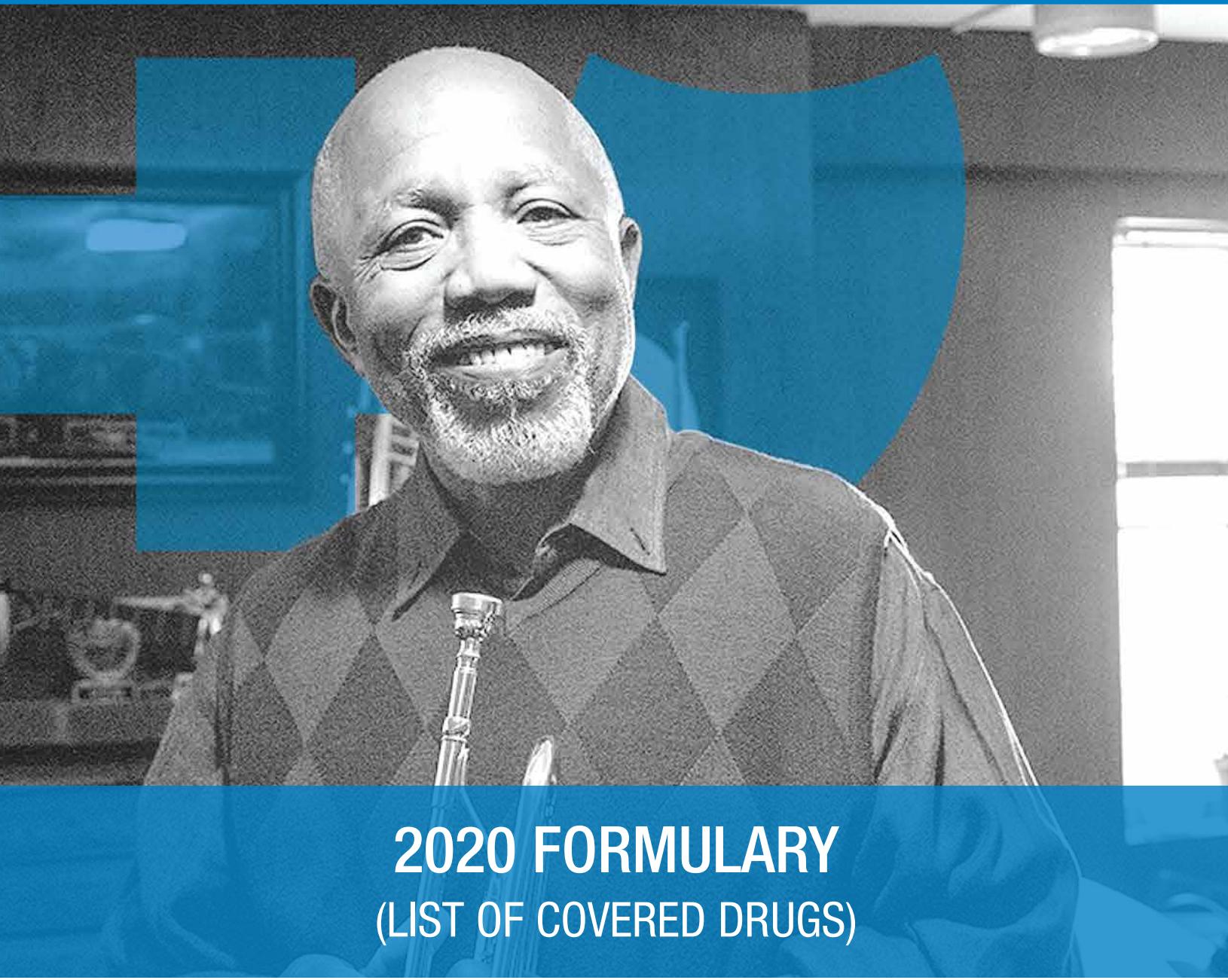




Medicare Advantage Group



2020 FORMULARY (LIST OF COVERED DRUGS)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 12/01/2020. 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 www.bluecrossma.com/medicare-options.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



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 drug list (formulary) 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 12/01/2020. 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, 2021, 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, which 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:

- **Drugs removed from the market.** If the Food and Drug Administration 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 new generic drug 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 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 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of 12/01/2020. 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, www.bluecrossma.com/medicare-options.

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 95. 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 95. 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 limit applied to prevent opioid overutilization. The limit 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 limit.

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, tiering, or utilization restriction exception. When you request a formulary, tiering, 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 do 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 www.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 95.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., AMOXIL[®]) 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 Food and Drug Administration (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.

* 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, MO, HI
<i>amphotericin b</i>	1	B/D PA, MO, HI
<i>caspofungin</i>	1	B/D PA, HI
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	2	HI
CRESEMBA ORAL	2	MO
<i>fluconazole</i>	1	MO
<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
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO, QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	HI
NOXAFIL INTRAVENOUS	2	HI
NOXAFIL ORAL SUSPENSION	2	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	MO
<i>terbinafine hcl oral</i>	1	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	1	MO, HI
<i>voriconazole oral</i>	1	MO

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

ANTI - INFECTIVES: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
abacavir	1	MO
abacavir-lamivudine	1	MO
abacavir-lamivudine-zidovudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	B/D PA, MO, HI
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	2	MO
APTIVUS (WITH VITAMIN E)	2	
atazanavir	1	MO
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BIKTARVY	2	MO
cidofovir	1	B/D PA, MO, HI
CIMDUO	2	MO
COMPLERA	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DELSTRIGO	2	MO
DESCOVY	2	MO
didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg	1	MO
DOVATO	2	MO
EDURANT	2	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
efavirenz	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofov (tdf)	1	MO
EMTRIVA	2	MO
entecavir	1	MO
EPCLUSA	2	PA, MO, QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EVOTAZ	2	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
ganciclovir sodium intravenous	1	B/D PA, MO, HI
ganciclovir sodium intravenous recon soln	1	B/D PA, MO, HI
GENVOYA	2	MO
HARVONI	2	PA, MO, QL (28 per 28 days)
INTELENCE	2	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	2	MO

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
KALETRA ORAL TABLET	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
<i>lopinavir-ritonavir</i>	1	MO
MAVYRET	3	PA, MO, QL (84 per 28 days)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<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
<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)
PIFELTRO	2	MO
PREVYMIS INTRAVENOUS	2	HI
PREVYMIS ORAL	2	MO
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO, QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	MO, HI
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	2	MO
SELZENTRY	2	MO
SOVALDI ORAL PELLETS IN PACKET	3	PA, MO, QL (28 per 28 days)
SOVALDI ORAL TABLET 200 MG	3	PA, MO, QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	3	PA, MO, QL (28 per 28 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SYMFI	2	MO
SYMFI LO	2	MO
SYMTUZA	2	MO
SYNAGIS	3	MO, LA
TEMIXYS	2	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
TIVICAY PD	2	MO
TRIUMEQ	2	MO
TROGARZO	2	MO
TRUVADA	2	MO
TYBOST	2	MO
<i>valacyclovir</i>	1	MO
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	2	MO
VIEKIRA PAK	3	PA, MO, QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA, MO, QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	3	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 40 MG	3	MO, QL (2 per 180 days)
ZEPATIER	3	PA, MO, QL (28 per 28 days)
<i>zidovudine</i>	1	MO

ANTI - INFECTIVES: CEPHALOSPORINS

Drug Name	Tier	Requirements/ Limits
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefaezolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO, HI
<i>cefaezolin injection recon soln 1 gram, 500 mg</i>	1	MO, HI
<i>cefaezolin injection recon soln 10 gram</i>	1	HI
<i>cefaezolin injection recon soln 100 gram, 20 gram, 300 g</i>	1	HI
<i>cefaezolin intravenous</i>	1	HI
<i>cefdinir</i>	1	MO
<i>cefpime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	1	

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>ceftriaxone injection recon soln 10 gram</i>	1	HI
<i>ceftriaxone intravenous</i>	1	MO, HI
<i>cefuroxime axetil oral tablet</i>	1	MO
<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	HI
<i>cephalexin</i>	1	MO
<i>FETROJA</i>	2	
<i>SUPRAX ORAL TABLET,CHEWABLE</i>	2	MO
<i>tazicef injection recon soln 1 gram</i>	1	HI
<i>tazicef injection recon soln 2 gram, 6 gram</i>	1	MO, HI
<i>tazicef intravenous</i>	1	
<i>TEFLARO</i>	3	MO, HI
<i>ZERBAXA</i>	2	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

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	1	MO, HI
<i>azithromycin oral</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
DIFICID	3	MO
e.e.s. 400 oral tablet	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
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO, HI
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO

ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES

Drug Name	Tier	Requirements/ Limits
<i>albendazole</i>	1	MO
ALINIA	2	MO
<i>amikacin injection solution 1,000 mg/4 ml</i>	1	MO, HI
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO, HI
ARIKAYCE	2	PA, MO, LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO, HI
<i>aztreonam injection recon soln 2 gram</i>	1	MO, HI
<i>bacitracin intramuscular</i>	1	MO
BENZNIDAZOLE	2	MO
BETHKIS	3	B/D PA, MO
CAPASTAT	2	HI
CAYSTON	2	MO, LA
<i>chloramphenicol sod succinate</i>	1	HI
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO, HI
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	MO, HI
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO, HI
COARTEM	2	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
<i>colistin (colistimethate na)</i>	1	MO, HI
CYCLOSERINE	2	MO
DALVANCE	2	MO, HI
<i>dapsone oral</i>	1	MO
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	2	MO, HI
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO, HI
EMVERM	3	MO
<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
<i>hydroxychloroquine</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
<i>lincomycin</i>	1	HI

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

Drug Name	Tier	Requirements/ Limits
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	HI
<i>linezolid-0.9% sodium chloride</i>	1	
<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
NEBUPENT	2	B/D PA, MO
<i>neomycin</i>	1	MO
ORBACTIV	2	MO, HI
<i>paromomycin</i>	1	MO
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	3	MO
<i>primaquine (generic)</i>	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	MO
<i>quinine sulfate</i>	1	MO
RECARBRIOD	2	
<i>rifabutin</i>	1	MO
<i>rifampin intravenous</i>	1	MO, HI
<i>rifampin oral</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
RIFATER	3	MO
SIRTURO ORAL TABLET 100 MG	2	MO, LA
SIRTURO ORAL TABLET 20 MG	2	LA
SIVEXTRO INTRAVENOUS	2	HI
SIVEXTRO ORAL	2	MO
STREPTOMYCIN	2	MO
SYNERCID	3	HI
<i>tigecycline</i>	1	HI
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	3	MO
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA, MO
<i>tobramycin inhalation</i>	1	B/D PA, MO
<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	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	2	

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

Drug Name	Tier	Requirements/ Limits
VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND)	2	
VANCOMYCIN INJECTION (BRAND)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	2	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	2	HI
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND)	2	HI
<i>vancomycin intravenous recon soln 5 gram</i>	1	MO, HI
<i>vancomycin oral capsule</i>	1	MO
<i>vancomycin oral recon soln</i>	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
XENLETA INTRAVENOUS	2	

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
XENLETA ORAL	2	QL (10 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO

ANTI - INFECTIVES: PENICILLINS

Drug Name	Tier	Requirements/ Limits
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO, HI
<i>ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg</i>	1	MO, HI
<i>ampicillin sodium intravenous</i>	1	HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO, HI

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

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	HI
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	HI
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	MO, HI
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	HI
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO, HI
<i>nafcillin injection</i>	1	MO, HI
<i>nafcillin intravenous</i>	1	MO, HI
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	HI
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO, 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

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<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>pizerpen-g</i>	1	HI
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	1	MO, 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.

ANTI - INFECTIVES: QUINOLONES

Drug Name	Tier	Requirements/ Limits
BAXDELA INTRAVENOUS	2	HI
BAXDELA ORAL	2	MO
<i>ciprofloxacin</i>	1	
<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	HI
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 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
<i>sulfatrim</i>	1	MO

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

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, 75 mg</i>	1	MO
<i>morgidox</i>	1	MO
NUZYRA INTRAVENOUS	2	HI
NUZYRA ORAL	2	MO
<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

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

Drug Name	Tier	Requirements/ Limits
dexrazoxane hcl <i>intravenous recon soln 250 mg</i>	1	HI
dexrazoxane hcl <i>intravenous recon soln 500 mg</i>	1	MO, HI
ELITEK	2	MO, HI
KEPIVANCE	2	MO, HI
leucovorin calcium <i>injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	MO, HI
leucovorin calcium <i>injection recon soln 500 mg</i>	1	HI
leucovorin calcium <i>injection solution</i>	1	HI
leucovorin calcium <i>oral</i>	1	MO
levoleucovorin calcium <i>intravenous recon soln 50 mg</i>	1	HI
levoleucovorin calcium <i>intravenous solution</i>	1	HI
mesna	1	MO, HI
MESNEX ORAL	2	MO
VISTOGARD	2	MO
XGEVA	3	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
abiraterone	1	PA, MO
ABRAXANE	2	MO, HI
ADAKVEO	2	PA, MO
adriamycin <i>intravenous recon soln 10 mg</i>	1	MO, HI
adriamycin <i>intravenous solution</i>	1	HI
adrucil intravenous <i>solution 2.5 gram/50 ml</i>	1	B/D PA, HI
AFINITOR DISPERZ	2	PA, MO
AFINITOR ORAL TABLET 10 MG	2	PA, MO
ALECensa	2	PA, MO
ALIMTA	2	MO, HI
ALIQOPA	2	MO, HI, LA
ALUNBRIG	2	PA, MO
anastrozole	1	MO
ARRANON	2	HI
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	2	
arsenic trioxide <i>intravenous solution 2 mg/ml</i>	1	MO
ARZERRA	2	B/D PA, MO, HI
ASTAGRAF XL	3	B/D PA, MO
AVASTIN	2	MO, HI
AYVAKIT	2	PA, MO, LA
azacitidine	1	MO, HI
azathioprine	1	B/D PA, MO
azathioprine sodium	1	B/D PA, HI
BALVERSA	2	PA, MO, LA

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
BAVENCIO	2	MO, HI, LA
BELEODAQ	2	MO, HI
BENDEKA	2	MO
BESPONSA	2	MO, HI
<i>bexarotene</i>	1	MO
<i>bicalutamide</i>	1	MO
BLENREP	2	B/D PA, MO
<i>bleomycin</i>	1	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	2	B/D PA, MO
BORTEZOMIB	2	MO, HI
BOSULIF	2	PA, MO
BRAFTOVI	2	MO, LA
BRUKINSA	2	PA, MO, LA
<i>busulfan</i>	1	HI
BYNFEZIA	2	MO
CABOMETYX	2	PA, MO, LA
CALQUENCE	2	PA, MO, LA
<i>capecitabine</i>	MB	MO
CAPRELSA	2	PA, LA
<i>carboplatin intravenous solution</i>	1	MO, HI
<i>carmustine</i>	1	MO
<i>cisplatin intravenous solution</i>	1	MO, HI
<i>cladribine</i>	1	B/D PA, MO, HI
<i>clofarabine</i>	1	HI
COMETRIQ	2	PA, MO
COPIKTRA	2	PA, MO, LA
COTELLIC	2	PA, MO, LA

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<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</i>	1	B/D PA, MO
<i>cyclosporine oral capsule</i>	1	B/D PA, MO
CYRAMZA	2	B/D PA, MO, HI
<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
<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
DARZALEX	2	MO, HI, LA
DARZALEX FASPRO	2	MO, LA
<i>daunorubicin intravenous solution</i>	1	HI
DAURISMO	2	PA, MO
<i>decitabine</i>	1	MO, HI
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	1	HI

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>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	MO, HI
<i>doxorubicin intravenous recon soln 50 mg</i>	1	MO, HI
<i>doxorubicin intravenous solution</i>	1	MO, HI
<i>doxorubicin, peg-liposomal</i>	1	MO, HI
ELIGARD	2	MO
ELIGARD (3 MONTH)	2	MO
ELIGARD (4 MONTH)	2	MO
ELIGARD (6 MONTH)	2	MO
ELZONRIS	2	B/D PA, MO
EMCYT	2	MO
EMPLICITI	2	B/D PA, MO, HI
ENHERTU	2	MO
ENVARSUS XR	3	B/D PA, MO
<i>epirubicin intravenous solution</i>	1	MO, HI
ERBITUX	2	MO, HI
ERIVEDGE	2	PA, MO
ERLEADA	2	PA, MO
<i>erlotinib</i>	1	PA, MO
ERWINAZE	2	MO, HI
ETOPOPHOS	2	MO, HI
<i>etoposide intravenous</i>	1	MO, HI
<i>etoposide oral</i>	MB	MO
<i>everolimus (antineoplastic)</i>	1	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>everolimus (immunosuppressive)</i>	1	B/D PA, MO
<i>exemestane</i>	1	MO
FARYDAK	2	PA, MO
FASLODEX	2	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
<i>flouxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	MO, HI
<i>fludarabine intravenous solution</i>	1	HI
<i>fluorouracil intravenous</i>	1	B/D PA, MO, HI
<i>flutamide</i>	1	MO
FOLOTYN	2	MO, HI
<i>fulvestrant</i>	1	MO
GAVRETO	2	PA, MO, LA
GAZYVA	2	MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	MO, HI
<i>gemcitabine intravenous recon soln 2 gram</i>	1	HI
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	MO, HI
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	HI

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
gengraf oral capsule 100 mg, 25 mg	1	B/D PA, MO
gengraf oral solution	1	B/D PA, MO
GILOTRIF	2	PA, MO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
HALAVEN	2	MO, HI
HERCEPTIN HYLECTA	2	MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	MO, HI
HERZUMA	2	MO
HYCAMTIN ORAL	MB	MO
hydroxyurea	1	MO
IBRANCE	2	PA, MO
ICLUSIG	2	PA
idarubicin	1	MO, HI
IDHIFA	2	PA, MO, LA
ifosfamide intravenous recon soln	1	MO, HI
ifosfamide intravenous solution 1 gram/20 ml	1	MO, HI
ifosfamide intravenous solution 3 gram/60 ml	1	HI
imatinib	1	MO
IMBRUVICA	2	PA, MO
IMFINZI	2	MO, HI, LA
INFUGEM	2	HI
INLYTA	2	PA, MO
INQOVI	2	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
INREBIC	2	PA, MO, LA
IRESSA	2	PA, MO
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	1	MO, HI
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	HI
ISTODAX	2	MO, HI
IXEMPRA	2	MO, HI
JAKAFI	2	PA, MO
JEVTANA	2	MO, HI
KADCYLA	2	PA, MO, HI
KANJINTI	2	MO
KEYTRUDA INTRAVENOUS SOLUTION	2	PA, MO, HI
KISQALI	2	PA, MO
KISQALI FEMARA CO-PACK	2	PA, MO
KOSELUGO	2	PA, MO
KYPROLIS	2	MO, HI
lapatinib	1	PA, MO
LENVIMA	2	PA, MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	1	MO
LIBTAYO	2	PA, MO, HI
LONSURF	2	PA, MO
LORBRENA	2	PA, MO
LUMOXITI	2	PA, HI, LA
LUPRON DEPOT	2	MO

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
LUPRON DEPOT (3 MONTH)	2	MO
LUPRON DEPOT (4 MONTH)	2	MO
LUPRON DEPOT (6 MONTH)	2	MO
LUPRON DEPOT-PED	2	MO
LUPRON DEPOT-PED (3 MONTH)	2	MO
LYNPARZA ORAL TABLET	2	PA, MO
LYSODREN	2	MO
MATULANE	2	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 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
MEKTOVI	2	MO, LA
<i>melphalan</i>	1	B/D PA, MO
<i>melphalan hcl</i>	1	HI
<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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>mitomycin intravenous</i>	1	MO, HI
<i>mitoxantrone</i>	1	MO, HI
MONJUVI	2	PA, MO
MVASI	2	MO
MYCAPSSA	2	PA, MO, LA
<i>mycophenolate mofetil</i>	1	B/D PA, MO
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA, HI
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D PA, MO
MYLERAN	MB	MO
MYLOTARG	2	MO, HI, LA
NERLYNX	2	PA, MO, LA
NEXAVAR	2	PA, MO, LA
<i>nilutamide</i>	1	MO
NINLARO	2	PA, MO
NUBEQA	2	PA, MO, LA
NULOJIX	3	B/D PA, MO, HI
<i>octreotide acetate</i>	1	MO
ODOMZO	2	PA, MO, LA
OGIVRI	2	MO
ONCASPAR	2	MO
ONIVYDE	2	MO
ONTRUZANT	2	MO
ONUREG	2	PA, MO
OPDIVO	2	PA, MO, HI
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	HI

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>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	
<i>paclitaxel</i>	1	MO, HI
PADCEV	2	MO
<i>paraplatin</i>	1	HI
PEMAZYRE	2	PA, MO, LA
PERJETA	2	MO, HI
PHESGO	2	PA, MO
PIQRAY	2	PA, MO
POLIVY	2	PA, MO
POMALYST	2	PA, MO, LA
PORTRAZZA	2	B/D PA, MO
POTELIGEO	2	MO
PROGRAF INTRAVENOUS	2	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA, MO
PURIXAN	2	
QINLOCK	2	PA, MO, LA
RETEVMO	2	PA, MO, LA
REVLIMID	2	PA, MO, LA
RITUXAN	2	PA, MO, HI
RITUXAN HYCELA	2	MO
ROMIDEPSIN INTRAVENOUS SOLUTION	2	MO
ROZLYTREK	2	PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
RUBRACA	2	PA, MO, LA
RUXIENCE	2	MO
RYDAPT	2	PA, MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	MO
SARCLISA	2	PA, MO
SIGNIFOR	2	MO
SIGNIFOR LAR	2	MO
SIKLOS	2	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA, MO, HI
<i>sirolimus</i>	1	B/D PA, MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	2	MO
SPRYCEL	2	PA, MO
STIVARGA	2	PA, MO
SUTENT	2	PA, MO
SYLVANT	2	MO, HI
SYNRIBO	2	MO
TABLOID	2	MO
TABRECTA	2	PA, MO
<i>tacrolimus oral</i>	1	B/D PA, MO
TAFINLAR	2	PA, MO

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
TAGRISSO	2	PA, MO, LA
TALZENNA	2	PA, MO
<i>tamoxifen</i>	1	MO
TARGETIN 1% GEL	2	PA, MO
TASIGNA	2	PA, MO
TAZVERIK	2	PA, MO, LA
TECENTRIQ	2	MO, HI, LA
TEMODAR INTRAVENOUS	2	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	1	MO
THALOMID	2	PA, MO
<i>thiotepa injection recon soln 100 mg</i>	1	
<i>thiotepa injection recon soln 15 mg</i>	1	MO
TIBSOVO	2	MO
<i>toposar</i>	1	MO, HI
<i>topotecan intravenous recon soln</i>	1	HI
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	MO, HI
<i>toremifene</i>	1	MO
TRAZIMERA	2	MO
TREANDA INTRAVENOUS RECON SOLN	2	MO, HI
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
<i>tretinoin (antineoplastic)</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	2	MO, HI
TRODELVY	2	PA, MO
TRUXIMA	2	MO
TUKYSA	2	PA, MO, LA
TURALIO	2	MO, LA
TYKERB	2	PA, MO, LA
UNITUXIN	2	MO
<i>valrubicin</i>	1	MO
VALSTAR	2	MO
VANTAS	2	MO
VECTIBIX	2	B/D PA, MO, HI
VELCADE	2	MO, HI
VENCLEXTA	2	PA, MO, LA
VENCLEXTA STARTING PACK	2	PA, MO, LA
VERZENIO	2	PA, MO, LA
<i>vinblastine intravenous solution</i>	1	B/D PA, MO, HI
<i>vincasar pfs</i>	1	B/D PA, MO, HI
<i>vincristine</i>	1	B/D PA, MO, HI
<i>vinorelbine</i>	1	MO, HI
VITRAKVI	2	PA, MO, LA
VIZIMPRO	2	PA, MO
VOTRIENT	2	PA, MO
VYXEOS	2	B/D PA, MO, HI
XALKORI	2	PA, MO
XATMEP	2	B/D PA, MO
XERMELO	2	MO, LA
XOSPATA	2	PA, MO, LA
XPOVIO	2	PA, MO, LA

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
XTANDI	2	PA, MO
YERVOY	2	MO, HI
YONDELIS	2	MO, HI
YONSA	2	PA, MO
ZALTRAP	2	MO, HI
ZANOSAR	2	MO, HI
ZEJULA	2	PA, MO, LA
ZELBORAF	2	PA, MO
ZEPZELCA	2	B/D PA, MO
ZIRABEV	2	MO
ZOLADEX	2	MO
ZOLINZA	2	MO
ZORTRESS ORAL TABLET 1 MG	2	B/D PA, MO
ZYDELIG	2	PA, MO
ZYKADIA ORAL TABLET	2	PA, MO
ZYTIGA ORAL TABLET 500 MG	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APTIOM	2	MO
BANZEL	2	MO
BRIVIACT INTRAVENOUS	2	HI
BRIVIACT ORAL	2	MO
<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 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	PA, MO
<i>clonazepam oral tablet</i>	1	MO
<i>clonazepam oral tablet,disintegrating</i>	1	MO
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	2	MO, LA
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	3	MO, LA
<i>fosphenytoin</i>	1	MO, HI

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
FYCOMPA ORAL SUSPENSION	3	MO
FYCOMPA ORAL TABLET	3	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
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO, 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

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

Drug Name	Tier	Requirements/ Limits
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
<i>phenobarbital</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
QUDEXY XR	3	PA, MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	
<i>rufinamide</i>	1	
SPRITAM	3	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	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:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN	3	PA, MO
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA, MO
<i>topiramate oral tablet</i>	1	PA, MO
TROKENDI XR	3	PA, MO
<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 (5 ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	MO
VALTOCO	2	MO
<i>vigabatrin</i>	1	MO, LA
<i>vigadronе</i>	1	MO, LA
VIMPAT INTRAVENOUS	2	MO, HI
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
XCOPRI	3	MO
XCOPRI MAINTENANCE PACK	3	MO
XCOPRI TITRATION PACK	3	MO
<i>zonisamide</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APOKYN	2	MO, LA
<i>benztropine</i>	1	MO
<i>benztropine</i>	1	MO, HI
<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, MO
NEUPRO	3	MO
NOURIANZ	3	PA, MO, LA
<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
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	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:
ANTIPARKINSONISM AGENTS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>trihexyphenidyl</i>	1	MO
ZELAPAR	3	MO

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

Drug Name	Tier	Requirements/ Limits
AIMOVIG AUTOINJECTOR	2	PA, MO, QL (1 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO, QL (24 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO, QL (18 per 30 days)
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO, QL (8 per 30 days)
<i>eletriptan</i>	1	MO, QL (24 per 30 days)
EMGALITY PEN	2	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA, MO, QL (3 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>frovatriptan</i>	1	MO, QL (27 per 30 days)
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO, QL (18 per 30 days)
NURTEC ODT	3	PA, MO, QL (15 per 30 days)
<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)

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

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

Drug Name	Tier	Requirements/ Limits
<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)
<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 succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan-naproxen</i>	1	MO, QL (18 per 30 days)
UBRELVY	3	PA, MO, QL (16 per 30 days)
VYEPTI	3	PA, MO, QL (3 per 90 days)
<i>zolmitriptan</i>	1	MO, QL (18 per 30 days)
ZOMIG NASAL	2	MO, QL (18 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
AUBAGIO	2	PA, MO
AUSTEDO	2	MO, LA
<i>dalfampridine oral tablet extended release 12 hr</i>	1	PA, MO, QL (60 per 30 days)
<i>dimethyl fumarate</i>	1	PA, MO
<i>donepezil</i>	1	MO
EVRYSDI	2	PA, MO
<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
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	MO, QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	MO, QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	MO, QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	MO, QL (12 per 28 days)
HORIZANT	2	MO
INGREZZA	2	MO, LA
INGREZZA INITIATION PACK	2	MO, LA
KESIMPTA PEN	2	PA, MO
KEVEYIS	2	MO
LEMTRADA	2	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:
MISCELLANEOUS NEUROLOGICAL
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
MAVENCLAD (10 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (4 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (5 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (6 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (7 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (8 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (9 TABLET PACK)	3	PA, MO, LA
MAYZENT	3	PA, MO
<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
OCREVUS	2	MO
ONPATTRO	2	PA, MO, HI, LA
RADICAVA	2	MO, HI
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal</i>	1	MO
RUZURGI	2	MO
TECFIDERA	2	PA, MO, LA
TEGSEDI	2	PA, MO, LA
<i>tetrabenazine</i>	1	MO
TYSABRI	2	PA, MO, HI, LA

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

Drug Name	Tier	Requirements/ Limits
ZEPOSIA	2	PA, MO
ZEPOSIA STARTER KIT	2	PA, MO
ZEPOSIA STARTER PACK	2	PA, 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: MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Drug Name	Tier	Requirements/ Limits
<i>baclofen intrathecal</i>	1	B/D PA, MO
<i>baclofen oral</i>	1	MO
<i>carisoprodol</i>	1	PA, MO
<i>carisoprodol-aspirin</i>	1	PA, MO
<i>carisoprodol-aspirin-codeine</i>	1	PA, MO
<i>chlorzoxazone oral tablet 250 mg</i>	1	PA
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	PA, MO
<i>cyclobenzaprine</i>	1	PA, MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>meprobamate</i>	1	MO
<i>metaxall</i>	1	PA, MO
<i>metaxalone</i>	1	PA, MO
<i>methocarbamol injection</i>	1	PA, HI
<i>methocarbamol oral</i>	1	PA, MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	1	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	1	
<i>orphenadrine citrate injection</i>	1	MO
<i>orphenadrine citrate oral tablet extended release</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	PA
<i>orphengesic forte</i>	1	PA
<i>pyridostigmine bromide oral syrup</i>	1	MO
<i>pyridostigmine bromide oral tablet</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

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

Drug Name	Tier	Requirements/ Limits
acetaminophen-caff-dihydrocod oral capsule	1	MO
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	1	MO
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	1	
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO
acetaminophen-codeine oral tablet	1	MO
ascomp with codeine	1	PA, MO
buprenorphine	1	PA, MO
buprenorphine hcl injection solution	1	MO, HI
buprenorphine hcl injection syringe	1	HI
buprenorphine hcl sublingual	1	MO
butalbital compound w/codeine	1	PA, MO
butalbital-acetaminop-caff-cod	1	PA, MO
butalbital-acetaminophen oral capsule	1	PA, MO
butalbital-acetaminophen oral tablet 25-325 mg	1	PA

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

Drug Name	Tier	Requirements/ Limits
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	PA, MO
butalbital-acetaminophen-caff oral capsule	1	PA, MO
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	PA, MO
butalbital-aspirin-caffeine	1	PA, MO
codeine sulfate oral tablet	1	MO
codeine-butalbital-asa-caff	1	PA, MO
duramorph (pf) injection solution 0.5 mg/ml	1	MO
duramorph (pf) injection solution 1 mg/ml	1	
dvorah	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO
fentanyl	1	MO
fentanyl citrate (pf) injection solution	1	MO
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
fentanyl citrate buccal lozenge on a handle	1	PA, 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
hydrocodone bitartrate	1	PA, MO
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	MO
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MO
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	MO
hydromorphone (pf) injection solution 2 mg/ml	1	
hydromorphone injection solution 1 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	MO

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

Drug Name	Tier	Requirements/ Limits
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
ibuprofen-oxycodone	1	MO
levorphanol tartrate oral tablet 2 mg	1	MO
LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND)	2	MO
lorcet hd	1	MO
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	1	MO
meperidine (pf) injection solution 25 mg/ml	1	
meperidine oral	1	MO
methadone injection solution	1	HI
methadone intensol	1	PA, MO
methadone oral concentrate	1	PA, MO
methadone oral solution	1	PA, MO
methadone oral tablet	1	PA, 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
<i>methadose oral concentrate</i>	1	PA, MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	2	
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	2	MO
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 4 mg/ml</i>	1	MO
MORPHINE INJECTION SYRINGE 2 MG/ML	2	MO
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml</i>	1	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND)	2	MO

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

Drug Name	Tier	Requirements/ Limits
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</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
<i>oxycodone oral solution</i>	1	MO
<i>oxycodone oral tablet</i>	1	MO
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	2	PA, MO
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG (BRAND)	2	PA

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
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO
oxycodone-acetaminophen oral tablet 2.5-300 mg	1	
oxycodone-aspirin	1	MO
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR	2	PA, MO
oxymorphone oral tablet	1	MO
oxymorphone oral tablet	1	PA, MO
oxymorphone oral tablet extended release 12 hr	1	MO
oxymorphone oral tablet extended release 12 hr	1	PA, MO
prolate	1	
tencon oral tablet 50-325 mg	1	PA, MO
vtol iq	1	PA, MO
zebutal oral capsule 50-325-40 mg	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
buprenorphine-naloxone	1	MO
butorphanol tartrate injection	1	MO, HI
butorphanol tartrate nasal	1	MO
celecoxib	1	MO, QL (60 per 30 days)
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium	1	MO
diclofenac sodium oral tablet extended release 24 hr	1	MO
diclofenac sodium oral tablet,delayed release (dr/ec)	1	MO
diclofenac sodium topical drops	1	MO
diclofenac sodium topical gel 1 %	1	MO
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	1	MO
diflunisal	1	MO
ec-naproxen	1	MO
etodolac oral capsule	1	MO
etodolac oral tablet	1	MO
etodolac oral tablet extended release 24 hr	1	MO
fenoprofen oral tablet	1	MO
flurbiprofen oral tablet 100 mg	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: NON-
NARCOTIC ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
HYALGAN	MB	MO
HYMOVIS	MB	
<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>indomethacin oral capsule</i>	1	MO
<i>indomethacin oral capsule, extended release</i>	1	MO
<i>indomethacin sodium</i>	1	
<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 cartridge 30 mg/ml</i>	1	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	MO
<i>ketorolac injection syringe 15 mg/ml</i>	1	
<i>ketorolac injection syringe 30 mg/ml</i>	1	MO
<i>ketorolac intramuscular cartridge</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>ketorolac intramuscular solution</i>	1	MO
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	1	MO
LUCEMYRA	2	MO, QL (224 per 180 days)
<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>naltrexone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	MO
<i>oxaprozin</i>	1	MO
<i>pentazocine-naloxone</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	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: NON-
NARCOTIC ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
sulindac	1	MO
SYNVISC	MB	MO
SYNVISC-ONE	MB	MO
tolmetin	1	MO
tramadol oral tablet 50 mg	1	MO
tramadol oral tablet extended release 24 hr	1	PA, MO
tramadol oral tablet, er multiphase 24 hr	1	PA, MO
tramadol-acetaminophen	1	MO

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	2	MO
ADASUVE	3	
<i>alprazolam intensol</i>	1	PA, MO
<i>alprazolam oral tablet</i>	1	PA, MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	PA, MO
<i>alprazolam oral tablet, disintegrating</i>	1	PA, MO
<i>amitriptyline</i>	1	PA, MO
<i>amitriptyline-chlordiazepoxide</i>	1	PA, MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	MO
<i>ariPIPRAZOLE</i>	1	MO
ARISTADA	2	MO
ARISTADA INITIO	2	MO
<i>armodafinil</i>	1	PA, 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
<i>buspirone</i>	1	MO
CAPLYTA	2	MO
<i>chlordiazepoxide hcl</i>	1	PA, MO
<i>chlorpromazine injection</i>	1	MO, HI

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
<i>chlorpromazine oral</i>	1	MO
<i>citalopram</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	PA, MO
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	3	
<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)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	MO, QL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>dextroamphetamine oral solution</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	MO, QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA, MO
<i>diazepam intensol</i>	1	PA, MO
<i>diazepam oral concentrate</i>	1	PA, MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA, MO
<i>diazepam oral tablet</i>	1	PA, MO
<i>doxepin oral capsule</i>	1	PA, MO
<i>doxepin oral concentrate</i>	1	PA, MO
<i>doxepin oral tablet</i>	1	MO
DRIZALMA SPRINKLE	3	MO
<i>duloxetine oral capsule,delayed release (dr/ec)</i>	1	MO
EMSAM	3	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate</i>	1	MO
<i>estazolam</i>	1	PA, 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
<i>eszopiclone</i>	1	MO, QL (30 per 30 days)
<i>FANAPT</i>	3	MO
<i>FETZIMA</i>	3	MO
<i>flumazenil</i>	1	MO
<i>fluoxetine</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>flurazepam</i>	1	PA, MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
<i>FORFIVO XL</i>	3	MO
<i>guanfacine oral tablet extended release 24 hr</i>	1	MO
<i>guanidine</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>HETLIOZ</i>	2	PA, MO, QL (30 per 30 days)
<i>imipramine hcl</i>	1	PA, MO
<i>imipramine pamoate</i>	1	PA, MO
<i>INVEGA SUSTENNA</i>	3	MO
<i>INVEGA TRINZA</i>	3	MO

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

Drug Name	Tier	Requirements/ Limits
<i>LATUDA</i>	3	MO
<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>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam injection solution</i>	1	PA, MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA, MO
<i>lorazepam injection syringe 4 mg/ml</i>	1	PA
<i>lorazepam intensol</i>	1	PA, MO
<i>lorazepam oral concentrate</i>	1	PA, MO
<i>lorazepam oral tablet</i>	1	PA, MO
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
<i>MARPLAN</i>	2	MO
<i>methamphetamine</i>	1	PA, MO
<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)

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
<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)
<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</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<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 ORAL CAPSULE</i>	2	MO
<i>NUPLAZID ORAL TABLET 10 MG</i>	2	MO
<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	PA, MO
<i>paliperidone</i>	1	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO
<i>paroxetine mesylate (menop.sym)</i>	1	MO
<i>PAXIL ORAL SUSPENSION</i>	3	MO
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>perphenazine- amitriptyline</i>	1	PA, MO
<i>PERSERIS</i>	2	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
<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
<i>REXULTI</i>	3	MO
<i>RISPERDAL CONSTA</i>	2	MO
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet, disintegrating</i>	1	MO
<i>SAPHRIS</i>	3	MO
<i>seconal sodium</i>	1	PA
<i>SECUADO</i>	3	MO
<i>sertraline</i>	1	MO
<i>temazepam</i>	1	PA, 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	PA, MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA, MO
<i>TRINTELLIX</i>	3	MO

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

Drug Name	Tier	Requirements/ Limits
<i>venlafaxine oral capsule,extended release 24hr</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO
<i>VERSACLOZ</i>	2	
<i>VIIBRYD ORAL TABLET</i>	3	MO
<i>VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)</i>	3	MO
<i>VRAYLAR</i>	3	MO
<i>XYREM</i>	2	PA, MO, LA
<i>zaleplon</i>	1	MO, QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
<i>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)</i>	3	MO
<i>ziprasidone hcl</i>	1	MO
<i>ziprasidone mesylate</i>	1	
<i>zolpidem oral tablet</i>	1	MO, QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	1	MO, QL (30 per 30 days)
<i>zolpidem sublingual</i>	1	MO, QL (30 per 30 days)
<i>ZYPREXA RELPREVV</i>	3	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS

Drug Name	Tier	Requirements/ Limits
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA, MO, HI
<i>amiodarone intravenous syringe</i>	1	B/D PA, HI
<i>amiodarone oral</i>	1	MO
<i>bretlyium tosylate</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	MO
<i>lidocaine (pf) in d7.5w</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO, HI
<i>lidocaine (pf) intravenous syringe</i>	1	HI
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO, HI
<i>procainamide injection solution 500 mg/ml</i>	1	HI

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<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	MO
<i>sotalol oral</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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
carvedilol phosphate oral capsule, er multiphase 24 hr	1	MO
chlorothiazide oral tablet 500 mg	1	MO
chlorothiazide sodium	1	MO, HI
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	
clonidine hcl oral tablet	1	MO
clonidine transdermal	1	MO
corlopam	1	
DEMSER	2	MO
diltiazem hcl intravenous recon soln	1	HI
diltiazem hcl intravenous solution	1	MO, HI
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO
diltiazem hcl oral tablet	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
diltiazem hcl oral tablet extended release 24 hr	1	MO
dilt-xr oral capsule,ext release degradable	1	MO
doxazosin	1	MO
enalapril maleate	1	MO
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
epoprostenol (glycine)	1	B/D PA, MO
eprosartan	1	MO
esmolol in nacl (iso-osm)	1	
esmolol intravenous solution	1	
ethacrynat sodium	1	MO, HI
ethacrynic acid	1	MO
felodipine oral tablet extended release 24 hr	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO, HI
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
guanfacine oral tablet	1	MO
hydralazine	1	MO
hydralazine	1	MO, HI

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
labetalol intravenous solution	1	MO, HI
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	HI
labetalol oral	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	1	
mannitol 25 % intravenous solution	1	MO
matzim la oral tablet extended release 24 hr	1	MO
methyldopa	1	MO
methyldopa-hydrochlorothiazide	1	MO
metolazone	1	MO
metoprolol succinate oral tablet extended release 24 hr	1	MO
metoprolol ta-hydrochlorothiazide	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>metoprolol tartrate intravenous solution</i>	1	MO, HI
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metyrosine</i>	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<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>olmesartanamlodipin-hcthiazid</i>	1	MO
<i>olmesartanhydrochlorothiazide</i>	1	MO
<i>ORENITRAM</i>	2	PA, MO
<i>osmitrol 15 %</i>	1	
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>phentolamine injection recon soln</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>propranololhydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinaprilhydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactonhydrochlorothiaz</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>telmisartanamlodipine</i>	1	MO
<i>telmisartanhydrochlorothiazid</i>	1	MO
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</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
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	1	MO
treprostинil sodium	1	PA, MO
triamterene	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI	2	PA, MO, LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	1	B/D PA, MO
verapamil intravenous solution	1	MO, HI
verapamil intravenous syringe	1	HI
verapamil oral capsule, 24 hr er pellet ct	1	MO
verapamil oral capsule, ext rel. pellets 24 hr	1	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/Limits
aminocaproic acid	1	MO
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	2	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	2	MO, LA
cilostazol	1	MO
clopidogrel	1	MO
dipyridamole intravenous	1	
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	2	MO, LA, QL (15 per 180 days)
DOPTELET (15 TAB PACK)	2	MO, LA, QL (15 per 180 days)
DOPTELET (30 TAB PACK)	2	MO, LA, QL (15 per 180 days)
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
enoxaparin subcutaneous solution	1	MO, QL (180 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO, QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO, QL (48 per 30 days)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
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	MB	MO
heparin lock flush (porcine) intravenous solution	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	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)
NPLATE	2	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
<i>pentoxifylline oral tablet extended release</i>	1	MO
PRADAXA	3	MO
<i>prasugrel</i>	1	MO
PRAXBIND	2	
PROMACTA	2	MO, LA
<i>protamine</i>	1	
TAVALISSE	2	MO, LA
<i>warfarin</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/ CHOLESTEROL LOWERING AGENTS

Drug Name	Tier	Requirements/ Limits
<i>amlodipine-atorvastatin</i>	1	MO
<i>atorvastatin</i>	1	MO
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam oral powder in packet</i>	1	MO
<i>colesevelam oral tablet</i>	1	MO
<i>colestipol</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
FENOFIBRATE ORAL CAPSULE (BRAND)	2	MO
<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg (generic)</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	MO
<i>fluvastatin</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	PA
JUXTAPID	3	PA, MO, LA

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

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

Drug Name	Tier	Requirements/Limits
<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, MO, QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA, MO, 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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

Drug Name	Tier	Requirements/Limits
<i>cardioplegic soln</i>	1	
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA, MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin injection solution</i>	1	MO, HI
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	MO
<i>digoxin oral tablet</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)</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 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

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

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

Drug Name	Tier	Requirements/ Limits
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA, MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA, MO
ENTRESTO	2	MO, QL (60 per 30 days)
isoproterenol hcl	1	
milrinone	1	B/D PA, MO
milrinone in 5 % dextrose	1	B/D PA, MO
norepinephrine bitartrate	1	
ranolazine	1	MO
sodium nitroprusside	1	B/D PA
VECAMYL	3	
VYNDAMAX	2	PA, MO
VYNDAQEL	2	PA, MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

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

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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/ Limits
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO
<i>calcipotriene topical cream</i>	1	MO
<i>calcipotriene topical ointment</i>	1	MO
<i>calcipotriene- betamethasone</i>	1	MO
<i>calcitriol topical</i>	1	MO
COSENTYX	2	PA, MO, QL (2 per 28 days)
COSENTYX (2 SYRINGES)	2	PA, MO, QL (2 per 28 days)
COSENTYX PEN	2	PA, MO, QL (2 per 28 days)
COSENTYX PEN (2 PENS)	2	PA, MO, QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA, MO, QL (1 per 28 days)
STELARA INTRAVENOUS	2	PA, MO, HI
STELARA SUBCUTANEOUS	2	PA, MO

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>ammonium lactate</i>	1	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>chloroprocaine (pf)</i>	1	
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	1	MO
<i>doxepin topical</i>	1	MO
DUPIXENT PEN	2	PA, MO
DUPIXENT SYRINGE	2	PA, MO
<i>FLUOROURACIL TOPICAL CREAM 0.5 % (BRAND)</i>	2	MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	MO, HI
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	HI
<i>lidocaine hcl injection solution</i>	1	MO, HI
<i>lidocaine hcl laryngotracheal</i>	1	MO

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane jelly</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<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 (pf)</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	1	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>methoxsalen</i>	1	MO
<i>PANRETIN</i>	2	MO
<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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

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

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

Drug Name	Tier	Requirements/ Limits
<i>ery pads</i>	1	MO
<i>erygel</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
<i>FABIOR</i>	3	MO
<i>isotretinoin</i>	1	MO
<i>metronidazole topical</i>	1	MO
<i>myorisan</i>	1	MO
<i>neuac</i>	1	MO
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
<i>tazarotene</i>	1	PA, MO
<i>TAZORAC TOPICAL CREAM 0.05 %</i>	3	PA, MO
<i>TAZORAC TOPICAL GEL</i>	3	PA, MO
<i>tretinoin microspheres</i>	1	PA, MO
<i>tretinoin topical</i>	1	PA, MO
<i>zenatane</i>	1	MO

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

Drug Name	Tier	Requirements/ Limits
<i>gentamicin topical</i>	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLYON TOPICAL CREAM	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>acyclovir topical</i>	1	MO
DENAVIR	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</i>	1	MO
<i>ketodan</i>	1	MO
LULICONAZOLE	3	MO
LUZU	3	MO
<i>naftifine</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
<i>tavaborole</i>	1	MO

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

Drug Name	Tier	Requirements/ Limits
ala-cort topical cream 1 %	1	MO
alclometasone	1	MO
amcinonide topical cream	1	MO
amcinonide topical lotion	1	MO
amcinonide topical ointment	1	
apexicon e	1	MO
beser	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
clobetasol	1	MO
clobetasol-emollient	1	MO
clodan	1	MO
desonide	1	MO
desoximetasone	1	MO
diflorasone	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide	1	MO
fluocinonide-e	1	MO
fluocinonide-emollient	1	MO
flurandrenolide	1	MO
fluticasone propionate topical	1	MO
halcinonide	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

Drug Name	Tier	Requirements/ Limits
halobetasol propionate topical cream	1	MO
halobetasol propionate topical ointment	1	MO
hydrocortisone butyrate	1	MO
hydrocortisone butyremollient	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
mometasone topical	1	MO
nolix	1	MO
prednicarbate	1	MO
tovet emollient	1	MO
triamcinolone acetonide topical	1	MO
trianex	1	MO
triderm topical cream	1	MO

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acamprostate oral tablet, delayed release (dr/ec)</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	PA, MO, HI, LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	PA, MO, HI, LA
<i>bacteriostatic water (parabens)</i>	MB	
<i>bd pre-filled normal saline</i>	MB	MO
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	3	MO, LA
<i>cevimeline</i>	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 2.75% / D5W SULF FREE	3	B/D PA, HI
<i>clovique</i>	1	
<i>d10 %-0.45 % sodium chloride</i>	1	HI
<i>d2.5 %-0.45 % sodium chloride</i>	1	HI
<i>d5 % and 0.9 % sodium chloride</i>	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

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

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	MO
SORBITOL IRRIGATION	2	
<i>tis-u-sol pentalyte</i>	1	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
d5 %-0.45 % sodium chloride	1	MO, HI
deferasirox	1	MO
deferiprone	1	MO
deferoxamine	1	MO
dextrose 10 % and 0.2 % nacl	1	HI
dextrose 10 % in water (d10w)	1	MO, HI
dextrose 25 % in water (d25w)	1	
dextrose 30 % in water (d30w)	1	
dextrose 40 % in water (d40w)	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	MO
disulfiram	1	MO
FERRIPROX	2	MO
FERRIPROX (2 TIMES A DAY)	2	

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
GIVLAARI	2	PA, MO
GLASSIA	3	PA, MO, HI, LA
INCRELEX	2	PA, MO, LA
JADENU SPRINKLE	2	MO
kionex (with sorbitol) oral suspension	1	MO
lanthanum oral tablet, chewable	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
midodrine	1	MO
monoject 0.9% sodium chloride	MB	
monoject prefill advanced ns	MB	MO
nitisinone	1	MO
NITYR	2	MO, LA
normal saline flush	MB	MO
NORTHERA	3	MO
ORFADIN ORAL CAPSULE 20 MG	2	MO, LA
ORFADIN ORAL SUSPENSION	2	MO, LA
OXBRYTA	2	PA, MO, LA, QL (90 per 30 days)
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	PA, HI, LA

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
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA, MO, HI, LA
RAVICTI	3	MO
REVCORI	2	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO, QL (30 per 30 days)
<i>sevelamer carbonate</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
<i>sodium chloride 0.9 % injection</i>	MB	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO, HI
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO, HI
<i>sodium chloride injection</i>	MB	
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	MO
<i>sodium polystyrene (sorb free)</i>	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
<i>sps (with sorbitol) rectal</i>	1	
THIOLA	2	MO
THIOLA EC	2	MO
TIGLUTIK	3	MO
<i>trientine</i>	1	MO
VELTASSA	3	MO
<i>water for inject, bacteriostat</i>	MB	
<i>water for irrigation, sterile</i>	1	MO
XURIDEN	2	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

Drug Name	Tier	Requirements/Limits
<i>bupropion hcl (smoking deter) oral tablet extended release</i>	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	2	MO
NICOTROL NS	2	MO

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

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
ipratropium bromide nasal spray,non-aerosol 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
paroex oral rinse	1	MO
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 plus	1	
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
CIPRODEX	2	MO
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.

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
<i>betamethasone acet, sod phos</i>	1	MO
<i>cortisone</i>	1	MO
<i>decadron oral tablet</i>	1	
<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>hidex</i>	1	
<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 recon soln 1,000 mg</i>	1	MO, HI
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	1	
<i>millipred oral tablet</i>	1	B/D PA, MO

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<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	B/D PA, MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	B/D PA, MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection</i>	1	MO

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

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

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
acarbose	1	MO
ALCOHOL PADS	2	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO
BAQSIMI	2	MO
BYDUREON BCISE	2	MO, QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	MO, QL (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	3	MO
diazoxide	1	MO
GAUZE PADS 2X2	2	MO
glimepiride	1	MO
glipizide oral tablet	1	MO
glipizide oral tablet extended release 24hr	1	MO
glipizide-metformin	1	MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON (HCL) EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
glyburide	1	MO
glyburide micronized	1	MO
glyburide-metformin	1	MO
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
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)
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	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
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
INVOKAMET	2	MO
INVOKAMET XR	2	MO
INVOKANA	2	MO
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO
JARDIANCE	2	MO
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
<i>metformin oral solution</i>	1	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR)</i>	1	MO
<i>miglitol</i>	1	MO
<i>nateglinide</i>	1	MO
NEEDLES, INSULIN DISP., SAFETY	2	MO
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ONETOUCH ULTRA BLUE TEST STRIP	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 30 days)

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	ST, MO, QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	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
<i>repaglinide-metformin</i>	1	MO
RYBELSUS	3	ST, MO, QL (30 per 30 days)
SYMLINPEN 120	2	MO
SYMLINPEN 60	2	MO
SYNJARDY	2	MO
SYNJARDY XR	2	MO
TOUJEON MAX U-300 SOLOSTAR	2	MO
TOUJEON SOLOSTAR U-300 INSULIN	2	MO
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	MO, QL (2 per 28 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	ST, MO, QL (2 per 28 days)

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
VGO	2	

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

Drug Name	Tier	Requirements/ Limits
ALDURAZYME	2	MO, HI
ANADROL-50	3	PA, MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO, HI
<i>calcitriol oral</i>	1	MO
CERDELGA	2	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA, MO, HI
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	2	PA, MO
<i>cinacalcet</i>	1	MO
<i>clomiphene citrate</i>	1	PA, MO
CRYSVITA	2	MO
<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</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELELYSO	2	MO, HI
FABRAZYME	2	MO, HI
GALAFOLD	2	PA, MO, LA
ISTURISA	2	PA, MO, LA

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

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

Drug Name	Tier	Requirements/ Limits
JYNARQUE ORAL TABLET	2	LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	2	MO, LA
KANUMA	2	MO, HI
KORLYM	3	PA, MO
KUVAN	2	MO
MEPSEVII	2	MO
METHITEST	2	MO
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN INJECTION	3	MO
<i>miglustat</i>	1	MO, LA
MYALEPT	2	MO, LA
NAGLAZYME	2	MO, HI, LA
NATPARA	3	PA, MO, LA
NOVAREL	2	PA, MO
<i>oxandrolone</i>	1	PA, MO
PALYNZIQ	2	MO, LA
<i>pamidronate</i>	1	MO, HI
PARICALCITOL HEMODIALYSIS PORT INJECTION	2	
<i>paricalcitol intravenous</i>	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML (BRAND)	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML (BRAND)	2	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>paricalcitol oral</i>	1	MO
PARSABIV	2	MO
<i>sapropterin</i>	1	MO
SOMAVERT	2	MO
STIMATE	2	MO
STRENSIQ	2	MO, LA
SYNAREL	2	MO
TEPEZZA	2	PA, MO
<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
<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

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

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

Drug Name	Tier	Requirements/ Limits
<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 oral tablet 30 mg</i>	1	MO, LA
VIMIZIM	2	MO
<i>zoledronic acid intravenous solution</i>	1	MO, HI
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	MO, HI

ENDOCRINE/DIABETES: THYROID HORMONES

Drug Name	Tier	Requirements/ Limits
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	MO
<i>levothyroxine oral</i>	1	MO
<i>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</i>	1	MO
<i>liothyronine intravenous</i>	1	MO, HI
<i>liothyronine oral</i>	1	MO
<i>np thyroid</i>	1	MO
<i>unithroid</i>	1	MO

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

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	MO
<i>chlordiazepoxide- clidinium</i>	1	MO
<i>CUVPOSA</i>	3	MO
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate- atropine</i>	1	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
<i>MYTESI</i>	2	MO
<i>opium tincture</i>	1	MO
<i>propantheline</i>	1	MO

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
<i>alosetron</i>	1	MO, QL (60 per 30 days)
<i>AMITIZA</i>	2	MO, QL (60 per 30 days)
<i>aprepitant</i>	1	B/D PA, MO
<i>balsalazide</i>	1	MO
<i>budesonide oral</i>	1	MO
<i>CHOLBAM</i>	2	MO
<i>CIMZIA</i>	3	PA, MO, QL (3 per 28 days)
<i>CIMZIA POWDER FOR RECONST</i>	3	PA, MO, QL (1 per 28 days)
<i>CIMZIA STARTER KIT</i>	3	PA, MO, QL (3 per 28 days)
<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	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>DIPENTUM</i>	3	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	B/D PA, MO
<i>droperidol injection solution</i>	1	MO
<i>EMEND (FOSAPREPITANT)</i>	2	MO, HI
<i>EMEND ORAL SUSPENSION FOR RECONSTITUTION</i>	2	B/D PA, MO
<i>ENTYVIO</i>	2	PA, 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
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
<i>GATTEX 30-VIAL</i>	3	PA, MO
<i>GATTEX ONE-VIAL</i>	3	PA, MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO, HI
<i>granisetron hcl intravenous</i>	1	MO, HI
<i>granisetron 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
<i>INFLECTRA</i>	2	PA, MO, HI
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution</i>	1	MO
<i>LINZESS</i>	2	MO, QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>metoclopramide hcl injection solution</i>	1	MO, HI
<i>metoclopramide hcl injection syringe</i>	1	HI
<i>metoclopramide hcl oral</i>	1	MO
<i>MOTEGRITY</i>	3	MO, QL (30 per 30 days)
<i>OCALIVA</i>	3	MO, LA, QL (30 per 30 days)
<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 24 mg</i>	1	B/D PA
<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
<i>OSMOPREP</i>	3	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	
<i>PENTASA</i>	2	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
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	1	
<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	3	MO
RELISTOR ORAL	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
<i>scopolamine base</i>	1	MO
SUCRAID	2	MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	MO
SYNDROS	3	B/D PA, MO
<i>trilyte with flavor packets</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>trimethobenzamide oral</i>	1	B/D PA, MO
UCERIS RECTAL	3	MO
<i>ursodiol</i>	1	MO
VARUBI ORAL	2	B/D PA, MO
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

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

GASTROENTEROLOGY: ULCER THERAPY

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

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>misoprostol</i>	1	MO
<i>nizatidine</i>	1	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	MO, QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST, MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST, MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST, MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST, MO, QL (60 per 30 days)
<i>pantoprazole intravenous</i>	1	MO, HI
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST, MO, QL (60 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO, QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO, QL (60 per 30 days)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	ST, MO, QL (60 per 30 days)
<i>ranitidine hcl oral syrup</i>	1	MO

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

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	2	PA, MO
ARCALYST	2	MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	MO, QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	MO, QL (4 per 28 days)
EGRIFTA SV	2	PA, MO
FULPHILA	2	MO, QL (1.2 per 30 days)
GRANIX	2	MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	2	PA, MO, LA
INTRON A INJECTION	2	PA, MO
LEUKINE INJECTION RECON SOLN	2	MO, HI
MOZOBIL	2	MO
OMNITROPE	2	PA, MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO, QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO, QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	2	MO, QL (5 per 30 days)

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
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	MO, QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE	2	MO, QL (1 per 28 days)
PROLEUKIN	2	PA, MO, HI
REBIF (WITH ALBUMIN)	2	MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	MO, QL (4.2 per 180 days)
REBIF TITRATION PACK	2	MO, QL (4.2 per 180 days)
REBLOZYL	2	PA, MO
RETACRIT	2	PA, MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA, MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	MO

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

Drug Name	Tier	Requirements/ Limits
UDENYCA	2	MO, QL (1.2 per 30 days)
ZARXIO	2	MO
ZIEXTENZO	2	MO, QL (1.2 per 28 days)
ZORBTIVE	2	PA, MO

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

Drug Name	Tier	Requirements/Limits
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	1	MO
AFLURIA QD 2020-21 (3YR UP)(PF)	MB	MO
AFLURIA QD 2020-21 (6-35MO)(PF)	MB	
AFLURIA QUAD 2020-2021(6MO UP)	MB	
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	3	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DYSPORT	3	PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	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 2020-2021 (65 YR UP)(PF)	MB	MO
FLUAD QUAD 2020-21(65Y UP) (PF)	MB	MO
FLUARIX QUAD 2020-2021 (PF)	MB	MO

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

Drug Name	Tier	Requirements/Limits
FLUBLOK QUAD 2020-2021 (PF)	MB	MO
FLUCELVAX QUAD 2020-2021	MB	
FLUCELVAX QUAD 2020-2021 (PF)	MB	MO
FLULAVAL QUAD 2020-2021 (PF)	MB	MO
FLUMIST QUAD 2020-2021	MB	
FLUZONE HIGHDOSE QUAD 20-21 PF	MB	MO
FLUZONE QUAD 2020-2021	MB	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION	MB	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	MB	MO
fomepizole	1	HI
GAMASTAN	2	MO
GAMASTAN S/D	2	
GAMMAGARD LIQUID	2	PA, MO, HI
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA, MO, HI

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
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	PA, MO, HI
GARDASIL 9 (PF)	1	MO
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	1	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	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	1	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	MO
IPOP	1	MO
IXIARO (PF)	1	MO

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

Drug Name	Tier	Requirements/ Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</i>	1	
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	MO
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PNEUMOVAX-23	MB	MO
PREVNAR 13 (PF)	MB	MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	MO
RABAVERT (PF)	1	MO
RAGWITEK	3	MO

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
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 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
ROTARIX	1	
ROTAQUE VACCINE	1	MO
SHINGRIX (PF)	1	MO
STAMARIL (PF)	1	
TDVAX	1	MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO
TETANUS, DIPHTHERIA TOX PED(PF)	1	MO
TICE BCG	1	MO

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

Drug Name	Tier	Requirements/ Limits
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	MO
VARIZIG INTRAMUSCULAR SOLUTION	1	
XEOMIN	3	PA, MO
YF-VAX (PF)	1	MO
ZINPLAVA	2	PA, MO, HI
ZOSTAVAX (PF)	1	MO

**MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>allopurinol</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	3	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.

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY

Drug Name	Tier	Requirements/ Limits
alendronate oral solution	1	MO, QL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	MO, QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO, QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	3	PA, QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA, MO, QL (2.34 per 30 days)
FORTEO	2	PA, MO, QL (2.4 per 28 days)
ibandronate intravenous	1	MO
ibandronate oral	1	MO, QL (1 per 30 days)
PROLIA	3	PA, MO
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO, QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO, QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO, QL (30 per 30 days)
risedronate oral tablet, delayed release (dr/ec)	1	MO, QL (4 per 28 days)
TYMLOS	2	PA, MO, QL (1.56 per 30 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
ACTEMRA ACTPEN	3	PA, MO, QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	3	PA, MO, HI, QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS	3	PA, MO, QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS	2	MO, HI
BENLYSTA SUBCUTANEOUS	2	MO
ENBREL MINI	2	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA, MO, QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA, MO, QL (8 per 28 days)
ENBREL SURECLICK	2	PA, MO, QL (8 per 28 days)
HUMIRA PEN	2	PA, MO, QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA, MO, QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA, MO, QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA, MO, QL (2 per 28 days)

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

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

Drug Name	Tier	Requirements/ Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA, MO, QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA, MO, QL (3 per 180 days)
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)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA, MO, QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA, MO, QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	2	PA, MO, QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA, MO, QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA, MO, QL (4 per 28 days)
KEVZARA	3	PA, MO, QL (2.28 per 28 days)
KINERET <i>leflunomide</i>	2	PA, MO
	1	MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
ORENCIA (WITH MALTPOSE)	2	PA, MO, HI, QL (4 per 28 days)
ORENCIA CLICKJECT	2	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ ML	2	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA, MO, QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA, MO, QL (2.8 per 28 days)
OTEZLA	2	PA, MO, QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA, MO, QL (54 per 28 days)
<i>penicillamine</i>	1	MO
RIDAURA	2	MO
RINVOQ	2	PA, MO, QL (30 per 30 days)
SIMPONI ARIA	3	PA, MO, HI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)

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

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

Drug Name	Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ ML	3	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)
XELJANZ	2	PA, MO, QL (60 per 30 days)
XELJANZ XR	2	PA, MO, QL (30 per 30 days)

**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</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	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	MO
<i>lopreeza oral tablet 1-0.5 mg</i>	1	MO
<i>lyza</i>	1	MO
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>norlyda</i>	1	MO
PREMARIN INJECTION	3	MO, HI

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

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

Drug Name	Tier	Requirements/ Limits
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>tulana</i>	1	MO
<i>yuvafem</i>	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>etonogestrel-ethynodiol estradiol</i>	1	MO
GYNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	3	MO
LUPANETA PACK (3 MONTH)	3	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

**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>amethia lo</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	MO
<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	
<i>azurette (28)</i>	1	MO
<i>balziva (28)</i>	1	MO
<i>bekyree (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>caziant (28)</i>	1	MO
<i>charlotte 24 fe</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 (continued)

Drug Name	Tier	Requirements/ Limits
<i>chateal</i> (28)	1	
<i>chateal eq</i> (28)	1	MO
<i>cryselle</i> (28)	1	MO
<i>cyclafem</i> 1/35 (28)	1	MO
<i>cyclafem</i> 7/7/7 (28)	1	MO
<i>cyred</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta</i> 1/35 (28)	1	MO
<i>dasetta</i> 7/7/7 (28)	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estriadiol-e. estriadiol</i>	1	MO
<i>drospirenone-e. estriadiol-lm.fa</i>	1	MO
<i>drospirenone-ethinyl estriadiol</i>	1	MO
<i>elinest</i>	1	MO
<i>ELLA</i>	2	
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estriadiol</i>	1	
<i>falmina</i> (28)	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>gianvi</i> (28)	1	MO
<i>hailey</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30 (28)</i>	1	MO
<i>hailey fe 1/20 (28)</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jaimiess</i>	1	MO
<i>jasmiel</i> (28)	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel</i> 1.5/30 (21)	1	MO
<i>junel</i> 1/20 (21)	1	MO
<i>junel fe</i> 1.5/30 (28)	1	MO
<i>junel fe</i> 1/20 (28)	1	MO
<i>junel fe</i> 24	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i> (28)	1	MO
<i>kelnor</i> 1/35 (28)	1	MO
<i>kelnor</i> 1-50	1	MO
<i>kurvelo</i> (28)	1	MO
<i>I norgest/e.estriadiol-e. estradiol</i>	1	MO
<i>larin</i> 1.5/30 (21)	1	MO
<i>larin</i> 1/20 (21)	1	MO
<i>larin</i> 24 fe	1	MO
<i>larin fe</i> 1.5/30 (28)	1	MO
<i>larin fe</i> 1/20 (28)	1	MO
<i>larissa</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i> 28	1	MO
<i>lessina</i>	1	MO
<i>levonest</i> (28)	1	MO
<i>levonorgestrel-ethinyl estradiol</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 (continued)

Drug Name	Tier	Requirements/ Limits
levonorg-eth estrad triphasic	1	MO
levora-28	1	MO
lillow (28)	1	MO
lojaimiess	1	MO
loryna (28)	1	MO
low-ogestrel (28)	1	MO
lo-zumandimine (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
melodetta 24 fe	1	MO
mibelas 24 fe	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
milil	1	MO
mono-linyah	1	MO
necon 0.5/35 (28)	1	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO

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

Drug Name	Tier	Requirements/ Limits
norethindrone-e. estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
norethindrone-e. estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
norethindrone-e. estradiol-iron oral tablet, chewable	1	MO
norgestimate-ethinyl estradiol	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
ocella	1	MO
orsythia	1	MO
philith	1	MO
pimtrea (28)	1	MO
pirmella	1	MO
portia 28	1	MO
previfem	1	MO
reclipsen (28)	1	MO
rivelsa	1	MO
setlakin	1	MO
simliya (28)	1	MO
simpesse	1	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	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>tarina fe 1/20 (28)</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</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-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienna</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>volnea (28)</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera (28)</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

OBSTETRICS / GYNECOLOGY: OXYTOCICS

Drug Name	Tier	Requirements/ Limits
<i>methergine</i>	1	
<i>methylergonovine injection</i>	1	
<i>methylergonovine oral</i>	1	MO
<i>oxytocin injection solution</i>	1	MO

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

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 ophthalmic (eye)</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)</i>	1	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
<i>NATACYN</i>	2	MO
<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
<i>tobramycin ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>trifluridine</i>	1	MO
<i>ZIRGAN</i>	3	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 ophthalmic (eye)</i>	1	MO

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

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	
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>bss</i>	1	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	2	MO
<i>epinastine</i>	1	MO
LACRISERT	2	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	2	PA, MO
PHOSPHOLINE IODIDE	2	MO
<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 (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

Drug Name	Tier	Requirements/Limits
<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	1	
<i>travoprost</i>	1	MO

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

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

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

OPHTHALMOLOGY: STEROIDS

Drug Name	Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
<i>FML S.O.P.</i>	2	MO
<i>loteprednol etabonate</i>	1	MO
<i>PRED MILD</i>	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: SYMPATHOMIMETICS

Drug Name	Tier	Requirements/ Limits
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Drug Name	Tier	Requirements/ Limits
<i>adrenalin injection</i>	1	MO
<i>carbinoxamine maleate</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>clemastine oral tablet 2.68 mg</i>	1	MO
<i>ciproheptadine</i>	1	MO
<i>desloratadine oral tablet</i>	1	MO
<i>desloratadine oral tablet,disintegrating</i>	1	MO
<i>dexchlorpheniramine maleate oral solution</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO, HI
<i>diphenhydramine hcl injection syringe</i>	1	MO, HI
<i>diphenhydramine hcl oral elixir</i>	1	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN)	1	MO
<i>epinephrine injection solution 1 mg/ml</i>	1	
EPIPEN	2	MO
EPIPEN 2-PAK	2	MO
EPIPEN JR	2	MO

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
EPIPEN JR 2-PAK	2	MO
<i>hydroxyzine hcl intramuscular</i>	1	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA, MO
<i>hydroxyzine hcl oral tablet</i>	1	PA, MO
<i>hydroxyzine pamoate</i>	1	PA, MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO
<i>phenadoz rectal suppository 25 mg</i>	1	MO
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethegan</i>	1	MO

RESPIRATORY AND ALLERGY: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	1	B/D PA, MO
ADEMPAS	2	PA, MO, LA
<i>advair diskus</i>	1	MO, QL (60 per 30 days)
ADVAIR HFA	3	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation</i>	1	MO, QL (25.5 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020503)</i>	1	MO, QL (20.1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA, MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
<i>alyq</i>	1	PA, MO
<i>ambrisentan</i>	1	PA, MO, LA
<i>aminophylline intravenous</i>	1	HI
ANORO ELLIPTA	2	MO, QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO, QL (30 per 30 days)
ARNUTITY ELLIPTA	2	MO, QL (30 per 30 days)
ATROVENT HFA	2	MO, QL (25.8 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
<i>azelastine-fluticasone</i>	1	MO
BEVESPI AEROSPHERE	2	MO, QL (10.7 per 30 days)
<i>bosentan</i>	1	PA, MO, LA
BROVANA	2	B/D PA, MO
<i>budesonide inhalation</i>	1	B/D PA, MO
CINRYZE	2	MO, HI
COMBIVENT RESPIMAT	2	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA, MO
DALIRESP	2	MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ ACTUATION, 200-5 MCG/ACTUATION	2	MO, QL (17.6 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ ACTUATION	2	MO, QL (13 per 30 days)
ESBRIET	2	PA, MO
FASENRA	2	PA, MO
FASENRA PEN	2	PA, MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ACTUATION	2	MO, QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	2	MO, QL (240 per 30 days)

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
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 nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO, QL (16 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	1	PA, MO, QL (60 per 30 days)
<i>icatibant</i>	1	MO
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 25 MG	2	PA, MO, QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA, MO, QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA, MO, QL (60 per 30 days)
<i>levalbuterol hcl</i>	1	B/D PA, MO
<i>metaproterenol oral syrup</i>	1	MO

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
<i>mometasone nasal</i>	1	MO, QL (34 per 30 days)
<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	2	PA, MO, LA
OFEV	2	PA, MO
OPSUMIT	2	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET	2	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	PA, MO, QL (112 per 28 days)
PROAIR RESPICLICK	2	MO, QL (2 per 30 days)
pulmosal	MB	MO
PULMOZYME	2	B/D PA, MO
RUCONEST	2	MO, HI
SEREVENT DISKUS	2	MO, QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	PA, HI
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA, MO

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<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 HANIDHALER	2	MO, QL (30 per 30 days)
STIOLTO RESPIMAT	2	MO, QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO, QL (4 per 30 days)
SYMBICORT	2	MO, QL (13.8 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA, MO, QL (56 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	2	PA, MO, QL (60 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO
TAKHZYRO	2	MO, LA
<i>terbutaline</i>	1	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<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

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
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA, MO, LA
TRELEGY ELLIPTA	2	MO, QL (60 per 30 days)
TRIKAFFTA	2	PA, MO, QL (84 per 28 days)
TYVASO	2	B/D PA, MO
TYVASO INSTITUTIONAL START KIT	2	B/D PA
TYVASO REFILL KIT	2	B/D PA, MO
TYVASO STARTER KIT	2	B/D PA, MO
VENTAVIS	2	B/D PA, MO
wixela inhub	1	PA, MO, QL (60 per 30 days)
XOLAIR	2	PA, MO, LA
YUPELRI	3	B/D PA, MO, QL (90 per 30 days)
zafirlukast	1	MO
zileuton oral tablet, extended release 12hr mphase	1	MO

UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	1	MO
<i>flavoxate</i>	1	MO
<i>MYRBETRIQ</i>	3	MO
<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>solifenacina</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

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

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

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

Drug Name	Tier	Requirements/ Limits
<i>albumin, human 25 %</i>	1	
<i>albuminar 25 %</i>	1	MO
<i>alburx (human) 25 %</i>	1	MO
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>plasbumin 25 %</i>	1	
<i>plasbumin 5 %</i>	1	

UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>alprostadiol</i>	1	MO
<i>bethanechol chloride</i>	1	MO
<i>CYSTAGON</i>	2	MO, LA
<i>ELMIRON</i>	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	MO
<i>PROCYSB1</i>	2	MO
<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: 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
k-tab oral tablet extended release 8 meq	1	MO
lactated ringers intravenous	1	MO, HI
magnesium chloride injection	1	MO
magnesium sulfate in water intravenous parenteral solution	1	

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES (continued)

Drug Name	Tier	Requirements/ Limits
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	1	MO
magnesium sulfate injection solution	1	MO, HI
magnesium sulfate injection syringe	1	HI
NORMOSOL-R	3	MO
potassium acetate intravenous solution 2 meq/ml	1	
potassium chlorid- d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	HI
potassium chlorid- d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO, 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 20 meq/l	1	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
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	HI
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	MO, HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml</i>	1	HI
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	HI
<i>potassium chloride intravenous</i>	1	MO, HI
<i>potassium chloride oral</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	HI
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	HI
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO, HI
<i>sodium chloride 3 %</i>	1	MO, HI
<i>sodium chloride 5 %</i>	1	MO, HI
<i>sodium chloride intravenous</i>	1	MO, HI
<i>sodium phosphate</i>	1	MO

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

VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

Drug Name	Tier	Requirements/Limits
AMINOSYN II 10 %	3	B/D PA, HI
AMINOSYN II 15 %	3	B/D PA, HI
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA, HI
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA, HI
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	3	B/D PA, HI
CLINIMIX E 4.25%/D10W SUL FREE	3	B/D PA, HI
CLINIMIX E 4.25%/D5W SULF FREE	3	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA, HI
CLINISOL SF 15 %	3	B/D PA, MO, HI
CLINOLIPID	3	B/D PA
DOJOLVI	3	PA, MO
<i>electrolyte-48 in d5w</i>	1	
FREAMINE HBC 6.9 %	3	B/D PA, HI
<i>freamine iii</i> 10 %	1	B/D PA, HI
HEPATAMINE 8%	3	B/D PA, HI
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA, HI
NEPHRAMINE 5.4 %	3	B/D PA, HI
NORMOSOL-M IN 5 % DEXTROSE	3	HI

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

Drug Name	Tier	Requirements/Limits
NORMOSOL-R PH 7.4	3	
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA, HI
<i>premasol</i> 10 %	1	B/D PA, MO, HI
PROCALAMINE 3%	3	B/D PA, HI
PROSOL 20 %	3	B/D PA, MO, HI
SMOFLIPID	3	B/D PA, HI
<i>travasol</i> 10 %	1	B/D PA, MO, HI
TROPHAMINE 10 %	3	B/D PA, MO, HI

VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

Drug Name	Tier	Requirements/Limits
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet</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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glycine urologic solution.....	90

GLYCOPHOS.....	91	heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).	48
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml).....	67	heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ ml), 25,000 unit/500 ml (50 unit/ml).	48
glycopyrrolate injection.....	67	heparin (porcine) in nacl (pf).	48
glycopyrrolate oral tablet 1 mg, 2 mg.....	67	heparin (porcine) injection cartridge.	48
glycopyrrolate oral tablet 1.5 mg.....	67	heparin (porcine) injection solution.	48
glydo.	52	heparin (porcine) injection syringe 5,000 unit/ml.	48
granisetron (pf) intravenous solution 1 mg/ml (1 ml).	68	heparin flush(porcine)-0.9nacl.	48
granisetron hcl intravenous.	68	heparin lock flush.	48
granisetron hcl oral.	68	heparin lock flush (porcine) intravenous solution.	48
GRANIX.	71	heparin lockflush(porcine)(pf).	48
GRASTEK.	74	heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml.	48
griseofulvin microsize.	7	heparin, porcine (pf) injection solution.	48
griseofulvin ultramicrosize.	7	heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml.	48
guanfacine oral tablet.	45	heparin, porcine (pf) intravenous syringe 1 unit/ml.	48
guanfacine oral tablet extended release 24 hr	40	heparin, porcine (pf) intravenous syringe 10 unit/ ml, 100 unit/ml.	48
guanidine.	40	HEPATAMINE 8%.	93
GYNAZOLE-1.	79	HERCEPTIN HYLECTA.	22
H		HERCEPTIN INTRAVENOUS RECON SOLN 150 MG.	22
hailey.	80	HERZUMA.	22
hailey 24 fe.	80	HETLIOZ.	40
hailey fe 1.5/30 (28).	80	HIBERIX (PF).	74
hailey fe 1/20 (28).	80	hidex.	61
HALAVEN.	22	HORIZANT.	30
halcinonide.	56	HUMALOG JUNIOR KWIKPEN U-100.	62
halobetasol propionate topical cream.	56	HUMALOG KWIKPEN INSULIN.	62
halobetasol propionate topical ointment.	56	HUMALOG MIX 50-50 INSULN U-100.	62
haloperidol.	40	HUMALOG MIX 50-50 KWIKPEN.	62
haloperidol decanoate.	40	HUMALOG MIX 75-25 KWIKPEN.	62
haloperidol lactate injection.	40	HUMALOG MIX 75-25(U-100)INSULN.	62
haloperidol lactate intramuscular.	40	HUMALOG U-100 INSULIN.	62
haloperidol lactate oral.	40	HUMIRA PEN.	76
HARVONI.	8	HUMIRA PEN CROHNS-UC-HS START.	76
HAVRIX (PF) INTRAMUSCULAR SUSPENSION.	74		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.	74		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.	74		
heather.	78		
hep flush-10 (pf).	48		

HUMIRA PEN PSOR-UVEITS-ADOL HS	76	hydrocortisone topical cream 1 %, 2.5 %	56
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	76	hydrocortisone topical cream with perineal applicator.	68
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	77	hydrocortisone topical lotion 2.5 %	56
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	77	hydrocortisone topical ointment 1 %, 2.5 %	56
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	77	hydrocortisone valerate.	56
HUMIRA(CF) PEN CROHNS-UC-HS	77	hydrocortisone-acetic acid.	60
HUMIRA(CF) PEN PSOR-UV-ADOL HS	77	hydrocortisone-pramoxine rectal cream 1-1 %.	68
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	77	hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	34
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	77	hydromorphone (pf) injection solution 2 mg/ml	34
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	77	hydromorphone injection solution 1 mg/ml	34
HUMULIN 70/30 U-100 INSULIN	62	hydromorphone injection solution 2 mg/ml	34
HUMULIN 70/30 U-100 KWIKPEN	62	hydromorphone oral liquid.	34
HUMULIN N NPH INSULIN KWIKPEN	62	hydromorphone oral tablet.	34
HUMULIN N NPH U-100 INSULIN	62	hydromorphone oral tablet extended release 24 hr.	34
HUMULIN R REGULAR U-100 INSULN	62	hydroxychloroquine.	13
HUMULIN R U-500 (CONC) INSULIN	62	hydroxyprogesterone caproate.	78
HYALGAN	37	hydroxyurea.	22
HYCAMTIN ORAL	22	hydroxyzine hcl intramuscular.	86
hydralazine.	45	hydroxyzine hcl oral solution 10 mg/5 ml	86
hydrochlorothiazide.	45	hydroxyzine hcl oral tablet.	86
hydrocodone bitartrate.	34	hydroxyzine pamoate.	86
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml).	34	HYMOVIS.	37
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	34	 I	
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	34	ibandronate intravenous.	76
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg.	34	ibandronate oral.	76
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg.	34	IBRANCE.	22
hydrocortisone butyr-emollient.	56	ibu.	37
hydrocortisone butyrate.	56	ibuprofen lysine (pf).	37
hydrocortisone oral.	61	ibuprofen oral suspension.	37
hydrocortisone rectal.	68	ibuprofen oral tablet 400 mg, 600 mg, 800 mg.	37
		ibuprofen-oxycodone.	34
		ibutilide fumarate.	43
		icatibant.	87

ICLUSIG	22	INTELENCE	8
icosapent ethyl	49	intralipid intravenous emulsion 20 %	93
idarubicin	22	INTRALIPID INTRAVENOUS EMULSION 30 %	93
IDHIFA	22	INTRON A INJECTION	71
ifosfamide intravenous recon soln.	22	introvale	80
ifosfamide intravenous solution 1 gram/20 ml	22	INVEGA SUSTENNA	40
ifosfamide intravenous solution 3 gram/60 ml	22	INVEGA TRINZA	40
ILARIS (PF) SUBCUTANEOUS SOLUTION	71	INVIRASE ORAL TABLET	8
imatinib	22	INVOKAMET	63
IMBRUVICA	22	INVOKAMET XR	63
IMFINZI	22	INVOKANA	63
imipenem-cilastatin	13	IPOL	74
imipramine hcl	40	ipratropium bromide inhalation	87
imipramine pamoate	40	ipratropium bromide nasal spray,non-aerosol 0.03 %	60
imiquimod topical cream in packet	52	ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	60
IMOVAX RABIES VACCINE (PF)	74	ipratropium-albuterol	87
IMPAVIDO	13	irbesartan	45
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE	28	irbesartan-hydrochlorothiazide	45
incassia	78	IRESSA	22
INCRELEX	58	irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	22
INCRUSE ELLIPTA	87	irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	22
indapamide	45	ISENTRESS	8
indomethacin oral capsule	37	ISENTRESS HD	8
indomethacin oral capsule, extended release	37	isibloom	80
indomethacin sodium	37	isoniazid injection	13
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	74	isoniazid oral	13
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	74	isoproterenol hcl	51
INFLECTRA	68	isosorbide dinitrate oral tablet	51
INFUGEM	22	isosorbide mononitrate oral tablet	51
INGREZZA	30	isosorbide mononitrate oral tablet extended release 24 hr	51
INGREZZA INITIATION PACK	30	isotretinoin	54
INLYTA	22	isradipine	45
INPEN (FOR HUMALOG)	62	ISTODAX	22
INQOVI	22	ISTURISA	64
INREBIC	22	itraconazole oral capsule	7
INSULIN PEN NEEDLE	62	itraconazole oral solution	7
INSULIN SYRINGE (DISP) U-100 0.3 ML	62	ivermectin oral	13
INSULIN SYRINGE (DISP) U-100 1 ML	63		
INSULIN SYRINGE (DISP) U-100 1/2 ML	63		

IXEMPRA.....	22	kelnor 1-50.....	80
IXIARO (PF).....	74	kelnor 1/35 (28).....	80
J		KEPIVANCE.....	19
JADENU SPRINKLE.....	58	KESIMPTA PEN.....	30
jaimiess.....	80	ketoconazole oral.....	7
JAKAFI.....	22	ketoconazole topical.....	55
jantoven.....	48	ketodan.....	55
JANUMET.....	63	ketoprofen oral capsule 25 mg.....	37
JANUMET XR.....	63	ketoprofen oral capsule 50 mg, 75 mg.....	37
JANUVIA.....	63	ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg.....	37
JARDIANCE.....	63	ketorolac injection cartridge 30 mg/ml.....	37
jasmiel (28).....	80	ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml).....	37
jencycla.....	78	ketorolac injection syringe 15 mg/ml.....	37
JEVTANA.....	22	ketorolac injection syringe 30 mg/ml.....	37
jinteli.....	78	ketorolac intramuscular cartridge.....	37
jolessa.....	80	ketorolac intramuscular solution.....	37
juleber.....	80	ketorolac intramuscular syringe.....	37
JULUCA.....	8	ketorolac ophthalmic (eye).....	84
junel 1.5/30 (21).....	80	ketorolac oral.....	37
junel 1/20 (21).....	80	KEVEYIS.....	30
junel fe 1.5/30 (28).....	80	KEVZARA.....	77
junel fe 1/20 (28).....	80	KEYTRUDA INTRAVENOUS SOLUTION.....	22
junel fe 24.....	80	KINERET.....	77
JUXTAPID.....	49	KINRIX (PF) INTRAMUSCULAR SUSPENSION.....	74
JYNARQUE ORAL TABLET.....	65	KINRIX (PF) INTRAMUSCULAR SYRINGE.....	74
JYNARQUE ORAL TABLETS, SEQUENTIAL	65	kionex (with sorbitol) oral suspension.....	58
K		KISQALI.....	22
k-tab oral tablet extended release 8 meq....	91	KISQALI FEMARA CO-PACK.....	22
KADCYLA.....	22	klor-con 10 oral tablet extended release....	91
kaitlib fe.....	80	klor-con 20 meq packet....	91
KALETRA ORAL TABLET.....	9	klor-con 8 oral tablet extended release....	91
kalliga.....	80	klor-con m10 oral tablet,er particles/crystals.	91
KALYDECO ORAL GRANULES IN PACKET 25 MG.....	87	klor-con m15 oral tablet,er particles/crystals.	91
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG.....	87	klor-con m20 oral tablet,er particles/crystals.	91
KALYDECO ORAL TABLET.....	87	klor-con/ef.....	91
KANJINTI.....	22	KORLYM.....	65
KANUMA.....	65	KOSELUGO.....	22
kariva (28).....	80	KRYSTEXXA.....	75
		kurvelo (28).....	80

KUVAN	65	letrozole	22
KYPROLIS	22	leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	19
L		leucovorin calcium injection recon soln 500 mg	19
I norgest/e.estradol-e.estrad.	80	leucovorin calcium injection solution	19
labetalol intravenous solution	45	leucovorin calcium oral	19
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	45	LEUKERAN	22
labetalol oral	45	LEUKINE INJECTION RECON SOLN	71
LACRISERT	84	leuprolide subcutaneous kit	22
lactated ringers intravenous	91	levalbuterol hcl	87
lactated ringers irrigation	57	levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml	27
lactulose oral packet	68	levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml	27
lactulose oral solution	68	levetiracetam intravenous	27
lamivudine	9	levetiracetam oral solution 100 mg/ml	27
lamivudine-zidovudine	9	levetiracetam oral solution 500 mg/5 ml (5 ml)	27
lamotrigine	27	levetiracetam oral tablet	27
lansoprazole oral capsule,delayed release(dr/ ec) 15 mg	70	levetiracetam oral tablet extended release 24 hr	27
lansoprazole oral capsule,delayed release(dr/ ec) 30 mg	70	levo-t	66
lansoprazole oral tablet,disintegrat, delay rel 15 mg	70	levobunolol ophthalmic (eye) drops 0.5 %	83
lansoprazole oral tablet,disintegrat, delay rel 30 mg	70	levocarnitine (with sugar)	58
lanthanum oral tablet,chewable	58	levocarnitine oral solution 100 mg/ml	58
LANTUS SOLOSTAR U-100 INSULIN	63	levocarnitine oral tablet	58
LANTUS U-100 INSULIN	63	levocetirizine oral solution	86
lapatinib	22	levocetirizine oral tablet	86
larin 1.5/30 (21)	80	levofloxacin in d5w intravenous piggyback 250 mg/50 ml	17
larin 1/20 (21)	80	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	17
larin 24 fe	80	levofloxacin intravenous	17
larin fe 1.5/30 (28)	80	levofloxacin ophthalmic (eye)	83
larin fe 1/20 (28)	80	levofloxacin oral	17
larissia	80	levoleucovorin calcium intravenous recon soln 50 mg	19
latanoprost	84	levoleucovorin calcium intravenous solution	19
LATUDA	40	levonest (28)	80
layolis fe	80	levonorg-eth estrad triphasic	81
leena 28	80	levonorgestrel-ethynodiol estrad	80
leflunomide	77	levora-28	81
LEMTRADA	30		
LENVIMA	22		
lessina	80		

levorphanol tartrate oral tablet 2 mg.....	34	LINZESS.....	68
LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND).....	34	liothyronine intravenous.....	66
levothyroxine intravenous recon soln.....	66	liothyronine oral.....	66
levothyroxine oral.....	66	lisinopril.....	45
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.....	66	lisinopril-hydrochlorothiazide.....	45
LEXIVA ORAL SUSPENSION.....	9	lithium carbonate oral capsule.....	40
LIBTAYO.....	22	lithium carbonate oral tablet.....	40
lidocaine (pf) in d7.5w.....	43	lithium carbonate oral tablet extended release.....	40
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %).....	52	lithium citrate oral solution 8 meq/5 ml.....	40
lidocaine (pf) injection solution 15 mg/ml (1.5 %).....	52	lo-zumandimine (28).....	81
lidocaine (pf) intravenous solution.....	43	lojaimiess.....	81
lidocaine (pf) intravenous syringe.....	43	LONSURF.....	22
lidocaine hcl injection solution.....	52	loperamide oral capsule.....	67
lidocaine hcl laryngotracheal.....	52	lopinavir-ritonavir.....	9
lidocaine hcl mucous membrane jelly.....	53	lopreeza oral tablet 1-0.5 mg.....	78
lidocaine hcl mucous membrane jelly in applicator.....	53	lorazepam injection solution.....	40
lidocaine hcl mucous membrane solution 4 % (40 mg/ml).....	53	lorazepam injection syringe 2 mg/ml.....	40
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %).....	43	lorazepam injection syringe 4 mg/ml.....	40
lidocaine topical adhesive patch,medicated 5 %.....	53	lorazepam intensol.....	40
lidocaine topical ointment.....	53	lorazepam oral concentrate.....	40
lidocaine viscous.....	53	lorazepam oral tablet.....	40
lidocaine-epinephrine (pf).....	53	LORBRENA.....	22
lidocaine-epinephrine injection solution 0.5 %-1:200,000.....	53	lorcet hd.....	34
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000.....	53	loryna (28).....	81
lidocaine-prilocaine topical cream.....	53	losartan.....	45
illow (28).....	81	losartan-hydrochlorothiazide.....	45
lincomycin.....	13	loteprednol etabonate.....	85
lindane topical shampoo.....	57	lovastatin.....	50
linezolid.....	13	low-ogestrel (28).....	81
linezolid in dextrose 5%.....	13	loxapine succinate.....	40
linezolid-0.9% sodium chloride.....	13	LUCEMYRA.....	37

lutera (28).....	81	megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml).....	23
LUZU.....	55	megestrol oral tablet.....	23
LYNPARZA ORAL TABLET.....	23	MEKINIST.....	23
LYSODREN.....	23	MEKTOVI.....	23
lyza.....	78	melodetta 24 fe.....	81
M		meloxicam oral tablet.....	37
M-M-R II (PF).....	74	melphalan.....	23
mafénide acetate.....	55	melphalan hcl.....	23
magnesium chloride injection.....	91	memantine oral capsule,sprinkle,er 24hr.....	31
magnesium sulfate in water intravenous parenteral solution.....	91	memantine oral solution.....	31
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %).....	91	memantine oral tablet.....	31
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %).....	91	MENACTRA (PF) INTRAMUSCULAR SOLUTION.....	74
magnesium sulfate injection solution.....	91	menquadfi (pf).....	74
magnesium sulfate injection syringe.....	91	MENVEO A-C-Y-W-135-DIP (PF).....	74
malathion.....	57	meperidine (pf) injection solution 100 mg/ml, 50 mg/ml.....	34
mannitol 20 %.....	45	meperidine (pf) injection solution 25 mg/ml.....	34
mannitol 25 % intravenous solution.....	45	meperidine oral.....	34
maprotiline.....	40	meprobamate.....	32
marlissa (28).....	81	MEPSEVII.....	65
MARPLAN.....	40	mercaptopurine.....	23
MATULANE.....	23	meropenem.....	13
matzim la oral tablet extended release 24 hr.....	45	mesalamine.....	68
MAVENCLAD (10 TABLET PACK).....	31	mesalamine oral tablet,delayed release (dr/ec).....	68
MAVENCLAD (4 TABLET PACK).....	31	mesalamine rectal.....	68
MAVENCLAD (5 TABLET PACK).....	31	mesna.....	19
MAVENCLAD (6 TABLET PACK).....	31	MESNEX ORAL.....	19
MAVENCLAD (7 TABLET PACK).....	31	metaproterenol oral syrup.....	87
MAVENCLAD (8 TABLET PACK).....	31	metaxall.....	32
MAVENCLAD (9 TABLET PACK).....	31	metaxalone.....	32
Mavyret.....	9	metformin oral solution.....	63
MAYZENT.....	31	metformin oral tablet.....	63
meclizine oral tablet 12.5 mg, 25 mg.....	68	metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR).....	63
meclofenamate.....	37	methadone injection solution.....	34
medroxyprogesterone.....	78	methadone intensol.....	34
mefenamic acid.....	37	methadone oral concentrate.....	34
mefloquine.....	13	methadone oral solution.....	34
		methadone oral tablet.....	34

methadose oral concentrate.....	35	methylprednisolone acetate.....	61
methamphetamine.....	40	methylprednisolone oral tablet.....	61
methazolamide.....	84	methylprednisolone oral tablets,dose pack..	61
methenamine hippurate.....	18	methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.....	61
methenamine mandelate.....	18	methylprednisolone sodium succ intravenous recon soln 1,000 mg.....	61
methergine.....	82	methylprednisolone sodium succ intravenous recon soln 500 mg.....	61
methimazole oral tablet 10 mg, 5 mg.....	61	methyltestosterone oral capsule.....	65
METHITEST.....	65	metoclopramide hcl injection solution.....	68
methocarbamol injection.....	32	metoclopramide hcl injection syringe.....	68
methocarbamol oral.....	32	metoclopramide hcl oral.....	68
methotrexate sodium (pf) injection recon soln	23	metolazone.....	45
methotrexate sodium (pf) injection solution..	23	metoprolol succinate oral tablet extended release 24 hr.....	45
methotrexate sodium injection.....	23	metoprolol ta-hydrochlorothiaz.....	45
methotrexate sodium oral.....	23	metoprolol tartrate intravenous solution.....	46
methoxsalen.....	53	metoprolol tartrate oral tablet.....	46
methscopolamine.....	67	metro i.v.....	13
methyldopa.....	45	metronidazole in nacl (iso-os).....	13
methyldopa-hydrochlorothiazide.....	45	metronidazole oral.....	13
methylergonovine injection.....	82	metronidazole topical.....	54
methylergonovine oral.....	82	metronidazole vaginal.....	79
methylphenidate hcl oral cap,er sprinkle, biphasic 40-60.....	40	metyrosine.....	46
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg.....	40	mexiletine.....	43
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg.....	40	MIACALCIN INJECTION.....	65
methylphenidate hcl oral capsule,er biphasic 50- 50.....	41	mibelas 24 fe.....	81
methylphenidate hcl oral solution.....	41	micafungin.....	7
methylphenidate hcl oral tablet.....	41	miconazole-3 vaginal suppository.....	79
methylphenidate hcl oral tablet extended release 10 mg.....	41	microgestin 1.5/30 (21).....	81
methylphenidate hcl oral tablet extended release 20 mg.....	41	microgestin 1/20 (21).....	81
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating).....	41	microgestin fe 1.5/30 (28).....	81
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.....	41	microgestin fe 1/20 (28).....	81
methylphenidate hcl oral tablet extended release 24hr 36 mg.....	41	midazolam (pf) injection.....	41
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating).....	41	midazolam injection.....	41
methylphenidate hcl oral tablet,chewable...	41	midazolam oral syrup 2 mg/ml.....	41

milrinone.....	51	morphine intravenous syringe 2 mg/ml, 4 mg/ml.....	35
milrinone in 5 % dextrose.....	51	morphine oral capsule, er multiphase 24 hr.	35
mimvey.....	78	morphine oral capsule,extend.release pellets ..	35
minocycline oral capsule.....	18	morphine oral solution.....	35
minocycline oral tablet.	18	morphine oral tablet.....	35
minocycline oral tablet extended release 24 hr.....	18	morphine oral tablet extended release.....	35
minoxidil oral.....	46	MOTEGRITY.....	68
miostat.....	84	moxifloxacin ophthalmic (eye).....	83
mirtazapine.....	41	moxifloxacin oral.....	17
misoprostol.....	70	moxifloxacin-sod.chloride(iso).....	17
mitomycin intravenous.....	23	MOZOBIL.....	71
mitoxantrone.....	23	MULPLETA.....	48
modafinil.....	41	MULTAQ.....	43
moexipril.....	46	mupirocin.....	55
molindone.....	41	mupirocin calcium.....	55
mometasone nasal.....	88	MVASI.....	23
mometasone topical.....	56	MYALEPT.....	65
monodoxine nl oral capsule 100 mg, 75 mg.	18	MYCAPSSA.....	23
MONJUVI.....	23	mycophenolate mofetil.....	23
mono-linyah.....	81	mycophenolate mofetil (hcl).....	23
monoject 0.9% sodium chloride.....	58	mycophenolate sodium oral tablet,delayed release (dr/ec).....	23
monoject prefill advanced ns.....	58	MYLERAN.....	23
montelukast.....	88	MYLOTARG.....	23
morgidox.....	18	myorisan.....	54
morphine (pf) injection solution 0.5 mg/ml... .	35	MYRBETRIQ.....	89
morphine (pf) injection solution 1 mg/ml.	35	MYTESI.....	67
morphine concentrate oral solution.....	35		
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND).....	35	N	
morphine injection solution 8 mg/ml.....	35	nabumetone.....	37
morphine injection syringe 10 mg/ml, 4 mg/ml.....	35	nadolol.....	46
MORPHINE INJECTION SYRINGE 2 MG/ML.....	35	nadolol-bendroflumethiazide oral tablet 80-5 mg.....	46
morphine injection syringe 5 mg/ml, 8 mg/ml	35	nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml.	16
morphine intravenous solution 10 mg/ml.... .	35	nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml.	16
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND).....	35	nafcillin injection.....	16
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND).....	35	nafcillin intravenous.....	16
		naftifine.....	55
		NAGLAZYME.....	65
		nalbuphine.....	37

naloxone injection solution	37	NEXAVAR	23
naloxone injection syringe	37	NEXLETOL	50
naltrexone	37	NEXLIZET	50
naproxen	37	niacin oral tablet 500 mg	50
naproxen sodium oral tablet 275 mg, 550 mg	37	niacin oral tablet extended release 24 hr	50
naproxen sodium oral tablet, er multiphase 24 hr	37	nicardipine intravenous solution	46
naratriptan	29	nicardipine oral	46
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	37	NICOTROL	59
NATACYN	83	NICOTROL NS	59
nateglinide	63	nifedipine oral capsule	46
NATPARA	65	nifedipine oral tablet extended release	46
NAYZILAM	27	nifedipine oral tablet extended release 24hr	46
NEBUPENT	13	nikki (28)	81
nebusal inhalation solution for nebulization 3 %	88	nilutamide	23
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	88	nimodipine	46
necon 0.5/35 (28)	81	NINLARO	23
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nefazodone	41	nitisinone	58
neo-polycin	83	nitro-bid	51
neo-polycin hc	85	nitrofurantoin	18
neomycin	13	nitrofurantoin macrocrystal	18
neomycin-bacitracin-poly-hc	85	nitrofurantoin monohyd/m-cryst	18
neomycin-bacitracin-polymyxin	83	nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	51
neomycin-polymyxin b gu	57	nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	51
neomycin-polymyxin b-dexameth	85	nitroglycerin intravenous	51
neomycin-polymyxin-gramicidin	83	nitroglycerin sublingual	51
neomycin-polymyxin-hc ophthalmic (eye)	85	nitroglycerin transdermal patch 24 hour	51
neomycin-polymyxin-hc otic (ear)	60	nitroglycerin translingual spray,non-aerosol	51
neostigmine methylsulfate intravenous solution 0.5 mg/ml	32	NITYR	58
neostigmine methylsulfate intravenous solution 1 mg/ml	32	nizatidine	70
NEPHRAMINE 5.4 %	93	nolix	56
NERLYNX	23	nora-be	78
neuac	54	norepinephrine bitartrate	51
NEUPRO	28	noreth-ethinyl estradiol-iron	81
nevirapine oral suspension	9	norethindrone (contraceptive)	78
nevirapine oral tablet	9	norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	78
nevirapine oral tablet extended release 24 hr	9	norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	81

norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg.....	81	nystop.....	55
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norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7).....	81	OCALIVA.....	68
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7).....	81	ocella.....	81
norethindrone-e.estradiol-iron oral tablet, chewable.....	81	OCREVUS.....	31
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norlyda.....	78	ODEFSEY.....	9
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NORMOSOL-R.....	91	ofloxacin ophthalmic (eye).....	83
NORMOSOL-R PH 7.4.....	93	ofloxacin oral tablet 300 mg.....	17
NORTHERA.....	58	ofloxacin oral tablet 400 mg.....	17
nortrel 0.5/35 (28).....	81	ofloxacin otic (ear).....	60
nortrel 1/35 (21).....	81	OGIVRI.....	23
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NORVIR ORAL SOLUTION.....	9	olmesartan.....	46
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NOXAFIL ORAL SUSPENSION.....	7	olopatadine ophthalmic (eye).....	84
np thyroid.....	66	omega-3 acid ethyl esters.....	50
NPLATE.....	48	omeprazole oral capsule,delayed release(dr/ec) 10 mg.....	70
NUBEQA.....	23	omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg.....	70
NUCALA.....	88	omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram.....	70
NUEDEXTA.....	31	omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram.....	70
NULOJIX.....	23	omeprazole-sodium bicarbonate oral packet 20-1,680 mg.....	70
NUPLAZID ORAL CAPSULE.....	41	omeprazole-sodium bicarbonate oral packet 40-1,680 mg.....	70
NUPLAZID ORAL TABLET 10 MG.....	41	OMNITROPE.....	71
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NUZYRA ORAL.....	18	ondansetron hcl intravenous.....	68
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ONPATTRO.....	31	oxaliplatin intravenous recon soln 50 mg....	23
ONTRUZANT.....	23	oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml).....	24
ONUREG.....	23	oxaliplatin intravenous solution 200 mg/40 ml	24
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orphenadrine-asa-caffeine oral tablet 50-770-60 mg.....	32	oxycodone-acetaminophen oral tablet 2.5-300 mg.....	36
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orsythia.....	81	OXYCONTIN ORAL TABLET,ORAL ONLY,EXT. REL.12 HR.....	36
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OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML).	63	peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram.	68
P		peg-electrolyte	68
pacerone oral tablet 100 mg, 200 mg, 400 mg.	43	peg3350-sod sul-nacl-kcl-asb-c.	68
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PADCEV.	24	PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	71
paliperidone.	41	PEGASYS SUBCUTANEOUS SOLUTION	71
palonosetron intravenous solution 0.25 mg/5 ml.	68	PEGASYS SUBCUTANEOUS SYRINGE	71
palonosetron intravenous syringe.	68	PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	71
PALYNZIQ.	65	PEMAZYRE	24
pamidronate.	65	penicillamine	77
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pantoprazole oral granules dr for susp in packet.	70	penicillin g procaine	16
pantoprazole oral tablet,delayed release (dr/ec) 20 mg.	70	penicillin g sodium	16
pantoprazole oral tablet,delayed release (dr/ec) 40 mg.	70	penicillin v potassium	16
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paroex oral rinse.	60	pentobarbital sodium injection solution	41
paromomycin.	13	pentoxifylline oral tablet extended release	49
paroxetine hcl oral tablet.	41	perindopril erbumine	46
paroxetine hcl oral tablet extended release 24 hr.	41	periogard	60
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		pizerpen-g	16
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phenobarbital sodium injection solution 130 mg/ml.....	27	PNEUMOVAX-23.....	74
phenobarbital sodium injection solution 65 mg/ml.....	27	podofilox.....	53
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phenytoin oral suspension 125 mg/5 ml.....	27	polycin.....	83
phenytoin oral tablet, chewable.....	27	polyethylene glycol 3350 oral powder.....	69
phenytoin sodium extended.....	27	polymyxin b sulf-trimethoprim.....	83
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pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %.....	84	potassium acetate intravenous solution 2 meq/ml.....	91
pilocarpine hcl oral.....	58	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.....	91
pimecrolimus.....	53	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l.....	91
pimozide.....	42	potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.....	91
pimtrea (28).....	81	potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l.....	91
pindolol.....	46	potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l.....	91
pioglitazone.....	63	potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l.....	92
pioglitazone-glimepiride.....	63	potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l.....	92
pioglitazone-metformin.....	63	potassium chloride in water intravenous piggyback 10 meq/100 ml.....	92
piperacillin-tazobactam intravenous recon soln 13.5 gram.....	16	potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml.....	92
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram.....	16	potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml.....	92
piperacillin-tazobactam intravenous recon soln 40.5 gram.....	16	potassium chloride intravenous.....	92
PIQRAY.....	24	potassium chloride oral.....	92
pirmella.....	81	potassium chloride-0.45 % nacl.....	92
piroxicam.....	37	potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.....	92
plasbumin 25 %.....	90		
plasbumin 5 %.....	90		
plasmanate.....	93		
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML.....	72		
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.....	72		
PLEGRIDY SUBCUTANEOUS SYRINGE.....	72		

potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l.	92
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l.	92
potassium chloride-d5-0.9%nacl.	92
potassium citrate oral tablet extended release.	90
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml.	92
POTELIGEO.	24
PRADAXA.	49
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.	50
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML.	50
pramipexole oral tablet.	28
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prasugrel.	49
pravastatin.	50
PRAXBIND.	49
praziquantel.	13
prazosin.	46
PRED MILD.	85
prednicarbate.	56
prednisolone acetate.	85
prednisolone oral solution 15 mg/5 ml.	61
prednisolone sodium phosphate ophthalmic (eye).	85
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).	61
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml).	61
prednisolone sodium phosphate oral tablet,disintegrating.	61
prednisone intensol.	61
prednisone oral solution.	61
prednisone oral tablet.	61
prednisone oral tablets,dose pack.	61
pregabalin.	27
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prenatal vitamin oral tablet.	93
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PREVYMIS ORAL.	9
PREZCOBIX.	9
PREZISTA ORAL SUSPENSION.	9
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG.	9
PRIFTIN.	13
PRIMAQUINE.	13
primaquine (generic).	13
primidone.	27
PROAIR RESPICLICK.	88
probenecid.	75
probenecid-colchicine.	75
procainamide injection solution 100 mg/ml.	43
procainamide injection solution 500 mg/ml.	43
PROCALAMINE 3%.	93
procentra.	42
prochlorperazine.	69
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml).	69
prochlorperazine edisylate injection solution 5 mg/ml.	69
prochlorperazine maleate oral.	69
procto-med hc.	69
procto-pak.	69
proctosol hc topical.	69
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PROCYSBI.	90
progesterone.	79
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PROGRAF INTRAVENOUS.	24
PROGRAF ORAL GRANULES IN PACKET.	24
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PROMACTA	49	quinine sulfate	13
promethazine injection solution	86	RABAVERT (PF)	74
promethazine oral	86	rabeprazole oral tablet,delayed release (dr/ec)	70
promethazine rectal suppository 12.5 mg, 25 mg	86	RADICAVA	31
promethegan	86	RAGWITEK	74
propafenone oral capsule,extended release 12 hr	43	raloxifene	76
propafenone oral tablet	43	ramelteon	42
propantheline	67	ramipril	46
propranolol intravenous	46	ranitidine hcl oral syrup	70
propranolol oral capsule,extended release 24 hr	46	ranitidine hcl oral tablet 150 mg, 300 mg	71
propranolol oral solution	46	ranolazine	51
propranolol oral tablet	46	rasagiline	28
propranolol-hydrochlorothiazid	46	RAVICTI	59
propylthiouracil	61	REBIF (WITH ALBUMIN)	72
PROQUAD (PF)	74	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	72
PROSOL 20 %	93	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	72
protamine	49	REBIF TITRATION PACK	72
protriptyline	42	REBLOZYL	72
prudoxin	53	RECARBRIO	13
pulmosal	88	reclipsen (28)	81
PULMOZYME	88	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	75
PURIXAN	24	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	75
pyrazinamide	13	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	75
pyridostigmine bromide oral syrup	32	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	75
pyridostigmine bromide oral tablet	32	RECTIV	69
pyridostigmine bromide oral tablet extended release	32	regonol	32
pyrimethamine	13	REGRANEX	53
Q		RELENZA DISKHALER	9
QINLOCK	24	RELISTOR ORAL	69
QUADRACEL (PF)	74	RELISTOR SUBCUTANEOUS SOLUTION	69
QUDEXY XR	27	RELISTOR SUBCUTANEOUS SYRINGE	69
quetiapine oral tablet	42	repaglinide	63
quetiapine oral tablet extended release 24 hr	42	repaglinide-metformin	63
quinapril	46		
quinapril-hydrochlorothiazide	46		
quinidine gluconate oral tablet extended release	43		
quinidine sulfate oral tablet	43		

RESTASIS	84	ropinirole oral tablet	28
RESTASIS MULTIDOSE	84	ropinirole oral tablet extended release 24 hr.	28
RETACRIT	72	rosadan topical cream	54
RETEVMO	24	rosadan topical gel	54
RETROVIR INTRAVENOUS	9	rosuvastatin	50
REVCORI	59	ROTARIX	75
REVLIMID	24	ROTATEQ VACCINE	75
revonto	32	roweepra	27
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ribavirin oral capsule	9	RUBRACA	24
ribavirin oral tablet 200 mg	9	RUCONEST	88
RIDAURA	77	rufinamide	27
rifabutin	13	RUKOBIA	9
rifampin intravenous	13	RUXIENCE	24
rifampin oral	13	RUZURGI	31
RIFATER	14	RYBELSUS	63
riluzole	59	RYDAPT	24
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risedronate oral tablet 150 mg	76	S	
risedronate oral tablet 30 mg	59	salsalate	37
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	76	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	24
risedronate oral tablet 5 mg	76	SANTYL	53
risedronate oral tablet,delayed release (dr/ec)	76	SAPHRIS	42
RISPERDAL CONSTA	42	sapropterin	65
risperidone oral solution	42	SARCLISA	24
risperidone oral tablet	42	scopolamine base	69
risperidone oral tablet,disintegrating	42	seconal sodium	42
ritonavir	9	SECUADO	42
RITUXAN	24	selegiline hcl	28
RITUXAN HYCELA	24	selenium sulfide topical lotion	52
rivastigmine tartrate	31	SELZENTRY	9
rivastigmine transdermal	31	SEREVENT DISKUS	88
rivelsa	81	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	72
rizatriptan oral tablet	29	sertraline	42
rizatriptan oral tablet,disintegrating	29	setlakin	81
ROMIDEPSIN INTRAVENOUS SOLUTION	24	sevelamer carbonate	59
		sevelamer hcl	59
		sf	60

sf 5000 plus.....	60	sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml).....	92
sharobel.....	79	sodium chlor 0.9% bacteriostat.....	59
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SIGNIFOR.....	24	sodium chloride 0.9 % (flush) injection syringe.....	59
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sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml.....	88	sodium chloride 0.9 % intravenous piggyback.....	59
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml.....	88	sodium chloride 3 %.....	92
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg.....	88	sodium chloride 5 %.....	92
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silver sulfadiazine.....	53	sodium chloride injection.....	59
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SIMPONI ARIA.....	77	sodium fluoride 5000 plus.....	60
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML.....	77	sodium fluoride-pot nitrate.....	60
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML.....	77	sodium nitroprusside.....	51
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML.....	78	sodium phenylbutyrate.....	59
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML.....	78	sodium phosphate.....	92
SIMULECT INTRAVENOUS RECON SOLN 10 MG.....	24	sodium polystyrene (sorb free).....	59
SIMULECT INTRAVENOUS RECON SOLN 20 MG.....	24	sodium polystyrene sulfonate oral powder.....	59
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SIVEXTRO ORAL.....	14	sorine oral tablet 120 mg, 160 mg, 80 mg....	43
SKYRIZI SUBCUTANEOUS SYRINGE KIT.....	52	sorine oral tablet 240 mg.....	43
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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, 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 week; fax at **617-246-8506**; or email at MedicareAdvantageRXAppeals@bcbsma.com.

You can file a grievance in person, by mail, fax, or 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 www.hhs.gov.

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

English: ATTENTION: If you 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: Nêu 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/ ខ្មែរ: បុរាណ៖ ពីសិទ្ធិមុនុគិយាយ ការាសាទ្វា, លោកស្រីយ៉ែត្រការណា ខោយជិទកិច្ចូលរិ៍អាជារណ៍សកប័ណ្ឌ ចាត់ ខ្លាងពួក 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).

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

Greek/λατινικά: ΠΡΟΣΟΧΗ: Αν 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: સુધીના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા મહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરા 1-800-200-4255 (TTY: 711)



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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.

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with an Medicare contract.

Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

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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 linguísticos, grátis.

Ligue para **1-800-200-4255** (TTY: 711).



MASSACHUSETTS

This formulary was updated on 12/01/2020. 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 www.bluecrossma.com/medicare-options.

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