOTICS

Drug Name	Tier	Requirements/ Limits
<i>ak-poly-bac</i>	1	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<i>NATACYN</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

OPHTHALMOLOGY: ANTIBIOTICS (continued)

Drug Name	Tier	Requirements/ Limits
<i>tobramycin ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>trifluridine</i>	1	MO
ZIRGAN	2	MO

OPHTHALMOLOGY: BETA-BLOCKERS

Drug Name	Tier	Requirements/ Limits
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

Drug Name	Tier	Requirements/ Limits
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	MO
BLEPHAMIDE S.O.P.	2	MO
<i>bss</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	QL (60 per 30 days)
CYSTARAN	2	NEDS
<i>epinastine</i>	1	MO
LACRISERT	2	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	1	
OXERVATE	2	PA, MO, NEDS
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	2	MO, QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO, QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS (continued)

Drug Name	Tier	Requirements/Limits
sulfacetamide-prednisolone	1	MO
VURITY	2	MO

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Drug Name	Tier	Requirements/Limits
bromfenac	1	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ketorolac ophthalmic (eye)	1	MO

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

Drug Name	Tier	Requirements/Limits
acetazolamide oral capsule, extended release	1	MO
acetazolamide oral tablet	1	MO
acetazolamide sodium	1	MO, HI
methazolamide	1	MO

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

Drug Name	Tier	Requirements/Limits
bimatoprost ophthalmic (eye)	1	MO
brimonidine-timolol	1	
brinzolamide	1	MO
COMBIGAN	2	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
latanoprost	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	MO
miostat	1	
travoprost	1	MO

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

Drug Name	Tier	Requirements/Limits
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
neo-polycin hc	1	MO
tobramycin-dexamethasone	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

OPHTHALMOLOGY: STEROIDS

Drug Name	Tier	Requirements/ Limits
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
difluprednate	1	MO
fluorometholone	1	MO
loteprednol etabonate	1	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO

OPHTHALMOLOGY: SYMPATHOMIMETICS

Drug Name	Tier	Requirements/ Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
apracloridine	1	MO
brimonidine ophthalmic (eye) drops 0.15 %	1	
brimonidine ophthalmic (eye) drops 0.2 %	1	MO

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Drug Name	Tier	Requirements/ Limits
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO
carbinoxamine maleate	1	MO
cetirizine oral solution 1 mg/ml	1	MO
clemastine oral syrup	1	MO
clemastine oral tablet 2.68 mg	1	MO
cyproheptadine	1	MO
desloratadine oral tablet	1	MO
desloratadine oral tablet,disintegrating	1	MO
dexchlorpheniramine maleate oral solution	1	
diphenhydramine hcl injection solution 50 mg/ml	1	MO, HI
diphenhydramine hcl injection syringe	1	MO, HI
diphenhydramine hcl oral elixir	1	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN)	1	MO
epinephrine injection solution 1 mg/ml	1	
epinephrine injection syringe 0.1 mg/ml	1	
hydroxyzine hcl intramuscular	1	MO
hydroxyzine hcl oral solution 10 mg/5 ml	1	PA, MO
hydroxyzine hcl oral tablet	1	PA, MO
hydroxyzine pamoate	1	PA, MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO
promethazine injection solution	1	MO
promethazine oral	1	PA, MO
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	MO

RESPIRATORY AND ALLERGY: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
acetylcysteine	1	B/D PA, MO
ADEMPAS	2	PA, MO, LA, NEDS
ADVAIR DISKUS	1	MO, QL (60 per 30 days)
ADVAIR HFA	2	PA, MO, QL (24 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation	1	MO, QL (25.5 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020503)	1	QL (20.1 per 30 days)
albuterol sulfate inhalation solution for nebulization	1	B/D PA, MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
albuterol sulfate oral tablet extended release 12 hr	1	MO
alyq	1	PA, NEDS
ambrisentan	1	PA, MO, LA, NEDS
aminophylline intravenous	1	HI
ANORO ELLIPTA	2	MO, QL (60 per 30 days)
arformoterol	1	B/D PA, MO
ARNUITY ELLIPTA	2	MO, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
ATROVENT HFA	2	MO, QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	1	MO
BEVESPI AEROSPHERE	2	MO, QL (10.7 per 30 days)
<i>bosentan</i>	1	PA, MO, LA, NEDS
BREO ELLIPTA	2	MO, QL (60 per 30 days)
BRONCHITOL	2	PA, MO, QL (560 per 28 days), NEDS
BROVANA	2	B/D PA, MO
<i>budesonide inhalation</i>	1	B/D PA, MO
CINRYZE	2	PA, MO, HI, NEDS
COMBIVENT RESPIMAT	2	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA, MO
DALIRESP	2	MO
DULERA	2	MO, QL (13 per 30 days)
ESBRIET	2	PA, MO, NEDS
FASENRA	2	PA, MO, NEDS
FASENRA PEN	2	PA, MO, NEDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ACTUATION	2	MO, QL (60 per 30 days)

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	2	MO, QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ ACTUATION	2	MO, QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	2	MO, QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	2	MO, QL (10.6 per 30 days)
<i>flunisolide</i>	1	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO, QL (16 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA, MO
HYPER-SAL	MB	MO
<i>icatibant</i>	1	MO, NEDS
INCRUSE ELLIPTA	2	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA, MO
<i>ipratropium-albuterol</i>	1	B/D PA, MO
KALYDECO ORAL GRANULES IN PACKET	2	PA, MO, QL (56 per 28 days), NEDS
KALYDECO ORAL TABLET	2	PA, MO, QL (60 per 30 days), NEDS
<i>levalbuterol hcl</i>	1	B/D PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>metaproterenol oral syrup</i>	1	MO
<i>montelukast</i>	1	MO
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA, MO, LA, NEDS
NUCALA SUBCUTANEOUS RECON SOLN	2	PA, MO, LA, NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA, MO, LA, NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA, MO, NEDS
OFEV	2	PA, MO, QL (60 per 30 days), NEDS
OPSUMIT	2	PA, MO, LA, NEDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA, MO, QL (56 per 28 days), NEDS
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	2	PA, MO, QL (60 per 30 days), NEDS

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
ORKAMBI ORAL TABLET	2	PA, MO, QL (112 per 28 days), NEDS
ORLADEYO	2	PA, NEDS
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA, MO, NEDS
<i>pulmosal</i>	MB	MO
PULMOZYME	2	B/D PA, MO, NEDS
<i>roflumilast</i>	1	MO
RUCONEST	2	MO, HI, NEDS
<i>sajazir</i>	1	NEDS
SEREVENT DISKUS	2	MO, QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA, HI, NEDS
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA, MO, NEDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO
<i>sodium chloride inhalation</i>	MB	MO
SPIRIVA RESPIMAT	2	MO, QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO, QL (30 per 30 days)
STIOLTO RESPIMAT	2	MO, QL (4 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
SYMBICORT	2	MO, QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA, MO, QL (56 per 28 days), NEDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	2	PA, MO, QL (60 per 30 days), NEDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, NEDS
TADLIQ	2	PA, MO, QL (300 per 30 days), NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, MO, LA, QL (4 per 28 days), NEDS
TAKHZYRO SUBCUTANEOUS SYRINGE	2	PA, MO, QL (4 per 28 days), NEDS
<i>terbutaline</i>	1	MO
TEZSPIRE	2	PA, MO, NEDS
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA, MO, LA, NEDS

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
TRELEGY ELLIPTA	2	MO, QL (60 per 30 days)
TRIKAFTA	2	PA, MO, QL (84 per 28 days), NEDS
TYVASO	2	B/D PA, MO, NEDS
TYVASO DPI	2	MO, NEDS
TYVASO INSTITUTIONAL START KIT	2	B/D PA, NEDS
TYVASO REFILL KIT	2	B/D PA, MO, NEDS
TYVASO STARTER KIT	2	B/D PA, MO, NEDS
VENTAVIS	2	B/D PA, MO, NEDS
XOLAIR	2	PA, MO, LA, NEDS
YUPELRI	2	B/D PA, MO, QL (90 per 30 days), NEDS
<i>zafirlukast</i>	1	MO
<i>zileuton oral tablet, extended release 12hr mphase</i>	1	MO, NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	1	MO
<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
GEMTESA	2	PA, MO, QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO, QL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	1	MO
<i>tolterodine oral tablet</i>	1	MO
<i>trospium oral capsule, extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO

UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	1	MO
<i>tamsulosin oral capsule,extended release 24hr</i>	1	MO

UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>alprostadil</i>	1	
<i>bethanechol chloride</i>	1	MO
CYSTAGON	2	LA
ELMIRON	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
OXLUMO	2	PA, NEDS
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSB	2	MO, NEDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA, MO, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

Drug Name	Tier	Requirements/ Limits
albumin, human 25 %	1	
alburx (human) 25 %	1	
alburx (human) 5 %	1	
albutein 25 %	1	
albutein 5 %	1	
plasbumin 25 %	1	
plasbumin 5 %	1	

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

Drug Name	Tier	Requirements/ Limits
calcium acetate (phosphat bind)	1	MO
calcium chloride	1	
calcium gluconate intravenous	1	
effer-k oral tablet, effervescent 25 meq	1	MO
GLYCOPHOS	2	
klor-con 10 oral tablet extended release	1	MO
klor-con 20 meq packet	1	MO
klor-con 8 oral tablet extended release	1	MO
klor-con m10 oral tablet,er particles/ crystals	1	MO
klor-con m15 oral tablet,er particles/ crystals	1	MO
klor-con m20 oral tablet,er particles/ crystals	1	MO
klor-con/ef	1	MO
lactated ringers intravenous	1	MO, HI
magnesium chloride injection	1	
magnesium sulfate in water	1	
magnesium sulfate injection solution	1	MO, HI
magnesium sulfate injection syringe	1	HI
potassium acetate	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)**

Drug Name	Tier	Requirements/ Limits
potassium chloride-d5-0.45%nacl	1	HI
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	HI
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	1	HI
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	HI
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	HI
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	1	HI
potassium chloride intravenous	1	HI
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	1	MO

**VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)**

Drug Name	Tier	Requirements/ Limits
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl	1	HI
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	HI
potassium chloride-d5-0.9%nacl	1	HI
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous	1	HI
sodium acetate	1	
sodium bicarbonate intravenous	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

**VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)**

Drug Name	Tier	Requirements/ Limits
sodium chloride 3 % <i>hypertonic</i>	1	HI
sodium chloride 5 % <i>hypertonic</i>	1	MO, HI
sodium chloride <i>intravenous</i>	1	HI
sodium phosphate	1	

**VITAMINS, HEMATINICS /
ELECTROLYTES: MISCELLANEOUS
NUTRITION PRODUCTS**

Drug Name	Tier	Requirements/ Limits
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA, HI
CLINIMIX 4.25%/ D10W SULF FREE	2	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	2	B/D PA, HI
CLINIMIX 6%-D5W (SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D10W (SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D14W (SULFITE-FREE)	2	B/D PA
CLINIMIX E 4.25%/ D10W SULF FREE	2	B/D PA, HI
CLINIMIX E 4.25%/ D5W SULF FREE	2	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	2	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	2	B/D PA, HI
CLINIMIX E 8%- D10W SULFITEFREE	2	B/D PA
CLINIMIX E 8%- D14W SULFITEFREE	2	B/D PA
CLINISOL SF 15 %	2	B/D PA, HI
CLINOLIPID	2	B/D PA
DOJOLVI	2	PA, MO, NEDS
electrolyte-48 in d5w	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA, HI

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

This drug list was last updated on 12/01/2022.

**VITAMINS, HEMATINICS /
ELECTROLYTES: MISCELLANEOUS
NUTRITION PRODUCTS (continued)**

Drug Name	Tier	Requirements/ Limits
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA, HI
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA, HI
<i>premasol 10 %</i>	1	B/D PA, HI
<i>PROSOL 20 %</i>	2	B/D PA, HI
<i>SMOFLIPID</i>	2	B/D PA, HI
<i>travasol 10 %</i>	1	B/D PA, HI
TROPHAMINE 10 %	2	B/D PA, HI

**VITAMINS, HEMATINICS /
ELECTROLYTES: VITAMINS /
HEMATINICS**

Drug Name	Tier	Requirements/ Limits
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-pn dha</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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cidofovir.....	8	clindamycin phosphate topical foam.....	61
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ciprofloxacin hcl otic (ear).....	68	CLINIMIX 8%-D10W(SULFITE-FREE)....	105
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clonazepam oral tablet,disintegrating.	30	cromolyn ophthalmic (eye).	95
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clonidine (pf) epidural solution 5,000 mcg/10 ml.	42	crotan.	64
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clotrimazole mucous membrane.	7	cyclophosphamide oral capsule.	21
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clotrimazole-betamethasone.	62	CYCLOSET.	70
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COMBIVENT RESPIMAT.	99	CYSTADANE.	76
COMETRIQ.	21	CYSTAGON.	102
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COMPLERA.	8	cytarabine.	21
compro.	76	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml).	21
CONDYLOX TOPICAL GEL.	59	cytarabine (pf) injection solution 20 mg/ml.	22
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COPIKTRA.	21	d10 %-0.45 % sodium chloride.	65
CORLANOR ORAL SOLUTION.	57	d2.5 %-0.45 % sodium chloride.	65
CORLANOR ORAL TABLET.	57	d5 % and 0.9 % sodium chloride.	65
COSENTYX.	58	d5 %-0.45 % sodium chloride.	65
COSENTYX (2 SYRINGES).	58	dabigatran etexilate.	54
COSENTYX PEN.	58	dacarbazine.	22
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DALVANCE	14	desonide	63
danazol	73	desoximetasone	63
dantrolene intravenous	37	desrx	63
dantrolene oral	37	desvenlafaxine succinate oral tablet extended release 24 hr	44
DANYELZA	22	dexabliss	69
dapsone oral	14	dexamethasone	69
dapsone topical	61	dexamethasone intensol	69
DAPTACEL (DTAP PEDIATRIC) (PF)	82	dexamethasone sodium phos (pf) injection solution	69
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	14	dexamethasone sodium phosphate injection	69
daptomycin intravenous recon soln 500 mg	14	dexamethasone sodium phosphate ophthalmic (eye)	97
darifenacin oral tablet extended release 24 hr	102	dexchlorpheniramine maleate oral solution	97
DARZALEX	22	DEXCOM RECEIVER	70
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dasetta 1/35 (28)	91	DEXCOM TRANSMITTER	70
dasetta 7/7/7 (28)	91	dexamethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg	44
daunorubicin intravenous solution	22	dexamethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	45
DAURISMO	22	dexamethylphenidate oral tablet	45
daysee	91	dexrazoxane hcl	20
deblitane	89	dextroamphetamine oral capsule, extended release	45
decitabine	22	dextroamphetamine oral solution	45
deferasirox	65	dextroamphetamine oral tablet	45
deferiprone	65	dextroamphetamine sulfate	45
deferoxamine	65	dextroamphetamine-amphetamine oral capsule, extended release 24hr	45
DELSTRIGO	8	dextroamphetamine-amphetamine oral tablet	45
demeocycline	19	dextrose 10 % and 0.2 % nacl	65
DENAVIR	63	dextrose 10 % in water (d10w)	65
DENGVAXIA (PF)	82	dextrose 25 % in water (d25w)	65
denta 5000 plus	68	dextrose 5 % in water (d5w) intravenous parenteral solution	65
dentagel	68	dextrose 5 % in water (d5w) intravenous piggyback	65
DESCOVY	8	dextrose 5 %-lactated ringers	65
desipramine	44	dextrose 5%-0.2 % sod chloride	65
desloratadine oral tablet	97	dextrose 5%-0.3 % sod.chloride	65
desloratadine oral tablet,disintegrating	97	dextrose 50 % in water (d50w)	65
desmopressin injection	73		
desmopressin nasal spray with pump	73		
desmopressin nasal spray,non-aerosol 10 mcg/ spray (0.1 ml)	73		
desmopressin oral	73		
desog-e.estradiol/e.estriadiol	91		

dextrose 70 % in water (d70w)	65	diltiazem hcl oral capsule,ext.rel 24h degradable.	51
DIACOMIT.	30	diltiazem hcl oral capsule,extended release 12 hr.	51
diazepam injection.	45	diltiazem hcl oral capsule,extended release 24 hr.	51
diazepam intensol.	45	diltiazem hcl oral capsule,extended release 24hr.	51
diazepam oral concentrate.	45	diltiazem hcl oral tablet.	51
diazepam oral solution 5 mg/5 ml (1 mg/ml).	45	diltiazem hcl oral tablet extended release 24 hr.	51
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml).	45	dimenhydrinate injection solution.	76
diazepam oral tablet.	45	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg.	35
diazepam rectal.	30	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg (14)- 240 mg (46).	35
diazoxide.	70	dimethyl fumarate oral capsule,delayed release (dr/ec) 240 mg.	35
diclofenac potassium oral capsule.	42	diphenhydramine hcl injection solution 50 mg/ml.	97
diclofenac potassium oral tablet 50 mg.	42	diphenhydramine hcl injection syringe.	97
diclofenac sodium ophthalmic (eye).	96	diphenhydramine hcl oral elixir.	97
diclofenac sodium oral tablet extended release 24 hr.	42	diphenoxylate-atropine.	75
diclofenac sodium oral tablet,delayed release (dr/ec).	42	dipyridamole intravenous.	54
diclofenac sodium topical drops.	42	dipyridamole oral.	54
diclofenac sodium topical gel 1 %.	42	disopyramide phosphate oral capsule.	49
diclofenac sodium topical gel 3 %.	59	disulfiram oral tablet 250 mg.	65
diclofenac sodium topical solution in metered-dose pump.	42	disulfiram oral tablet 500 mg.	65
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic.	42	divalproex oral capsule, delayed rel sprinkle. .	30
dicloxacillin.	17	divalproex oral tablet extended release 24 hr	31
dicyclomine intramuscular.	75	divalproex oral tablet,delayed release (dr/ec)	31
dicyclomine oral capsule.	75	dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml).	57
dicyclomine oral solution.	75	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml).	57
dicyclomine oral tablet.	75	docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml).	22
DIFICID ORAL TABLET.	12	docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml).	22
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difluprednate.	97		
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digoxin injection solution.	57		
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dihydroergotamine injection.	34		
dihydroergotamine nasal.	34		
DILANTIN 30 MG.	30		
dilt-xr oral capsule,ext release degradable..	51		
diltiazem hcl intravenous.	51		

dolishale	91
donepezil	35
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	57
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	57
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	57
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	57
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dorzolamide-timolol	96
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	96
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doxazosin	51
doxepin oral capsule	45
doxepin oral concentrate	45
doxepin oral tablet	45
doxepin topical	59
doxercalciferol intravenous	73
doxercalciferol oral	73
doxorubicin intravenous recon soln 10 mg	22
doxorubicin intravenous recon soln 50 mg	22
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	22
doxorubicin intravenous solution 2 mg/ml	22
doxorubicin, peg-liposomal	22
doxy-100	19
doxycycline hyclate intravenous	19
doxycycline hyclate oral capsule	19
doxycycline hyclate oral tablet	19
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	19
doxycycline monohydrate oral capsule	19
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droperidol injection solution	77
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drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	91
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duloxetine oral capsule,delayed release (dr/ec)	45
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duramorph (pf) injection solution 0.5 mg/ml	39
duramorph (pf) injection solution 1 mg/ml	39
dutasteride	102
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	102
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e.e.s. 400 oral tablet	12
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	42
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	42
econazole	62
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efavirenz-emtricitabine-tenofovir	8
efavirenz-lamivudine-tenofovir disop	8
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ELIQUIS	54	enoxaparin subcutaneous syringe 30 mg/0.3 ml	54
ELIQUIS DVT-PE TREAT 30D START	54	enoxaparin subcutaneous syringe 40 mg/0.4 ml	54
ELITEK	20	enoxaparin subcutaneous syringe 60 mg/0.6 ml	54
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EMCYT	22	entacapone	33
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EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	34	enulose	77
emoquette	91	ENVARSUS XR	22
EMPAVELI	65	EPCLUSA	8
EMPLICITI	22	EPIDIOLEX	31
EMSAM	45	epinastine	95
emtricitabine	8	epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	97
emtricitabine-tenofovir (tdf)	8	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN)	98
EMTRIVA ORAL SOLUTION	8	epinephrine injection solution 1 mg/ml	98
EMVERM	14	epinephrine injection syringe 0.1 mg/ml	98
enalapril maleate	51	epirubicin intravenous solution 200 mg/100 ml	22
enalapril-hydrochlorothiazide	51	epitol	31
enalaprilat intravenous solution	51	EPIVIR HBV ORAL SOLUTION	8
ENBREL MINI	87	eplerenone	51
ENBREL SUBCUTANEOUS RECON SOLN	87	epoprostenol	51
ENBREL SUBCUTANEOUS SOLUTION	87	epoprostenol (glycine)	51
ENBREL SUBCUTANEOUS SYRINGE	87	EPRONTIA	31
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engerix-b (pf)	82	ergotamine-caffeine	34
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exoxaparin subcutaneous solution	54	ertapenem	14
exoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	54	ery pads	61
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ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg.....	12	eszopiclone.....	45
erygel.....	61	ethacrynat sodium.....	51
erythrocin (as stearate) oral tablet 250 mg..	12	ethacrynic acid.....	51
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.....	12	ethambutol.....	14
erythromycin ethylsuccinate oral suspension for reconstitution.....	13	ethosuximide.....	31
erythromycin ethylsuccinate oral tablet.....	13	ethynodiol diac-eth estradiol.....	91
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erythromycin ophthalmic (eye).....	94	etodolac oral tablet.....	42
erythromycin oral.....	13	etonogestrel-ethinyl estradiol.....	90
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erythromycin with ethanol topical solution..	61	etoposide intravenous.....	22
erythromycin-benzoyl peroxide.....	61	etoposide oral.....	22
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escitalopram oxalate.....	45	euthyrox.....	75
esmolol in nacl (iso-osm).....	51	EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML.....	86
esmolol intravenous solution.....	51	EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2).....	86
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg.....	79	everolimus (antineoplastic).....	22
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg.....	79	everolimus (immunosuppressive).....	23
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg.....	79	EVKEEZA.....	56
esomeprazole magnesium oral granules dr for susp in packet 40 mg.....	79	EVOTAZ.....	8
esomeprazole sodium intravenous recon soln 40 mg.....	79	EVRYSDI.....	35
estarrylla.....	91	exemestane.....	23
estazolam.....	45	EXKIVITY.....	23
estradiol oral.....	89	ezetimibe.....	56
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %).....	89	ezetimibe-simvastatin.....	56
estradiol transdermal gel in packet 1 mg/gram (0.1 %).....	89		
estradiol transdermal patch semiweekly.....	89		
estradiol transdermal patch weekly.....	89		
estradiol vaginal.....	89		
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml.....	89		
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famotidine intravenous.....	79
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FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG.	45
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FARYDAK	23	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.	23
FASENRA	99	flac otic oil	68
FASENRA PEN	99	flavoxate	102
febuxostat	85	flecainide	49
felbamate oral suspension	31	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	99
felbamate oral tablet	31	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	99
felodipine oral tablet extended release 24 hr	51	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	99
femynor	91	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	99
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	56	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	99
fenofibrate nanocrystallized	56	flouxuridine	23
fenofibrate oral tablet	56	FLUAD QUAD 2022-23(65Y UP)(PF)	82
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fenofibrate oral tablet 160 mg (generic)	56	FLUBLOK QUAD 2022-2023 (PF)	82
fenofibric acid	56	FLUCELVAX QUAD 2022-2023	82
fenofibric acid (choline) oral capsule,delayed release(dr/ec)	56	FLUCELVAX QUAD 2022-2023 (PF)	82
fenoprofen oral capsule 400 mg	42	fluconazole	7
fenoprofen oral tablet	42	fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml	7
fentanyl citrate (pf) injection solution	39	fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	7
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	39	fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	7
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	39	flucytosine	7
fentanyl citrate buccal lozenge on a handle 200 mcg	39	fludarabine intravenous recon soln	23
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/ hr, 62.5 mcg/hour, 75 mcg/hr	39	fludarabine intravenous solution	23
fentanyl transdermal patch 72 hour 87.5 mcg/hour	39	fludrocortisone	69
FERRIPROX ORAL SOLUTION	66	FLULAVAL QUAD 2022-2023 (PF)	82
FERRIPROX ORAL TABLET 500 MG	66	flumazenil	45
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FETROJA	12	flunisolide	99
FETZIMA	45	fluocinolone	63
finasteride oral tablet 5 mg	102	fluocinolone acetonide oil	68
fingolimod	35	fluocinolone and shower cap	63
FINTEPLA	31	fluocinonide	63
finzala	91	fluocinonide-e	63
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.	23	fluocinonide-emollient	64
		fluoride (sodium) dental cream	68

fluoride (sodium) dental gel	68
fluoride (sodium) dental paste	68
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potassium chloride-0.45 % nacl	104	premasol 10 %	106
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	104	prenatal vitamin oral tablet	106
potassium chloride-d5-0.9%nacl	104	PRETOMANID	15
potassium citrate oral tablet extended release	102	prevalite	56
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	104	PREVNAR 13 (PF)	84
		PREVNAR 20 (PF)	84
		PREVYMIC INTRAVENOUS	9
		PREVYMIC ORAL	9

PREZCOBIX	9	propranolol oral solution	53
PREZISTA ORAL SUSPENSION	9	propranolol oral tablet	53
PREZISTA ORAL TABLET 150 MG, 75 MG	9	propranolol-hydrochlorothiazid	53
PREZISTA ORAL TABLET 600 MG, 800 MG	9	propylthiouracil	70
PRIFTIN	15	PROQUAD (PF)	84
PRIMAQUINE	15	PROSOL 20 %	106
primaquine (generic)	15	protamine	55
primidone	32	protriptyline	48
priorix (pf)	84	prodoxin	60
probencid	85	pulmosal	100
probencid-colchicine	85	PULMOZYME	100
procainamide injection	49	PURIXAN	27
procenutra	48	pyrazinamide	15
prochlorperazine	78	pyridostigmine bromide oral syrup	38
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	78	pyridostigmine bromide oral tablet 60 mg	38
prochlorperazine maleate oral	78	pyridostigmine bromide oral tablet extended release	38
procto-med hc	78	pyrimethamine	15
procto-pak	78	PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	66
proctosol hc topical	78	PYRUKYND ORAL TABLETS,DOSE PACK.	66
proctozone-hc	78		
PROCYSBI	102	Q	
progesterone	90	QINLOCK	27
progesterone micronized	90	QUADRACEL (PF)	84
PROGRAF INTRAVENOUS	27	quetiapine oral tablet	48
PROGRAF ORAL GRANULES IN PACKET	27	quetiapine oral tablet extended release 24 hr	48
PROLASTIN-C INTRAVENOUS RECON SOLN	66	quinapril	53
PROLASTIN-C INTRAVENOUS SOLUTION	66	quinapril-hydrochlorothiazide	53
prolate oral tablet	41	quinidine gluconate oral tablet extended release	50
PROLIA	86	quinidine sulfate oral tablet	50
PROMACTA	55	quinine sulfate	15
promethazine injection solution	98		
promethazine oral	98	R	
promethazine rectal suppository 12.5 mg, 25 mg	98	RABAVERT (PF)	84
promethegan	98	RADICAVA	37
propafenone oral capsule,extended release 12 hr	49	RADICAVA ORS	37
propafenone oral tablet	50	RADICAVA ORS STARTER KIT SUSP	37
propranolol intravenous	53	RAGWITEK	84
propranolol oral capsule,extended release 24 hr	53	raloxifene	86
		ramelteon	48
		ramipril	53

ranolazine	57	REYATAZ ORAL POWDER IN PACKET	10
rasagiline	33	REZUROCK	27
RAVICTI	66	RIABNI	27
REBIF (WITH ALBUMIN)	81	ribavirin oral capsule	10
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	81	ribavirin oral tablet 200 mg	10
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	81	RIDAURA	88
REBIF TITRATION PACK	81	rifabutin	15
REBLOZYL	81	rifampin intravenous	15
RECARBRIOL	15	rifampin oral	15
reclipsen (28)	93	riluzole	66
recombivax hb (pf)	84	rimantadine	10
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	84	ringer's intravenous	104
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	84	ringer's irrigation	64
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	84	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	88
RECORLEV	74	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	88
RECTIV	78	risedronate oral tablet 150 mg	86
regionol	38	risedronate oral tablet 30 mg	66
REGRANEX	60	risedronate oral tablet 35 mg	86
RELENZA DISKHALER	9	risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)	86
RELEUKO	81	risedronate oral tablet 5 mg	86
RELISTOR ORAL	78	risedronate oral tablet,delayed release (dr/ec)	86
RELISTOR SUBCUTANEOUS SOLUTION	78	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	48
RELISTOR SUBCUTANEOUS SYRINGE	78	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	48
repaglinide	72	risperidone oral solution	48
RESTASIS	95	risperidone oral tablet	48
RESTASIS MULTIDOSE	95	risperidone oral tablet,disintegrating	48
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	81	ritonavir	10
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	81	RITUXAN	27
RETEVMO	27	RITUXAN HYCELA	27
RETROVIR INTRAVENOUS	9	rivastigmine tartrate	37
REVCovi	66	rivastigmine transdermal	37
REVLIMID	27	rivelsa	93
revonto	38	rizatriptan oral tablet	34
REXULTI	48	rizatriptan oral tablet,disintegrating	34
		roflumilast	100

romidepsin intravenous recon soln.	27	sertraline oral concentrate.	48
ROMIDEPSIN INTRAVENOUS SOLUTION.	27	sertraline oral tablet.	48
ropinirole oral tablet.	33	setlakin.	93
ropinirole oral tablet extended release 24 hr.	34	sevelamer carbonate oral powder in packet.	66
rosadan topical cream.	61	sevelamer carbonate oral tablet.	66
rosadan topical gel.	61	sevelamer hcl.	66
rosuvastatin.	56	sf.	68
ROTARIX.	84	sf 5000 plus.	68
ROTATEQ VACCINE.	84	sharobel.	90
roweepra oral tablet 500 mg.	32	SHINGRIX (PF).	84
ROZLYTREK.	27	SIGNIFOR.	27
RUBRACA.	27	SIKLOS ORAL TABLET 1,000 MG.	27
RUCONEST.	100	SIKLOS ORAL TABLET 100 MG.	27
rufinamide.	32	sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml.	100
RUKOBIA.	10	sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml.	100
RUXIENCE.	27	sildenafil (pulmonary arterial hypertension) oral tablet 20 mg.	100
RYBELSUS.	72	silodosin.	102
RYBREVANT.	27	silver sulfadiazine.	60
RYDAPT.	27	simliya (28).	93
RYLAZE.	27	simpesse.	93
S		SIMPONI ARIA.	88
sajazir.	100	SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML.	88
salsalate.	43	SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML.	88
SAMSCA ORAL TABLET 15 MG.	74	SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML.	88
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.	27	SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML.	88
SANTYL.	60	SIMULECT INTRAVENOUS RECON SOLN 10 MG.	27
sapropterin.	74	SIMULECT INTRAVENOUS RECON SOLN 20 MG.	28
SARCLISA.	27	simvastatin oral tablet.	56
SCEMBLIX.	27	sirolimus oral solution.	28
scopolamine base.	78	sirolimus oral tablet 0.5 mg, 1 mg.	28
SECUADO.	48	sirolimus oral tablet 2 mg.	28
selegiline hcl.	34	SIRTURO.	15
selenium sulfide topical lotion.	58	SIVEXTRO INTRAVENOUS.	15
SELZENTRY ORAL SOLUTION.	10	SIVEXTRO ORAL.	15
SELZENTRY ORAL TABLET 150 MG, 300 MG.	10	SKYRIZI INTRAVENOUS.	78
SELZENTRY ORAL TABLET 25 MG, 75 MG.	10		
SEREVENT DISKUS.	100		
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG.	81		

SKYRIZI SUBCUTANEOUS PEN INJECTOR	58
SKYRIZI SUBCUTANEOUS SYRINGE	150
MG/ML	58
SKYRIZI SUBCUTANEOUS SYRINGE KIT	58
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	78
SMOFLIPID	106
sodium acetate	104
sodium benzoate-sod phenylacet	66
sodium bicarbonate intravenous	104
sodium chlor 0.9% bacteriostat	66
sodium chloride 0.45 % intravenous parenteral solution	104
sodium chloride 0.9 % (flush) injection syringe	66
sodium chloride 0.9 % injection	67
sodium chloride 0.9 % intravenous parenteral solution	67
sodium chloride 0.9 % intravenous piggyback	67
sodium chloride 3 % hypertonic	105
sodium chloride 5 % hypertonic	105
sodium chloride inhalation	100
sodium chloride injection	67
sodium chloride intravenous	105
sodium chloride irrigation	67
sodium fluoride 5000 dry mouth	68
sodium fluoride 5000 plus	68
sodium fluoride-pot nitrate	68
sodium nitroprusside	57
sodium phenylbutyrate oral powder	67
sodium phenylbutyrate oral tablet	67
sodium phosphate	105
sodium polystyrene sulfonate oral powder	67
sodium,potassium,mag sulfates	78
solifenacin	102
SOLIQUA 100/33	72
SOLTAMOX	28
SOMATULINE DEPOT	28
SOMAVERT	74
sorafenib	28
SORBITOL IRRIGATION SOLUTION 3 %	64
sorine oral tablet 120 mg, 160 mg, 80 mg	50
sorine oral tablet 240 mg	50
sotalol af	50
sotalol oral	50
SOVALDI	10
SPIKEVAX (PF)	84
spinosad	64
SPIRIVA RESPIMAT	100
SPIRIVA WITH HANDIHALER	100
spironolacton-hydrochlorothiaz	53
spironolactone	53
sprintec (28)	93
SPRITAM	32
SPRYCEL	28
sps (with sorbitol) oral	67
sps (with sorbitol) rectal	67
sronyx	93
ssd	60
STAMARIL (PF)	84
stavudine oral capsule	10
STELARA INTRAVENOUS	59
STELARA SUBCUTANEOUS	59
STIOLTO RESPIMAT	100
STIVARGA	28
STRENSIQ	74
STREPTOMYCIN	15
STRIBILD	10
subvenite	32
subvenite starter (blue) kit	32
subvenite starter (green) kit	32
subvenite starter (orange) kit	32
SUCRAID	78
sucralfate	80
sulfacetamide sodium (acne)	62
sulfacetamide sodium ophthalmic (eye)	95
sulfacetamide-prednisolone	96
sulfadiazine	18
sulfamethoxazole-trimethoprim intravenous	18
sulfamethoxazole-trimethoprim oral	18
SULFAMYLYON TOPICAL CREAM	62
sulfasalazine oral tablet	78
sulfasalazine oral tablet,delayed release (dr/ec)	79
sulindac	43

sumatriptan nasal spray,non-aerosol 20 mg/actuation.	34
sumatriptan nasal spray,non-aerosol 5 mg/actuation.	34
sumatriptan succinate oral.	34
sumatriptan succinate subcutaneous cartridge.	35
sumatriptan succinate subcutaneous pen injector.	35
sumatriptan succinate subcutaneous solution	35
sumatriptan-naproxen.	35
sunitinib.	28
SUPRAX ORAL TABLET,CHEWABLE.	12
syeda.	93
SYMBICORT.	101
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N).	101
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N).	101
SYMLINPEN 120.	72
SYMLINPEN 60.	72
SYMPAZAN ORAL FILM 10 MG, 20 MG.	32
SYMPAZAN ORAL FILM 5 MG.	32
SYMTUZA.	10
SYNAGIS.	10
SYNAREL.	74
SYNDROS.	79
SYNJARDY.	72
SYNJARDY XR.	72
SYNRIBO.	28
 T	
TABLOID.	28
TABRECTA.	28
tacrolimus oral.	28
tacrolimus topical.	60
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.	101
tadalafil oral tablet 2.5 mg, 5 mg.	102
TADLIQ.	101
TAFINLAR.	28
TAGRISSO.	28
TAKHZYRO SUBCUTANEOUS SOLUTION	101
TAKHZYRO SUBCUTANEOUS SYRINGE.	101
TALTZ AUTOINJECTOR.	59
TALTZ AUTOINJECTOR (2 PACK).	59
TALTZ AUTOINJECTOR (3 PACK).	59
TALTZ SYRINGE.	59
TALZENNA.	28
tamoxifen.	28
tamsulosin oral capsule,extended release 24hr.	102
tarina 24 fe.	93
tarina fe 1-20 eq (28).	93
tarina fe 1/20 (28).	93
TARPEYO.	69
TASIGNA.	28
tavaborole.	62
TAVALISSE.	55
TAVNEOS.	67
taysofy.	93
tazarotene topical cream.	61
TAZAROTENE TOPICAL FOAM.	62
tazarotene topical gel.	62
tazicef injection.	12
tazicef intravenous.	12
TAZORAC TOPICAL CREAM 0.05 %.	62
TAZORAC TOPICAL GEL.	62
taztia xt oral capsule, extended release.	53
TAZVERIK.	28
TDVAX.	84
TECENTRIQ.	28
TEFLARO.	12
TEGSEDI.	37
TEKTURN HCT.	53
telmisartan.	53
telmisartanamlodipine.	53
telmisartan-hydrochlorothiazid.	53
temazepam.	48
TEMIXYS.	10
TEMODAR INTRAVENOUS.	28
temozolomide.	28
temsirolimus.	28
tencon.	41
tenivac (pf).	84

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tenofovir disoproxil fumarate.....	10
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TEPMETKO.....	28
terazosin.....	53
terbinafine hcl oral.....	7
terbutaline.....	101
terconazole.....	90
TERIPARATIDE.....	86
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml.....	74
testosterone cypionate intramuscular oil 200 mg/ml (1 ml).	74
testosterone enanthate.....	74
testosterone transdermal gel (generic).	74
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic).	74
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic).	74
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic).	74
testosterone transdermal gel in packet (Androgel generic).	74
testosterone transdermal solution in metered pump w/app (Axiron generic).	74
TETANUS,DIPHTHERIA TOX PED(PF).	84
tetrabenazine.....	37
tetracycline.....	19
TEZSPIRE.....	101
THALOMID.....	28
theophylline oral elixir.....	101
theophylline oral solution.....	101
theophylline oral tablet extended release 12 hr 300 mg, 450 mg.....	101
theophylline oral tablet extended release 24 hr.....	101
THIOLA.....	67
THIOLA EC.....	67
thioridazine.....	48
thiotepa injection recon soln 100 mg.....	28
thiotepa injection recon soln 15 mg.....	28
thiothixene.....	48
tiadylt er.....	53
tiagabine.....	32
TIBSOVO.....	28
TICE BCG.....	84
ticovac.....	84
tigecycline.....	15
TIGLUTIK.....	67
tilia fe.....	93
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %.	95
timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %.	95
timolol maleate ophthalmic (eye).	95
timolol maleate oral.....	53
tinidazole.....	15
tiopronin.....	67
tis-u-sol pentalyte.....	64
TIVDAK.....	28
TIVICAY ORAL TABLET 10 MG.	10
TIVICAY ORAL TABLET 25 MG, 50 MG.	10
TIVICAY PD.	10
tizanidine.....	38
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE.	15
tobramycin in 0.225 % nacl.	15
tobramycin inhalation.	15
tobramycin ophthalmic (eye).	95
tobramycin sulfate injection recon soln.	15
tobramycin sulfate injection solution.	15
tobramycin-dexamethasone.	96
tolcapone.....	34
tolterodine oral capsule,extended release 24hr.	102
tolterodine oral tablet.	102
tolvaptan.....	74
topiramate oral capsule, sprinkle.	32
topiramate oral capsule,sprinkle,er 24hr.	32
topiramate oral tablet.	32
toposar.....	28
topotecan intravenous recon soln.	28
topotecan intravenous solution 4 mg/4 ml (1 mg/ml).	28

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torsemide oral	53	triamcinolone acetonide injection suspension	40
TOUJEO MAX U-300 SOLOSTAR	72	mg/ml	69
TOUJEO SOLOSTAR U-300 INSULIN	72	triamcinolone acetonide topical	64
tovet emollient	64	triamterene	53
TRACLEER ORAL TABLET FOR SUSPENSION	101	triamterene-hydrochlorothiazid	53
tramadol oral tablet 50 mg	43	trianex	64
tramadol oral tablet extended release 24 hr	43	triazolam	48
tramadol oral tablet, er multiphase 24 hr	43	triderm topical cream	64
tramadol-acetaminophen	43	trientine	67
trandolapril	53	trifluoperazine	48
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	53	trifluridine	95
tranexamic acid oral	90	trihexyphenidyl	34
tranylcyprromine	48	TRIKAFTA	101
travasol 10 %	106	trimethobenzamide oral	79
travoprost	96	trimethoprim	19
TRAZIMERA	28	trimipramine	48
trazodone	48	TRINTELLIX	48
TREANDA	28	tritocin	64
TRECATOR	15	TRIUMEQ	10
TRELEGY ELLIPTA	101	TRIUMEQ PD	10
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	28	trivora (28)	94
treprostinil sodium	53	TRIZIVIR	10
tretinoin (antineoplastic)	28	TRODELVY	28
tretinoin microspheres	62	TROGARZO	10
tretinoin topical	62	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	32
tri femynor	93	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	32
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tri-legest fe	93	trospium oral capsule,extended release 24hr	102
tri-linyah	93	trospium oral tablet	102
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tri-lo-marzia	93	TRUMENBA	84
tri-lo-mili	93	TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	28
tri-lo-sprintec	93	TRUSELTIQ ORAL CAPSULE 125 MG/DAY (100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	29
tri-mili	93	TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	29
tri-nymyo	93	TRUXIMA	29
tri-sprintec (28)	94		
tri-vylibra	94		
tri-vylibra lo	94		

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TURALIO.....	29	vanadom.....	38
TWINRIX (PF) INTRAMUSCULAR SYRINGE.....	84	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND). .	15
TYBOST.....	10	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND).	15
tydemy.....	94	VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND).	15
TYPHIM VI INTRAMUSCULAR SOLUTION.	84	VANCOMYCIN INJECTION (BRAND).	15
TYPHIM VI INTRAMUSCULAR SYRINGE..	84	vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg.	15
TYSABRI.....	37	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND).	15
TYVASO.....	101	vancomycin intravenous recon soln 10 gram	15
TYVASO DPI.....	101	vancomycin intravenous recon soln 5 gram.	16
TYVASO INSTITUTIONAL START KIT....	101	vancomycin oral.	16
TYVASO REFILL KIT.....	101	vandazole.	90
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U		varenicline.	67
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V		VELTASSA.	67
valacyclovir.	10	VELMLIDY.	10
VALCHLOR.	60	VENCLEXTA ORAL TABLET 10 MG.	29
valganciclovir oral recon soln.	10	VENCLEXTA ORAL TABLET 100 MG.	29
valganciclovir oral tablet.	10	VENCLEXTA ORAL TABLET 50 MG.	29
valproate sodium.	32	VENCLEXTA STARTING PACK.	29
valproic acid.	32	venlafaxine oral capsule,extended release 24hr.	48
valproic acid (as sodium salt) oral solution 250 mg/5 ml.	32	venlafaxine oral tablet.	48
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml). . . .	32	VENTAVIS.	101
valrubicin.	29	verapamil intravenous.	53
valsartan oral tablet.	53		
valsartan-hydrochlorothiazide.	53		

verapamil oral capsule, 24 hr er pellet ct.	53	VOTRIENT	29
verapamil oral capsule,ext rel. pellets 24 hr.	53	VOXZOGO	74
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verapamil oral tablet extended release	53	VRAYLAR ORAL CAPSULE,DOSE PACK	48
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vestura (28)	94	vyfemla (28)	94
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VIBATIV INTRAVENOUS RECON SOLN 750 MG	16	VYNDAMAX	57
VIEKIRA PAK	10	VYNDAQEL	57
vienna	94	VYXEOS	29
vigabatrin	32		
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VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	48		
VIJOICE	29		
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VIMIZIM	74		
VIMPAT INTRAVENOUS	33		
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vinblastine	29		
vincasar pfs	29		
vincristine	29		
vinorelbine	29		
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VIRACEPT ORAL TABLET	10		
VIREAD ORAL POWDER	10		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	10		
VISTOGARD	20		
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VOQUEZNA DUAL PAK	80		
VOQUEZNA TRIPLE PAK	80		
voriconazole intravenous	7		
voriconazole oral suspension for reconstitution	7		
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VOSEVI	10		
VOTRIENT	29		
VOXZOGO	74		
VRAYLAR ORAL CAPSULE	48		
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VTAMA	59		
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vyfemla (28)	94		
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VYNDAMAX	57		
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water for inject, bacteriostat	67		
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WELIREG	29		
wera (28)	94		
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XALKORI	29		
XATMEP	29		
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/ DAY (200 MG X1-150MG X1)	33		
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	33		
XCOPRI ORAL TABLET 200 MG	33		
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XELJANZ ORAL SOLUTION	88		
XELJANZ ORAL TABLET	89		
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XENLETA INTRAVENOUS	16		
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Medicare Advantage Appeals and Grievance Manager.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at **1-800-200-4255** (TTY: 711) from April 1 through September 30, 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week; fax at **617-246-8506**; or email at **MedicareAdvantageRXAppeals@bcbsma.com**. You can file a grievance in person, by mail, fax, email, or you can call **1-800-200-4255** (TTY: 711).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

English: ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call **1-800-200-4255** (TTY: 711).

Spanish/Español: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-200-4255** (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: 711).

Chinese/繁體中文: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-200-4255** (TTY: 711).

French Creole/Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-200-4255** (TTY: 711).

Vietnamese/Tiếng Việt: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-200-4255** (TTY: 711).

Russian/Русский: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-200-4255** (телефон: 711).

Arabic/العربية:

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم **1-800-200-4255** (هاتف الصم والبكم: 711).

Mon-Khmer, Cambodian: ខ្លួន របាយក្រោង: ពីសិទ្ធិភាសាអូគិយាម តាមរឿង, អេរ៉ាជុយអ៊ូគិយាម នៅក្នុងប្រព័ន្ធបាត់មុន។ ចូល ទូរសព្ទ **1-800-200-4255** (TTY: 711).

French/Français: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-200-4255** (ATS: 711).

Italian/Italiano: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-200-4255** (TTY: 711).

Korean/한국어: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-200-4255** (TTY: 711) 번으로 전화해 주십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-200-4255** (TTY: 711).

Polish/Polski: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-200-4255** (TTY: 711).

Hindi/हिन्दी : ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-200-4255** (TTY: 711 पर कॉल करें।

Gujarati/ગુજરાતી : સુધેના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરા **1-800-200-4255** (TTY: 711)

NOTES

RESOURCES



Medicare Plan Sales:

1-800-678-2265 (TTY: 711)

Medicare Member Service:

1-800-200-4255 (TTY: 711)

April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET,
Monday through Friday

October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET,
seven days a week

bluecrossma.com/medicare

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civil rights laws and does not discriminate on the basis of race, color,
national origin, age, disability, sex, sexual orientation, or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos
de asistencia lingüística. Llame al **1-800-200-4255** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços
lingüísticos, grátis. Ligue para **1-800-200-4255** (TTY: 711).

This formulary was updated on 12/01/2022. For more recent information or other questions,
please contact Blue Cross Blue Shield of Massachusetts at
1-800-200-4255, or, for TTY users, **711**, from April 1 through September 30,
8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31,
8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.

The Formulary may change at any time. You will receive notice when necessary.

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