



MASSACHUSETTS

Medicare Advantage Group



2021 FORMULARY (LIST OF COVERED DRUGS)

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

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare-options.

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2021. 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, 2022, and from time to time during the year.

What is the Medicare Advantage Group Plan's Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare Advantage Group Plan's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2021. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, bluecrossma.com/medicare-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 101. 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 101. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

Prior Authorization: Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 capsules per 30 days per prescription for Omeprazole 10 mg capsules. This may be in addition to a standard one-month or three-month supply.

Opioid Safety Edits: For certain drugs or combinations of drugs, there may be a safety edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other similar, medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.

Step Therapy: In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Medicare Advantage Group Plan's Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, 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 should I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

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

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

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

For more information

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

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

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

Medicare Advantage Group Plan's Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 101.

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	
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO, HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	HI
<i>flucytosine</i>	1	MO
<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	MO, HI
NOXAFIL INTRAVENOUS	2	HI

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
NOXAFIL ORAL SUSPENSION	2	MO
<i>nystatin oral</i>	1	MO
<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.

This drug list was last updated on 12/01/2021.

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
atazanavir	1	MO
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BIKTARVY	2	MO
CABENUVA	2	MO
cidofovir	1	B/D PA, MO, HI
CIMDUO	2	MO
COMPLERA	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
efavirenz	1	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
efavirenz-emtricitabin-tenofovir	1	MO
efavirenz-lamivu-tenofovir disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofovir (tdf)	1	MO
EMTRIVA	2	MO
entecavir	1	MO
EPCLUSA ORAL TABLET	2	PA, MO, QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	MO
etravirine	1	MO
EVOTAZ	2	MO
famciclovir	1	MO
fosamprenavir	1	MO
foscarnet	1	B/D PA, 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

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

This drug list was last updated on 12/01/2021.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
ISENTRESS HD	2	MO
JULUCA	2	MO
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 ORAL TABLET	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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
PREVYMIS ORAL	2	MO
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO
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	
<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	3	PA, MO, QL (28 per 28 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SYMF1	2	MO
SYMF1 LO	2	MO
SYMTUZA	2	MO
SYNAGIS	3	MO, LA
TEMIXYS	2	MO
<i>tenofovir disoproxil fumarate</i>	1	MO

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

This drug list was last updated on 12/01/2021.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
TIVICAY	2	MO
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, 40 MG	3	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	3	MO, QL (1 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, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 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>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO, HI
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO, HI
<i>cefazolin injection recon soln 10 gram</i>	1	HI
<i>cefazolin injection recon soln 100 gram, 300 g</i>	1	HI
<i>cefazolin intravenous</i>	1	HI
<i>cefdinir</i>	1	MO
<i>cefpime in dextrose, iso-osm</i>	1	
<i>cefpime injection</i>	1	MO, HI
<i>cefixime</i>	1	MO

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>cefotetan injection</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
<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

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

Drug Name	Tier	Requirements/ Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO, HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO, HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin</i>	1	MO
FETROJA	2	
SUPRAX ORAL TABLET,CHEWABLE	2	MO
<i>tazicef injection</i>	1	MO, HI
<i>tazicef intravenous</i>	1	
TEFLARO	3	MO, HI
ZERBAXA	2	HI

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	1	MO, HI
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	3	MO
<i>e.e.s. 400 oral tablet</i>	1	
<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
ERYTHROGIN INTRAVENOUS RECON SOLN 500 MG	2	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin 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

Drug Name	Tier	Requirements/ Limits
albendazole	1	MO
amikacin injection solution 1,000 mg/4 ml	1	MO, HI
amikacin injection solution 500 mg/2 ml	1	MO, HI
ARIKAYCE	2	PA, LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
aztreonam injection recon soln 1 gram	1	MO, HI
aztreonam injection recon soln 2 gram	1	MO, HI
bacitracin intramuscular	1	MO
BENZNIDAZOLE	2	MO
BETHKIS	3	B/D PA, MO
CAYSTON	2	MO, LA
chloramphenicol sod succinate	1	HI
chloroquine phosphate	1	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	MO, HI
clindamycin pediatric	1	MO
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)	1	HI
clindamycin phosphate injection solution 150 mg/ml	1	MO, HI

ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES (continued)

Drug Name	Tier	Requirements/ Limits
clindamycin phosphate intravenous solution 600 mg/4 ml	1	HI
COARTEM	2	MO
colistin (colistimethate na)	1	MO, HI
CYCLOSERINE	2	MO
DALVANCE	2	MO, HI
dapsone oral	1	MO
DAPTOMYcin INTRAVENOUS RECON SOLN 350 MG (BRAND)	2	MO, HI
daptomycin intravenous recon soln 500 mg	1	MO, HI
EMVERM	3	MO
ertapenem	1	MO, HI
ethambutol	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	MO, HI
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	HI
gentamicin injection solution 40 mg/ml	1	MO, HI
gentamicin sulfate (ped) (pf)	1	MO

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
HYDROXYCHLORO- QUINE ORAL TABLET 100 MG, 300 MG, 400 MG	2	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO, HI
IMPAVIDO	2	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
KIMYRSA	2	
LAMPIT	2	
<i>lincomycin</i>	1	HI
<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
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO
ORBACTIV	2	MO, HI
<i>paromomycin</i>	1	MO
PASER	2	MO
<i>pentamidine inhalation</i>	1	B/D PA, MO

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

Drug Name	Tier	Requirements/ Limits
<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>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA, 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
SIRTURO	2	LA
SIVEXTRO INTRAVENOUS	2	HI
SIVEXTRO ORAL	2	MO
STREPTOMYCIN	2	MO
SYNERCID	3	HI
<i>tigecycline</i>	1	MO, 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

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>tobramycin sulfate injection solution</i>	1	MO, HI
TRECATOR	2	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	2	
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	2	
VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND)	2	
VANCOMYCIN INJECTION (BRAND)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	1	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	2	HI
<i>vancomycin intravenous recon soln 10 gram</i>	1	HI
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND)	2	HI

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

Drug Name	Tier	Requirements/ Limits
<i>vancomycin intravenous recon soln 5 gram</i>	1	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	
XENLETA ORAL	2	MO, QL (10 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO
<i>primaquine (generic)</i>	1	MO

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

This drug list was last updated on 12/01/2021.

ANTI - INFECTIVES: PENICILLINS

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

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO, HI
ampicillin-sulbactam injection recon soln 15 gram	1	HI
ampicillin-sulbactam intravenous	1	HI
BICILLIN L-A	3	MO
dicloxacillin	1	MO
nafcillin in dextrose iso-osm	1	HI
nafcillin injection recon soln 1 gram, 2 gram	1	MO, HI
nafcillin injection recon soln 10 gram	1	HI
nafcillin intravenous recon soln 1 gram	1	HI
nafcillin intravenous recon soln 2 gram	1	MO, HI
oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml	1	HI
oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml	1	MO, HI
oxacillin injection recon soln 1 gram, 10 gram	1	HI
oxacillin injection recon soln 2 gram	1	MO, HI
penicillin g potassium injection recon soln 20 million unit	1	MO, HI

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

This drug list was last updated on 12/01/2021.

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>pfiZerpen-g</i>	1	HI
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	1	HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO, HI
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	HI

ANTI - INFECTIVES: QUINOLONES

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

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

This drug list was last updated on 12/01/2021.

ANTI - INFECTIVES: SULFA'S / RELATED AGENTS

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

ANTI - INFECTIVES: TETRACYCLINES

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

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

ANTI - INFECTIVES: URINARY TRACT AGENTS

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

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

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

This drug list was last updated on 12/01/2021.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
abiraterone	1	PA, MO
ABRAXANE	2	PA, MO, HI
ADAKVEO	2	PA
adriamycin <i>intravenous recon soln 10 mg</i>	1	MO, HI
adriamycin <i>intravenous solution 10 mg/5 ml</i>	1	MO, HI
adriamycin <i>intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</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	LA
ALUNBRIG	2	PA
anastrozole	1	MO
ARRANON	2	HI
arsenic trioxide <i>intravenous solution 1 mg/ml</i>	1	
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	PA, MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
AYVAKIT	2	PA, LA
azacitidine	1	MO, HI
azathioprine oral <i>tablet 100 mg, 75 mg</i>	1	B/D PA
azathioprine oral <i>tablet 50 mg</i>	1	B/D PA, MO
azathioprine sodium	1	B/D PA, HI
BALVERSA	2	PA, LA
BAVENCIO	2	PA, LA
BELEODAQ	2	HI
BENDEKA	2	MO
BESPONSA	2	MO, HI
bexarotene	1	PA, MO
bicalutamide	1	MO
BLENREP	2	B/D PA
bleomycin	1	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	2	B/D PA
BORTEZOMIB	2	HI
BOSULIF	2	PA, MO
BRAFTOVI ORAL CAPSULE 75 MG	2	PA, MO, LA
BRUKINSA	2	PA, LA
busulfan	1	HI
CABOMETYX	2	PA, MO, LA
CALQUENCE	2	PA, LA
capecitabine	MB	MO
CAPRELSA	2	PA, LA
carboplatin <i>intravenous solution</i>	1	MO, HI
carmustine	1	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
<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, LA
COTELLIC	2	PA, MO, LA
<i>cyclophosphamide intravenous recon soln</i>	1	MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA, MO
<i>cyclosporine intravenous</i>	1	B/D PA, HI
<i>cyclosporine modified oral capsule</i>	1	B/D PA, MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA, MO
CYRAMZA	2	B/D PA, MO, HI
<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
DANYELZA	2	PA

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
DARZALEX	2	PA, MO, LA
DARZALEX FASPRO	2	PA, 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), 80 mg/8 ml (10 mg/ml)</i>	1	HI
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	MO, HI
<i>doxorubicin intravenous recon soln 10 mg</i>	1	
<i>doxorubicin intravenous recon soln 50 mg</i>	1	MO, HI
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	MO, HI
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	HI
<i>doxorubicin, peg-liposomal</i>	1	MO, HI
ELIGARD	2	MO
ELIGARD (3 MONTH)	2	MO

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

This drug list was last updated on 12/01/2021.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
ELIGARD (4 MONTH)	2	MO
ELIGARD (6 MONTH)	2	MO
ELZONRIS	2	B/D PA
EMCYT	2	MO
EMPLICITI	2	B/D PA, MO, HI
ENHERTU	2	PA, MO
ENSPRYNG	2	PA, MO
ENVARSUS XR	3	B/D PA, MO
<i>epirubicin intravenous solution</i>	1	MO, HI
ERBITUX	2	PA, MO, HI
ERIVEDGE	2	PA, MO
ERLEADA	2	PA, MO
<i>erlotinib</i>	1	PA, MO
ETOPOPHOS	2	MO, HI
<i>etoposide intravenous</i>	1	MO, HI
<i>etoposide oral</i>	MB	MO
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	1	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA, MO
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA
<i>everolimus (immunosuppressive)</i>	1	B/D PA, MO
exemestane	1	MO
EXKIVITY	2	PA, LA
FARYDAK	2	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
FIRMAGON KIT W DILUENT SYRINGE	2	MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	MO, HI
<i>fludarabine intravenous solution</i>	1	HI
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA, MO, HI
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA, HI
<i>flutamide</i>	1	MO
FOLOTYN	2	MO, HI
FOTIVDA	2	PA, QL (21 per 28 days)
<i>fulvestrant</i>	1	MO
GAMIFANT	2	PA, LA
GAVRETO	2	PA, MO, LA
GAZYVA	2	PA, MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	MO, HI
<i>gemcitabine intravenous recon soln 2 gram</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>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	MO, HI
<i>genraf</i>	1	B/D PA, MO
<i>GILOTRIF</i>	2	PA, MO
<i>HALAVEN</i>	2	PA, MO, HI
<i>HERCEPTIN HYLECTA</i>	2	PA, MO
<i>HERCEPTIN INTRAVENOUS RECON SOLN 150 MG</i>	2	PA, MO, HI
<i>HERZUMA</i>	2	PA, MO
<i>HYCAMTIN ORAL</i>	MB	MO
<i>hydroxyurea</i>	1	MO
<i>IBRANCE</i>	2	PA, MO
<i>ICLUSIG</i>	2	PA
<i>idarubicin</i>	1	MO, HI
<i>IDHIFA</i>	2	PA, MO, LA
<i>ifosfamide intravenous recon soln</i>	1	MO, HI
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	MO, HI
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	HI
<i>imatinib</i>	1	PA, MO
<i>IMBRUVICA</i>	2	PA
<i>IMFINZI</i>	2	PA, MO, HI, LA
<i>INFUGEM</i>	2	HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>INLYTA</i>	2	PA, MO
<i>INQOVI</i>	2	PA, MO
<i>INREBIC</i>	2	PA, MO, LA
<i>IRESSA</i>	2	PA, MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	MO, HI
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	HI
<i>ISTODAX</i>	2	MO, HI
<i>IXEMPRA</i>	2	PA, MO, HI
<i>JAKAFI</i>	2	PA, MO
<i>JEMPERLI</i>	2	PA, MO
<i>JEVTANA</i>	2	PA, MO, HI
<i>KADCYLA</i>	2	PA, MO, HI
<i>KANJINTI</i>	2	PA, MO
<i>KEYTRUDA</i>	2	PA, HI
<i>KISQALI</i>	2	PA, MO
<i>KISQALI FEMARA CO-PACK</i>	2	PA, MO
<i>KLISYRI</i>	3	MO, QL (5 per 30 days)
<i>KOSELUGO</i>	2	PA
<i>KYPROLIS</i>	2	PA, HI
<i>lapatinib</i>	1	PA, MO
<i>LENVIMA</i>	2	PA, MO
<i>letrozole</i>	1	MO
<i>LEUKERAN</i>	2	MO
<i>leuprolide subcutaneous kit</i>	1	MO

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

This drug list was last updated on 12/01/2021.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
LIBTAYO	2	PA, HI
LONSURF	2	PA, MO
LORBRENA	2	PA, MO
LUMAKRAS	2	PA, MO, QL (240 per 30 days)
LUMOXITI	2	PA, HI, LA
LUPKYNIS	2	PA, LA
LUPRON DEPOT	2	MO
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	2	PA, MO
LYSODREN	2	
MATULANE	2	
megestrol oral suspension 400 mg/10 ml (10 ml)	1	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA, MO
megestrol oral tablet	1	PA, MO
MEKINIST	2	PA, MO
MEKTOVI	2	PA, MO, LA

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<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
<i>mitomycin intravenous</i>	1	MO, HI
<i>mitoxantrone</i>	1	MO, HI
MONJUVI	2	PA
MVASI	2	PA, MO
MYCAPSSA	2	PA, 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	PA, MO
NINLARO	2	PA, MO
NUBEQA	2	PA, MO, LA
NULOJIX	3	B/D PA, MO, 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
octreotide acetate	1	MO
ODOMZO	2	PA, MO, LA
OGIVRI	2	PA, MO
ONCASPAR	2	
ONIVYDE	2	PA
ONTRUZANT	2	PA
ONUREG	2	PA, MO
OPDIVO	2	PA, MO, HI
ORGOVYX	2	PA
oxaliplatin intravenous recon soln 100 mg	1	MO, HI
oxaliplatin intravenous recon soln 50 mg	1	HI
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	MO, HI
oxaliplatin intravenous solution 200 mg/40 ml	1	
paclitaxel	1	MO, HI
PADCEV	2	PA, MO
paraplatin	1	HI
PEMAZYRE	2	PA, LA
PERJETA	2	PA, 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	PA

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
PROGRAF INTRAVENOUS	2	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA, MO
PURIXAN	2	
QINLOCK	2	PA, LA
RETEVMO	2	PA, MO, LA
REVLIMID	2	PA, MO, LA
REZUROCK	2	PA, LA
RIABNI	2	PA, MO
RITUXAN	2	PA, MO, HI
RITUXAN HYCELA	2	PA, MO
ROMIDEPSIN INTRAVENOUS SOLUTION	2	
ROZLYTREK	2	PA, MO
RUBRACA	2	PA, MO, LA
RUXIENCE	2	PA, MO
RYBREVANT	2	PA, MO
RYDAPT	2	PA, MO
RYLAZE	2	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	MO
SARCLISA	2	PA
SIGNIFOR	2	
SIGNIFOR LAR	2	
SIKLOS	2	MO

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

This drug list was last updated on 12/01/2021.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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
<i>sunitinib</i>	1	PA, MO
SUTENT	2	PA, MO
SYNRIBO	2	
TABLOID	2	MO
TABRECTA	2	PA, MO
<i>tacrolimus oral</i>	1	B/D PA, MO
TAFINLAR	2	PA, MO
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, LA
TECENTRIQ	2	PA, MO, HI, LA
TEMODAR INTRAVENOUS	2	MO
<i>temozolomide</i>	MB	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>temsirolimus</i>	1	MO
TEPMETKO	2	PA, LA
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	PA
TIVDAK	2	PA, MO
<i>toposar</i>	1	MO, HI
<i>topotecan intravenous recon soln</i>	1	MO, HI
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	MO, HI
<i>toremifene</i>	1	MO
TRAZIMERA	2	PA, MO
TREANDA	2	MO, HI
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRODELVY	2	PA
TRUSELTIQ ORAL CAPSULE 100 MG/ DAY (100 MG X 1)	2	PA, LA, QL (21 per 28 days)
TRUSELTIQ ORAL CAPSULE 125 MG/ DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	2	PA, LA, QL (42 per 28 days)

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
TRUSELTIQ ORAL CAPSULE 75 MG/ DAY (25 MG X 3)	2	PA, LA, QL (63 per 28 days)
TRUXIMA	2	PA, MO
TUKYSA	2	PA, LA
TURALIO	2	LA
TYKERB	2	PA, MO, LA
UKONIQ	2	PA, LA
UNITUXIN	2	
UPLIZNA	2	B/D PA, MO
<i>valrubicin</i>	1	MO
VANTAS	2	MO
VECTIBIX	2	B/D PA, MO, HI
VELCADE	2	MO, HI
VENCLEXTA	2	PA, LA
VENCLEXTA STARTING PACK	2	PA, LA
VERZENIO	2	PA, MO, LA
<i>vinblastine</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, HI
WELIREG	2	PA, LA
XALKORI	2	PA, MO
XATMEP	2	B/D PA, MO
XERMELO	2	LA

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
XOSPATA	2	PA, LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	2	PA, LA
XTANDI	2	PA, MO
YEROVY	2	PA, MO, HI
YONDELIS	2	HI
YONSA	2	PA, MO
ZALTRAP	2	MO, HI
ZANOSAR	2	MO, HI
ZEJULA	2	PA, LA
ZELBORAF	2	PA, MO
ZEPZELCA	2	B/D PA
ZIRABEV	2	PA, MO
ZOLADEX	2	MO
ZOLINZA	2	PA, MO
ZORTRESS ORAL TABLET 1 MG	2	B/D PA, MO
ZYDELIG	2	PA, MO
ZYKADIA ORAL TABLET	2	PA, MO
ZYNLONTA	2	PA

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

This drug list was last updated on 12/01/2021.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
ZYTIGA ORAL TABLET 500 MG	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APTIOM	3	MO
BANZEL	3	MO
BRIVIACT INTRAVENOUS	3	HI
BRIVIACT ORAL	3	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 suspension 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
clobazam	1	MO
<i>clonazepam oral tablet</i>	1	MO
<i>clonazepam oral tablet,disintegrating</i>	1	MO
DIACOMIT	2	PA
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	

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

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

Drug Name	Tier	Requirements/ Limits
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ ec)</i>	1	MO
EPIDIOLEX	3	PA, MO, LA
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	3	LA
<i>fosphenytoin</i>	1	MO, HI
FYCOMPA	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, 500 mg/100 ml</i>	1	MO, HI
<i> levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	HI

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

Drug Name	Tier	Requirements/ Limits
<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	3	MO
<i> oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
<i> phenobarbital oral elixir</i>	1	PA, MO
<i> phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i> phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA, MO
<i> phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i> phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i> phenytoin oral suspension 100 mg/4 ml</i>	1	

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

Drug Name	Tier	Requirements/ Limits
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	
<i>Pregabalin</i>	1	MO
<i>primidone</i>	1	MO
<i>QUDEXY XR</i>	3	PA, MO
<i>roweepra oral tablet 1,000 mg, 750 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	1	MO
<i>SPRITAM</i>	3	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
<i>SYMPAZAN</i>	3	MO
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA, MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	MO
<i>topiramate oral tablet</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>TROKENDI XR</i>	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</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>VALTOCO</i>	2	MO
<i>vigabatrin</i>	1	MO, LA
<i>vigadron</i>	1	LA
<i>VIMPAT INTRAVENOUS</i>	3	MO, HI
<i>VIMPAT ORAL SOLUTION</i>	3	MO
<i>VIMPAT ORAL TABLET</i>	3	MO
<i>XCOPRI</i>	3	MO
<i>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</i>	3	MO
<i>XCOPRI TITRATION PACK</i>	3	MO
<i>zonisamide</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:
ANTIPARKINSONISM AGENTS**

Drug Name	Tier	Requirements/ Limits
APOKYN	2	MO, LA
<i>benztropine</i>	1	MO
<i>benztropine injection</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
NEUPRO	3	MO
NOURIANZ	3	PA, MO, LA
ONGENTYS	3	PA, MO
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO

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

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

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

This drug list was last updated on 12/01/2021.

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>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 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>migergot</i>	1	MO
<i>naratriptan</i>	1	MO, QL (18 per 30 days)
NURTEC ODT	3	PA, 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)
<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)

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

Drug Name	Tier	Requirements/ Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan-naproxen</i>	1	MO, QL (18 per 30 days)
UBRELVY	3	PA, QL (16 per 30 days)
ZOLMITRIPTAN NASAL	2	MO, QL (18 per 30 days)
<i>zolmitriptan oral</i>	1	MO, QL (18 per 30 days)
ZOMIG NASAL	2	MO, QL (18 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
AUBAGIO	2	PA, MO
AUSTEDO	2	PA, 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	QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	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)
INGREZZA INITIATION PACK	2	LA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	LA

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

Drug Name	Tier	Requirements/ Limits
INGREZZA ORAL CAPSULE 60 MG	2	
KESIMPTA PEN	2	PA, MO
KEVEYIS	2	
LEMTRADA	2	MO
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
MAYZENT STARTER PACK	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
NULIBRY	2	B/D PA
OCREVUS	2	MO
ONPATTRO	2	PA, HI, LA

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

Drug Name	Tier	Requirements/ Limits
PONVORY	3	PA, MO, QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	3	PA, MO, QL (1 per 180 days)
RADICAVA	2	HI
<i>rivastigmine transdermal</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
RUZURGI	2	
TECFIDERA	2	PA, MO, LA
TEGSEDI	2	PA, MO, LA
<i>tetrabenazine</i>	1	PA, MO
TYSABRI	2	PA, MO, HI, LA
ZEPOSIA	2	PA, MO
ZEPOSIA STARTER KIT	2	PA, MO
ZEPOSIA STARTER PACK	2	PA, MO

**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 375 mg, 500 mg, 750 mg</i>	1	PA, MO
<i>cyclobenzaprine oral tablet</i>	1	PA, MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>meprobamate</i>	1	MO
<i>metaxalone</i>	1	PA, MO
<i>methocarbamol oral tablet</i>	1	PA, MO
<i>methocarbamol</i>	1	PA, MO, HI
<i>neostigmine methylsulfate intravenous solution</i>	1	
<i>orphenadrine citrate injection</i>	1	MO
<i>orphenadrine citrate oral tablet extended release</i>	1	PA, MO
<i>orphenadrine-asa-caffeine</i>	1	PA, MO
<i>orphengesic forte</i>	1	PA, MO
<i>pyridostigmine bromide oral syrup</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: MUSCLE
RELAXANTS / ANTISPASMODIC
THERAPY (continued)**

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

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

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen-caff-dihydrocod</i>	1	MO
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO
<i>acetaminophen-codeine oral tablet</i>	1	MO
<i>ascomp with codeine</i>	1	PA, MO
<i>buprenorphine</i>	1	PA, MO
<i>buprenorphine hcl injection solution</i>	1	MO, HI
<i>buprenorphine hcl injection syringe</i>	1	HI
<i>buprenorphine hcl sublingual</i>	1	MO
<i>butalbital compound w/codeine</i>	1	PA
<i>butalbital-acetaminop-caf-cod</i>	1	PA, MO
<i>butalbital-acetaminophen oral capsule</i>	1	PA, MO
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA, MO

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caff</i>	1	PA, MO
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA, MO
<i>butalbital-aspirin-caffeine oral tablet</i>	1	PA
<i>codeine sulfate</i>	1	MO
<i>codeine-butalbital-asa-caff</i>	1	PA, MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	
<i>dvorah</i>	1	
<i>endocet</i>	1	MO
<i>fentanyl</i>	1	MO
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA, MO
<i>hydrocodone bitartrate</i>	1	PA, MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO
<i>hydrocodone-ibuprofen</i>	1	MO
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO
<i>hydromorphone oral tablet</i>	1	MO
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA, MO
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO
<i>levorphanol tartrate oral tablet 3mg</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: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
meperidine (pf) <i>injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA, MO
meperidine oral	1	MO
<i>methadone injection solution</i>	1	HI
<i>methadone intensol</i>	1	PA, MO
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution</i>	1	PA, MO
<i>methadone oral tablet</i>	1	PA, MO
<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	
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine injection syringe 8 mg/ml</i>	1	

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

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

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<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
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG (BRAND)	2	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR	2	PA, MO
<i>oxymorphone oral tablet</i>	1	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA, MO
<i>prolate oral tablet</i>	1	MO
<i>tencon</i>	1	PA, MO
<i>vtol iq</i>	1	PA, MO
<i>zebutal</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	2	

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
acetaminophen <i>intravenous solution</i> 1,000 mg/100 ml (10 mg/ml)	1	MO
buprenorphine-naloxone	1	MO
butorphanol tartrate injection	1	MO, HI
butorphanol tartrate nasal	1	MO
cataflam	1	
celecoxib	1	MO, QL (60 per 30 days)
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium oral tablet 50 mg	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

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

Drug Name	Tier	Requirements/ Limits
ec-naproxen oral tablet, delayed release (dr/ec) 375 mg	1	
ec-naproxen oral tablet, delayed release (dr/ec) 500 mg	1	MO
etodolac oral capsule	1	MO
etodolac oral tablet	1	MO
fenoprofen oral tablet	1	MO
flurbiprofen oral tablet 100 mg	1	MO
ibu	1	MO
ibuprofen lysine (pf)	1	
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibuprofen-famotidine	1	MO
indomethacin oral capsule	1	MO
indomethacin oral capsule, extended release	1	MO
indomethacin sodium	1	
ketoprofen oral capsule 25 mg	1	MO
ketoprofen oral capsule 50 mg, 75 mg	1	

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular solution</i>	1	
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	1	
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 oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>pentazocine-naloxone</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO
<i>tramadol oral tablet, extended release 24 hr</i>	1	PA, MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA, MO
<i>tramadol-acetaminophen</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	3	ST, MO
ADASUVE	3	ST
<i>alprazolam oral tablet</i>	1	MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	MO
<i>alprazolam oral tablet, disintegrating</i>	1	MO
<i>alprazolam intensol</i>	1	MO
<i>amitriptyline</i>	1	PA, MO
<i>amitriptyline-chlordiazepoxide</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	MO
<i>aripiprazole</i>	1	MO
ARISTADA	3	ST, MO
ARISTADA INITIO	3	ST, MO
<i>armodafinil</i>	1	PA, MO
<i>asenapine maleate</i>	1	MO
<i>atomoxetine</i>	1	MO, QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO
<i>buspirone</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
CAPLYTA	3	ST, MO, QL (30 per 30 days)
<i>chlordiazepoxide hcl</i>	1	MO
<i>chlorpromazine injection</i>	1	MO, HI
<i>chlorpromazine oral concentrate</i>	1	
<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	MO
<i>clozapine</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg</i>	1	MO, QL (60 per 30 days)

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

This drug list was last updated on 12/01/2021.

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

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

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

Drug Name	Tier	Requirements/ Limits
doxepin oral tablet	1	MO
DRIZALMA SPRINKLE	3	MO
duloxetine oral capsule,delayed release (dr/ec)	1	MO
EMSAM	3	MO
ergoloid	1	MO
escitalopram oxalate	1	MO
estazolam	1	MO
eszopiclone	1	MO, QL (30 per 30 days)
FANAPT	3	ST, MO
FETZIMA	3	MO
flumazenil	1	
fluoxetine oral capsule	1	MO
fluoxetine oral capsule,delayed release(dr/ec)	1	MO
fluoxetine oral solution	1	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
flurazepam	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO
fluvoxamine oral tablet	1	MO
FORFIVO XL	3	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>guanfacine oral tablet extended release 24 hr</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	2	PA, MO, QL (30 per 30 days)
HETLIOZ LQ	2	PA, MO, QL (150 per 30 days)
<i>imipramine hcl</i>	1	PA, MO
<i>imipramine pamoate</i>	1	PA, MO
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	ST, MO
INVEGA TRINZA	3	ST, MO
LATUDA	3	ST, MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	MO
<i>lorazepam intensol</i>	1	
<i>lorazepam oral concentrate</i>	1	MO
<i>lorazepam oral tablet</i>	1	MO
<i>loxapine succinate</i>	1	MO
LYBALVI	3	ST
<i>maprotiline</i>	1	MO
MARPLAN	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)
<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

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

Drug Name	Tier	Requirements/ Limits
<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 solution</i>	1	
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO
<i>mirtazapine</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<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>	3	ST, MO
<i>NUPLAZID ORAL TABLET 10 MG</i>	3	ST, 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	MO
<i>paliperidone</i>	1	MO
<i>paroxetine hcl oral suspension</i>	1	
<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

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>perphenazine-amitriptyline</i>	1	PA, MO
PERSERIS	3	ST, MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procenta</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet</i>	1	MO
<i>quetiapine oral tablet extended release 24 hr</i>	1	MO
<i>ramelteon</i>	1	MO
REXULTI	3	ST, MO
RISPERDAL CONSTA	3	ST, MO
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet, disintegrating</i>	1	MO
SAPHRIS	3	ST, MO
<i>seconal sodium</i>	1	PA
SECUADO	3	ST, MO
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam</i>	1	MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>triazolam</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA, MO
TRINTELLIX	3	MO
<i>venlafaxine oral capsule, extended release 24hr</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO
VERSACLOZ	3	ST
VIIBRYD ORAL TABLET	3	MO
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO
VRAYLAR	3	ST, MO
XYREM	2	PA, LA
<i>zaleplon</i>	1	MO, QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	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)

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

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

Drug Name	Tier	Requirements/ Limits
ZYPREXA RELPREVV	3	ST, MO

**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
<i>amiodarone oral tablet 100 mg, 400 mg</i>	1	
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>bretylium 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	
<i>lidocaine (pf) in d7.5w</i>	1	
<i>lidocaine (pf) intravenous</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
<i>MULTAQ</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	HI
<i>propafenone oral capsule, extended release 12 hr</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: ANTIARRHYTHMIC AGENTS
(continued)**

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

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

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

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

This drug list was last updated on 12/01/2021.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
<i>chlorothiazide sodium</i>	1	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine transdermal</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER	2	MO
<i>diltiazem hcl intravenous</i>	1	HI
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>metoprolol tartrate intravenous solution</i>	1	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>nebivolol</i>	1	
<i>nicardipine intravenous solution</i>	1	HI
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartanamlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>ORENITRAM</i>	2	PA, MO
<i>osmitrol 15 %</i>	1	

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

This drug list was last updated on 12/01/2021.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	HI
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt oral capsule, extended release</i>	1	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>timolol maleate oral</i>	1	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostинil sodium</i>	1	B/D PA, MO
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI INTRAVENOUS	2	PA, LA
UPTRAVI ORAL	2	PA, MO, LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA, MO
<i>verapamil intravenous</i>	1	HI
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/ Limits
<i>aminocaproic acid</i>	1	MO
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	2	
<i>argatroban in 0.9 % sod chlor</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	2	LA
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	MO, LA, QL (60 per 30 days)
DOPTELET (15 TAB PACK)	2	MO, LA, QL (60 per 30 days)
DOPTELET (30 TAB PACK)	2	MO, LA, QL (60 per 30 days)
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO, QL (180 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO, QL (60 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY (continued)

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

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

This drug list was last updated on 12/01/2021.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO, HI
heparin (porcine) in nacl (pf)	1	
heparin (porcine) injection cartridge	1	MO, HI
heparin (porcine) injection solution	1	MO, HI
heparin (porcine) injection syringe 5,000 unit/ml	1	MO, HI
heparin flush (porcine)-0.9nacl	MB	MO
heparin lock flush (porcine)	MB	MO
heparin lockflush (porcine)(pf)	MB	MO
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

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

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

Drug Name	Tier	Requirements/ Limits
amlodipine- atorvastatin	1	MO
atorvastatin	1	MO
cholestyramine (with sugar)	1	MO
cholestyramine light oral powder	1	
cholestyramine light oral powder in packet	1	MO
colestipol	1	MO
EVKEEZA	3	PA
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
FENOFIBRATE ORAL CAPSULE (BRAND)	2	MO
fenofibrate oral tablet 120 mg, 40 mg, 54 mg	1	MO
fenofibrate oral tablet 160 mg (generic)	1	MO
fenofibric acid	1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec)	1	MO

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

Drug Name	Tier	Requirements/ Limits
fluvastatin oral capsule	1	MO
gemfibrozil	1	MO
icosapent ethyl	1	PA, MO
JUXTAPID	3	PA, MO, LA
lovastatin	1	MO
NEXLETOL	2	PA, MO, QL (30 per 30 days)
NEXLIZET	2	PA, MO, QL (30 per 30 days)
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg	1	MO
niacin oral tablet extended release 24 hr 500 mg, 750 mg	1	
omega-3 acid ethyl esters	1	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA, QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA, QL (4 per 28 days)
pravastatin	1	MO
prevalite	1	MO
rosuvastatin	1	MO
simvastatin oral tablet	1	MO
VASCEPA	3	PA, MO

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

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

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

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

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

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

This drug list was last updated on 12/01/2021.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/ Limits
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO
<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	
<i>COSENTYX (2 SYRINGES)</i>	2	PA, MO, QL (2 per 28 days)
<i>COSENTYX PEN</i>	2	PA, MO, QL (2 per 28 days)
<i>COSENTYX PEN (2 PENS)</i>	2	PA, MO, QL (2 per 28 days)
<i>COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML</i>	2	PA, MO, QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
<i>SKYRIZI SUBCUTANEOUS PEN INJECTOR</i>	2	PA, MO, QL (1 per 28 days)
<i>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</i>	2	PA, MO, QL (1 per 28 days)
<i>SKYRIZI SUBCUTANEOUS SYRINGE KIT</i>	2	PA, MO, QL (1 per 28 days)
<i>STELARA INTRAVENOUS</i>	2	PA, MO, HI
<i>STELARA SUBCUTANEOUS</i>	2	PA, MO

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

This drug list was last updated on 12/01/2021.

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 SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA, MO
FLUOROURACIL TOPICAL CREAM 0.5 %	2	MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
glydo	1	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	1	MO
<i>imiquimod topical cream in packet</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	HI
<i>lidocaine hcl injection solution</i>	1	HI

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<i>lidocaine hcl laryngotracheal</i>	1	MO
<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 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA, MO
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>methoxsalen</i>	1	MO
OPZELURA	3	PA, MO
PANRETIN	2	PA, 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	

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

This drug list was last updated on 12/01/2021.

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

Drug Name	Tier	Requirements/ Limits
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	1	
<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	
<i>avita topical cream</i>	1	PA, MO
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	MO
<i>clindacin p</i>	1	MO
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical gel, once daily</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO

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

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DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE
(continued)

Drug Name	Tier	Requirements/ Limits
<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
<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
FABIOR	3	MO
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	MO
<i>metronidazole topical</i>	1	MO
<i>myorisan</i>	1	
<i>neuac</i>	1	MO
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
<i>tazarotene topical cream</i>	1	PA, MO
TAZAROTENE TOPICAL FOAM	3	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA, MO
TAZORAC TOPICAL GEL	3	PA, MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE
(continued)

Drug Name	Tier	Requirements/ Limits
<i>tretinoin microspheres</i>	1	PA, MO
<i>tretinoin topical</i>	1	PA, MO
<i>zenatane</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

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

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

This drug list was last updated on 12/01/2021.

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
ciclodan topical solution	1	MO
ciclopirox	1	MO
clotrimazole topical	1	MO
clotrimazole- betamethasone	1	MO
econazole	1	MO
ketoconazole topical	1	MO
ketodan	1	MO
LULICONAZOLE	3	MO
LUZU	3	MO
naftifine	1	MO
nyamyc	1	MO
nystatin topical cream	1	MO
nystatin topical ointment	1	MO
nystatin topical powder	1	
nystatin-triamcinolone	1	MO
nystop	1	MO
oxiconazole	1	MO
tavaborole	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

Drug Name	Tier	Requirements/ Limits
ala-cort topical cream 1 %	1	MO
ala-cort topical cream 2.5 %	1	
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
desrx	1	
diflorasone topical cream	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide	1	MO
fluocinonide-e	1	

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
acyclovir topical	1	MO
DENAVIR	2	MO

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

This drug list was last updated on 12/01/2021.

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

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

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
d5 %-0.45 % sodium chloride	1	MO, HI
deferasirox	1	MO
deferiprone	1	MO
deferoxamine	1	MO
dextrose 10 % and 0.2 % nacl	1	HI
dextrose 10 % in water (d10w)	1	HI
dextrose 25 % in water (d25w)	1	
dextrose 30 % in water (d30w)	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO, HI
dextrose 5 % in water (d5w) intravenous piggyback	1	MO
dextrose 5 %-lactated ringers	1	MO, HI
dextrose 5%-0.2 % sod chloride	1	HI
dextrose 5%-0.3 % sod.chloride	1	HI
dextrose 50 % in water (d50w)	1	MO
dextrose 70 % in water (d70w)	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	MO

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

This drug list was last updated on 12/01/2021.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
EMPAVELI	2	PA, LA
FERRIPROX	2	
FERRIPROX (2 TIMES A DAY)	2	
GIVLAARI	2	PA, MO
GLASSIA	3	PA, MO, HI, LA
INCRELEX	2	PA, MO, LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG	2	MO
<i>lanthanum oral tablet, chewable</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>midodrine</i>	1	MO
<i>monoject 0.9% sodium chloride</i>	MB	
<i>monoject prefill advanced ns</i>	MB	MO
<i>nitisinone</i>	1	MO
NITYR	2	MO, LA
<i>normal saline flush</i>	MB	MO
NORTHERA	3	MO
ORFADIN ORAL CAPSULE 20 MG	2	LA
ORFADIN ORAL SUSPENSION	2	LA

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
OXBRYTA	2	PA, MO, LA, QL (90 per 30 days)
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	PA, HI, LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA, HI, LA
RAVICTI	3	MO
REVCovi	2	
<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 oral tablet 400 mg</i>	1	MO
<i>sevelamer hcl oral tablet 800 mg</i>	1	
<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

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
sodium chloride 0.9 % intravenous piggyback	1	MO, HI
sodium chloride injection	MB	
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	MO
sodium phenylbutyrate oral tablet	1	
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
THIOLA	2	
THIOLA EC	2	
TIGLUTIK	3	
tiopronin	1	MO
trientine	1	MO
VELTASSA	3	MO
water for inject, bacteriostat	MB	
water for irrigation, sterile	1	MO
XURIDEN	2	
ZOKINVY	2	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

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

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

This drug list was last updated on 12/01/2021.

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	MO
fluoride (sodium) dental paste	1	MO
fluoride (sodium) dental solution	1	MO
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)	1	MO, QL (30 per 30 days)
ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)	1	MO, QL (45 per 30 days)
olopatadine nasal	1	MO, QL (30.5 per 30 days)
oralone	1	MO
paroex oral rinse	1	MO
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	
sodium fluoride 5000 plus	1	

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

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

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

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

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

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

This drug list was last updated on 12/01/2021.

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/Limits
<i>betamethasone acet, sod phos</i>	1	MO
<i>decadron oral tablet 0.5 mg</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</i>	1	MO, HI
<i>millipred oral tablet</i>	1	B/D PA, MO
<i>prednisolone oral solution</i>	1	MO

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

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

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

This drug list was last updated on 12/01/2021.

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

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

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acarbose</i>	1	MO
ALCOHOL PADS	2	
BAQSIMI	2	MO
BYDUREON BCISE	2	MO, QL (3.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO, QL (1.2 per 30 days)
CYCLOSET	3	MO
<i>diazoxide</i>	1	MO
GAUZE PADS 2X2	2	
<i>glimepiride</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin</i>	1	MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	1	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide-metformin</i>	1	MO

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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
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
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
INVOKAMET	2	MO
INVOKAMET XR	2	MO
INVOKANA	2	MO
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO
JARDIANCE	2	MO
KOMBIGLYZE XR	2	MO
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
<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 ULTRA TEST	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 28 days)
ONGLYZA	2	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	ST, MO, QL (1.5 per 28 days)

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

This drug list was last updated on 12/01/2021.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	ST, QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 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
RYBELSUS	3	ST, MO, QL (30 per 30 days)
SYMLINPEN 120	2	MO
SYMLINPEN 60	2	MO
SYNJARDY	2	MO
SYNJARDY XR	2	MO
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRULICITY	2	MO, QL (2 per 28 days)
VGO	2	
INPEN (FOR HUMALOG)	2	QL (1 per 365 days)
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
DEXCOM RECEIVER	MB	QL (1 per 365 days)

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/Limits
DEXCOM SENSOR	MB	
DEXCOM TRANSMITTER	MB	
GUARDIAN REAL-TIME GLUCOSE MONITORING SYSTEM	MB	QL (1 per 365 days)
GUARDIAN SENSOR	MB	
GUARDIAN TRANSMITTER	MB	

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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

Drug Name	Tier	Requirements/ Limits
ALDURAZYME	2	MO, HI
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	HI
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
CERDELGA	2	MO
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 10 mcg/spray (0.1 ml)</i>	1	
<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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
GALAFOLD	2	PA, MO, LA
ISTURISA	2	PA, LA
JYNARQUE	2	LA
KANUMA	2	MO, HI
KORLYM	3	PA
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 intravenous solution</i>	1	MO, HI
PARICALCITOL HEMODIALYSIS PORT INJECTION	2	
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML	2	MO, HI

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>paricalcitol oral</i>	1	MO
PARSABIV	2	MO
SAMSCA ORAL TABLET 15 MG	2	MO
<i>sapropterin</i>	1	MO
SOMAVERT	2	MO
STRENSIQ	2	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

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

Drug Name	Tier	Requirements/ Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)</i>	1	MO
<i>testosterone transdermal gel in packet (Androgel generic)</i>	1	MO
<i>testosterone transdermal solution in metered pump w/ app (Axiron generic)</i>	1	MO
<i>tolvaptan oral tablet 30 mg</i>	1	MO
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
<i>paricalcitol intravenous</i>	2	HI

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

ENDOCRINE/DIABETES: THYROID HORMONES

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

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

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

This drug list was last updated on 12/01/2021.

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
alosetron	1	MO, QL (60 per 30 days)
aprepitant	1	B/D PA, MO
balsalazide	1	MO
budesonide oral capsule, delayed, extend.release	1	MO
budesonide oral tablet, delayed and ext.release	1	
BYLVAY	2	PA, MO
CHOLBAM	2	
CIMZIA	3	PA, MO, QL (3 per 28 days)
CIMZIA POWDER FOR RECONST	3	PA, MO, QL (1 per 28 days)
CIMZIA STARTER KIT	3	PA, MO, QL (3 per 28 days)
CINVANTI	2	MO, HI
compro	1	MO
constulose	1	MO
CREON	2	MO
cromolyn oral	1	MO
CYSTADANE	2	
dimenhydrinate injection solution	1	MO
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	B/D PA, MO
droperidol injection solution	1	MO

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
ENTYVIO	2	PA, MO
enulose	1	MO
fosaprepitant	1	MO
GATTEX 30-VIAL	3	PA, MO
GATTEX ONE-VIAL	3	PA, MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO, HI
granisetron hcl intravenous	1	MO, HI
granisetron hcl oral	1	B/D PA, MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
INFLECTRA	2	PA, MO, HI
lactulose oral packet	1	MO
lactulose oral solution 10 gram/15 ml	1	MO
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	1	

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
LINZESS	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>metoclopramide hcl injection solution</i>	1	MO, HI
<i>metoclopramide hcl injection syringe</i>	1	HI
<i>metoclopramide hcl oral</i>	1	MO
MOTEGRITY	3	MO, QL (30 per 30 days)
OCALIVA	3	MO, LA, QL (30 per 30 days)
<i>ondansetron oral tablet,disintegrating</i>	1	B/D PA, MO
<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
OSMOPREP	3	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	

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

Drug Name	Tier	Requirements/ Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	MO
PENTASA	2	MO
<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>proto-med hc</i>	1	MO
<i>proto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>protozone-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

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

This drug list was last updated on 12/01/2021.

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

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

GASTROENTEROLOGY: ULCER THERAPY

Drug Name	Tier	Requirements/ Limits
<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 10 mg, 20 mg</i>	1	ST, MO, QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST, MO, QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO, 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)

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

This drug list was last updated on 12/01/2021.

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	ST, MO, QL (60 per 30 days)
lansoprazole oral tablet, disintegrat, delay rel 15 mg	1	ST, MO, QL (30 per 30 days)
lansoprazole oral tablet, disintegrat, delay rel 30 mg	1	ST, MO, QL (60 per 30 days)
misoprostol	1	MO
nizatidine oral capsule	1	
nizatidine oral solution	1	MO
omeprazole oral capsule, delayed release(dr/ec) 10 mg	1	MO, QL (30 per 30 days)
omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg	1	MO, QL (60 per 30 days)
pantoprazole intravenous	1	MO, HI
pantoprazole oral granules dr for susp in packet	1	MO, QL (60 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	MO, QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	MO, QL (60 per 30 days)
rabeprazole oral tablet, delayed release (dr/ec)	1	ST, MO, QL (60 per 30 days)
sucralfate	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)	2	PA, MO, LA
INTRON A INJECTION	2	PA, MO
LEUKINE INJECTION RECON SOLN	2	MO, HI
MOZOBIL	2	MO
NEULASTA	3	PA, MO
NEULASTA ONPRO	3	PA, MO
NEUPOGEN	3	PA, MO
NIVESTYM	3	PA, MO
NYVEPRIA	3	PA, MO
OMNITROPE	2	PA, MO
PEGASYS SUBCUTANEOUS SOLUTION	2	MO, QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO, QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	2	MO, QL (1 per 28 days)

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

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**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)
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
RETACRIT	2	PA, MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA, MO
UDENYCA	2	MO, QL (1.2 per 30 days)
ZARXIO	2	MO

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

Drug Name	Tier	Requirements/ Limits
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 2021-22 (3YR UP)(PF)	MB	MO
AFLURIA QD 2021-22 (6-35MO)(PF)	MB	
AFLURIA QUAD 2021-2022(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 QUAD 2021-22(65Y UP) (PF)	MB	MO
FLUARIX QUAD 2021-2022 (PF)	MB	MO

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

Drug Name	Tier	Requirements/ Limits
FLUBLOK QUAD 2021-2022 (PF)	MB	MO
FLUCELVAX QUAD 2021-2022	MB	
FLUCELVAX QUAD 2021-2022 (PF)	MB	MO
FLULAVAL QUAD 2021-2022 (PF)	MB	
FLUMIST QUAD 2021-2022	MB	
FLUZONE HIGHDOSE QUAD 21-22 PF	MB	MO
FLUZONE QUAD 2021-2022	MB	
FLUZONE QUAD 2021-2022 (PF)	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.

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	B/D PA, MO, HI
GARDASIL 9 (PF)	1	MO
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	MO
HIBERIX (PF)	1	MO
IMOVAX RABIES VACCINE (PF)	1	
<i>infanrix (dtap) (pf) intramuscular syringe</i>	1	MO
IPOP	1	
IXIARO (PF)	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	
PENTACEL (PF)	1	
PNEUMOVAX-23	MB	MO
PREVNAR 13 (PF)	MB	MO
PREVNAR 20 (PF)	MB	
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	MO
RAGWITEK	3	MO
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

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 SYRINGE 5 MCG/0.5 ML	1	B/D PA
ROTARIX	1	
ROTATEQ 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
TICOVAC	1	
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	

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

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

**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.

This drug list was last updated on 12/01/2021.

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alendronate oral solution</i>	1	MO, QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO, QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO, QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	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 SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	PA, MO, QL (2.4 per 28 days)
<i>ibandronate intravenous</i>	1	MO
<i>ibandronate oral</i>	1	MO, QL (1 per 30 days)
PROLIA	3	PA, MO
raloxifene	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO, QL (1 per 30 days)
<i>risedronate oral tablet 35 mg</i>	1	MO, QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO, QL (30 per 30 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>risedronate oral tablet, delayed release (dr/ ec)</i>	1	MO, QL (4 per 28 days)
TYMLOS	2	PA, MO, QL (1.56 per 30 days)

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

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 40 MG/0.8 ML	2	PA, MO, QL (4 per 28 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
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 PEDIATRIC UC	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) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA, MO, QL (3 per 180 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)

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

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

Drug Name	Tier	Requirements/ Limits
KINERET <i>leflunomide</i>	2	PA
	1	MO, QL (30 per 30 days)
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)

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

Drug Name	Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)
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 ORAL SOLUTION	2	PA, MO, QL (150 per 30 days)
XELJANZ ORAL TABLET	2	PA, MO, QL (60 per 30 days)
XELJANZ XR	2	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.

OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS

Drug Name	Tier	Requirements/ Limits
<i>amabelz</i>	1	MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
<i>dotti</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	MO
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol- norethindrone acet</i>	1	MO
<i>fyavolv</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	MO
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO

OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO
<i>norlyda</i>	1	MO
<i>PREMARIN INJECTION</i>	3	HI
<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

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

This drug list was last updated on 12/01/2021.

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-ethinyl estradiol</i>	1	
GYZNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	3	
LUPANETA PACK (3 MONTH)	3	
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS

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

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
chateal eq (28)	1	MO
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
cyred	1	
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e. estradiol	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	MO
drospirenone-e. estradiol-lm.fa	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
elinest	1	MO
ELLA	2	
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO

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

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

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>l norgest/e.estriadiol-e. estradiol oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena 28</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethynodiol estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethynodiol estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethynodiol estradiol oral tablets, dose pack,3 month</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	
<i>levora-28</i>	1	MO
<i>lilow (28)</i>	1	MO
<i>lojaimiess</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lo-zumandimine (28)</i>	1	MO
<i>lulera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>merzee</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>milki</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethynodiol estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>noreth-ethynodiol estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>norethindrone-e. estradiol-iron oral capsule</i>	1	
<i>norethindrone-e. estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e. estradiol-iron oral tablet, chewable</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>nylia 7/7/7 (28)</i>	1	MO
<i>nymyo</i>	1	MO
<i>ocella</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO

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

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

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

This drug list was last updated on 12/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (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	
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

OBSTETRICS / GYNECOLOGY: OXYTOCICS

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

OPHTHALMOLOGY: ANTIBIOTICS

Drug Name	Tier	Requirements/ Limits
<i>ak-poly-bac</i>	1	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b 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) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<i>NATACYN</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO

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

This drug list was last updated on 12/01/2021.

OPHTHALMOLOGY: ANTIVIRALS

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

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

Drug Name	Tier	Requirements/ Limits
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>bss</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	2	
<i>epinastine</i>	1	MO
LACRISERT	2	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	2	PA, 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

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

This drug list was last updated on 12/01/2021.

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

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

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

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

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

This drug list was last updated on 12/01/2021.

OPHTHALMOLOGY: STEROIDS

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

OPHTHALMOLOGY: SYMPATHOMIMETICS

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

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

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

This drug list was last updated on 12/01/2021.

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	1	B/D PA, MO
<i>ADEMPAS</i>	2	PA, MO, LA
<i>ADVAIR DISKUS</i>	1	MO, QL (60 per 30 days)
<i>ADVAIR HFA</i>	3	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation</i>	1	QL (25.5 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020503)</i>	1	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
<i>ambrisentan</i>	1	PA, MO, LA
<i>aminophylline intravenous</i>	1	HI
<i>ANORO ELLIPTA</i>	2	MO, QL (60 per 30 days)
<i>aformoterol</i>	1	B/D PA, MO
<i>ARNUITY ELLIPTA</i>	2	MO, QL (30 per 30 days)

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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
ATROVENT HFA	2	MO, QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	1	MO
BEVESPI AEROSPHERE	2	MO, QL (10.7 per 30 days)
<i>bosentan</i>	1	PA, MO, LA
BREO ELLIPTA	2	MO, QL (60 per 30 days)
BRONCHITOL	2	PA, MO, QL (560 per 28 days)
BROVANA	2	B/D PA, MO
<i>budesonide inhalation</i>	1	B/D PA, MO
CINRYZE	2	PA, MO, HI
COMBIVENT RESPIMAT	2	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA, MO
DALIRESP	2	MO
DULERA	2	MO, QL (13 per 30 days)
ESBRIET	2	PA, MO
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</i>	1	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO, QL (16 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA, MO
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	MB	MO
<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	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.

This drug list was last updated on 12/01/2021.

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
<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)
ORLADEYO	2	PA
PERFOROMIST	2	B/D PA, MO
<i>pulmosal</i>	MB	MO
PULMOZYME	2	B/D PA, MO
RUCONEST	2	MO, HI
<i>sajazir</i>	1	
SEREVENT DISKUS	2	MO, QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA, HI
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	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)
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
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
XOLAIR	2	PA, MO, LA
YUPELRI	3	B/D PA, MO, QL (90 per 30 days)
<i>zafirlukast</i>	1	MO
<i>zileuton oral tablet, extended release 12hr mphase</i>	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
GEMTESA	3	PA, MO, QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	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.

This drug list was last updated on 12/01/2021.

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	
<i>alburx (human) 25 %</i>	1	
<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>alprostadil</i>	1	
<i>bethanechol chloride</i>	1	MO
<i>CYSTAGON</i>	2	LA
<i>ELMIRON</i>	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
<i>OXLUMO</i>	2	PA
<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.

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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 20 meq packet	1	MO
klor-con 10 oral tablet extended release	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	
magnesium sulfate in water	1	
magnesium sulfate injection solution	1	MO, HI

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES (continued)

Drug Name	Tier	Requirements/ Limits
magnesium sulfate injection syringe	1	HI
potassium acetate	1	
potassium chlorid- d5-0.45%nacl	1	HI
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	HI
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	1	HI
potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l	1	HI
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	HI
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	HI
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml	1	HI
potassium chloride intravenous	1	HI
potassium chloride oral capsule, extended release	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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**VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	HI
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	HI
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride- d5-0.9%nacl</i>	1	HI
<i>potassium phosphate m-d-basic intravenous solution 3 mmol/ml</i>	1	

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

Drug Name	Tier	Requirements/ Limits
<i>ringer's intravenous</i>	1	HI
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 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	HI
<i>sodium chloride 5 %</i>	1	MO, HI
<i>sodium chloride intravenous</i>	1	HI
<i>sodium phosphate</i>	1	

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VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

Drug Name	Tier	Requirements/ Limits
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 6%-D5W (SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D10W (SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D14W (SULFITE-FREE)	3	B/D PA
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
CLINIMIX E 8%- D10W SULFITEFREE	3	B/D PA
CLINIMIX E 8%- D14W SULFITEFREE	3	B/D PA
CLINISOL SF 15 %	3	B/D PA, HI
CLINOLIPID	3	B/D PA
DOJOLVI	3	PA, MO
electrolyte-48 in d5w	1	

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

Drug Name	Tier	Requirements/ Limits
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA, HI
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA, HI
<i>premasol 10 %</i>	1	B/D PA, HI
PROCALAMINE 3%	3	B/D PA, HI
PROSOL 20 %	3	B/D PA, HI
SMOFLIPID	3	B/D PA, HI
<i>travasol 10 %</i>	1	B/D PA, HI
TROPHAMINE 10 %	3	B/D PA, HI

VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

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

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ciprofloxacin hcl otic (ear).....	64	CLINIMIX 8%-D14W(SULFITE-FREE).....	99
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constulose	72	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	21
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COSENTYX PEN (2 PENS)	55	d5 %-0.45 % sodium chloride	61
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DEM SER	48	dextrose 25 % in water (d25w)	61
DENAVIR	59	dextrose 30 % in water (d30w)	61
denta 5000 plus	64	dextrose 5 % in water (d5w) intravenous parenteral solution	61
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DESCOVY	8	dextrose 5 %-lactated ringers	61
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dicyclomine oral solution.....	71	docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml).....	21
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200 mg/250 ml (800 mcg/ml), 400 mg/250 ml	
(1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml),	
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mg/10 ml, 50 mg/25 ml.	21
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drospirenone-ethinyl estradiol oral tablet 3-0.03	
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SYRINGE 200 MG/1.14 ML, 300 MG/2 ML. .	56
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efavirenz.	8
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EMTRIVA	8	epinephrine injection solution 1 mg/ml	92
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enalapril maleate	48	epirubicin intravenous solution	22
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erythromycin ethylsuccinate oral suspension for reconstitution.	12	etoposide oral.	22
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erythromycin ophthalmic (eye).	88	euthyrox.	71
erythromycin oral.	12	EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML.	80
erythromycin with ethanol topical gel.	58	EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2).	80
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esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg.	74	EXKIVITY.	22
esomeprazole magnesium oral granules dr for susp in packet 40 mg.	74	ezetimibe.	53
esomeprazole sodium intravenous recon soln 40 mg.	74	ezetimibe-simvastatin.	53
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lorazepam injection syringe 2 mg/ml	43	magnesium sulfate injection syringe	97
lorazepam intensol	43	malathion	60
lorazepam oral concentrate	43	mannitol 20 %	49
lorazepam oral tablet	43	mannitol 25 % intravenous solution	49
LORBRENA	24	maprotiline	43
Ioryna (28)	86	marlissa (28)	86
losartan	49	MARPLAN	43
losartan-hydrochlorothiazide	49	MATULANE	24
loteprednol etabonate	91	matzim la oral tablet extended release 24 hr.	49
lovastatin	53	MAVENCLAD (10 TABLET PACK)	33
low-ogestrel (28)	86	MAVENCLAD (4 TABLET PACK)	33
loxapine succinate	43	MAVENCLAD (5 TABLET PACK)	33
LUCEMYRA	40	MAVENCLAD (6 TABLET PACK)	33
LULICONAZOLE	59	MAVENCLAD (7 TABLET PACK)	33
LUMAKRAS	24	MAVENCLAD (8 TABLET PACK)	33
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	90	MAVENCLAD (9 TABLET PACK)	33
LUMOXITI	24	MAVYRET ORAL TABLET	9
LUPANETA PACK (1 MONTH)	84	MAYZENT	33
LUPANETA PACK (3 MONTH)	84	MAYZENT STARTER PACK	33
LUPKYNIS	24	meclizine oral tablet 12.5 mg, 25 mg	73
LUPRON DEPOT	24	meclofenamate	40
LUPRON DEPOT (3 MONTH)	24	medroxyprogesterone	83
LUPRON DEPOT (4 MONTH)	24	mefenamic acid	40
LUPRON DEPOT (6 MONTH)	24	mefloquine	14
LUPRON DEPOT-PED	24	megestrol oral suspension 400 mg/10 ml (10 ml)	24
LUPRON DEPOT-PED (3 MONTH)	24	megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	24
lutera (28)	86	megestrol oral tablet	24
LUZU	59	MEKINIST	24
LYBALVI	43	MEKTOVI	24
lyleq	83	meloxicam oral tablet	40
lyllana	83	melphalan	24
LYNPARZA	24	melphalan hcl	24
LYSODREN	24		

memantine oral capsule,sprinkle,er 24hr.	33	methotrexate sodium oral.	24
memantine oral solution.	33	methoxsalen.	56
memantine oral tablet.	33	methscopolamine.	71
MENACTRA (PF) INTRAMUSCULAR SOLUTION.	78	methyldopa.	49
menquadfi (pf).	78	methyldopa-hydrochlorothiazide.	49
MENVEO A-C-Y-W-135-DIP (PF).	78	methylergonovine oral.	88
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml.	37	methylphenidate hcl oral cap,er sprinkle, biphasic 40-60.	43
meperidine oral.	37	methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg.	43
meprobamate.	34	methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg.	43
MEPSEVII.	69	methylphenidate hcl oral capsule,er biphasic 50- 50.	43
mercaptopurine.	24	methylphenidate hcl oral solution.	43
meropenem.	14	methylphenidate hcl oral tablet.	44
merzee.	86	methylphenidate hcl oral tablet extended release 10 mg.	44
mesalamine.	73	methylphenidate hcl oral tablet extended release 20 mg.	44
mesna.	19	methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating).	44
MESNEX ORAL.	19	methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.	44
metaproterenol oral syrup.	93	methylphenidate hcl oral tablet extended release 24hr 36 mg.	44
metaxalone.	34	methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating).	44
metformin oral solution.	67	methylphenidate hcl oral tablet, chewable.	44
metformin oral tablet.	67	methylprednisolone acetate.	65
metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR).	67	methylprednisolone oral tablet.	65
methadone injection solution.	37	methylprednisolone oral tablets,dose pack.	65
methadone intensol.	37	methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.	65
methadone oral concentrate.	37	methylprednisolone sodium succ intravenous	65
methadone oral solution.	37	methyltestosterone oral capsule.	69
methadone oral tablet.	37	metoclopramide hcl injection solution.	73
methadose oral concentrate.	37	metoclopramide hcl injection syringe.	73
methamphetamine.	43	metoclopramide hcl oral.	73
methazolamide.	90	metolazone.	49
methenamine hippurate.	19	metoprolol succinate oral tablet extended release 24 hr.	49
methenamine mandelate.	19	metoprolol ta-hydrochlorothiaz.	49
methergine.	88		
methimazole oral tablet 10 mg, 5 mg.	66		
METHITEST.	69		
methocarbamol.	34		
methocarbamol oral tablet.	34		
methotrexate sodium (pf) injection recon soln	24		
methotrexate sodium (pf) injection solution.	24		
methotrexate sodium injection.	24		

metoprolol tartrate intravenous solution	49	molindone	44
metoprolol tartrate oral tablet	49	mometasone topical	60
metro i.v.	14	monodoxine nl oral capsule 100 mg, 75 mg	18
metronidazole in nacl (iso-os)	14	MONJUVI	24
metronidazole oral	14	mono-linyah	86
metronidazole topical	58	monoject 0.9% sodium chloride	62
metronidazole vaginal	84	monoject prefill advanced ns	62
metyrosine	49	montelukast	94
mexiletine	46	morphine (pf) injection solution 0.5 mg/ml	37
MIACALCIN INJECTION	69	morphine (pf) injection solution 1 mg/ml	37
mibelas 24 fe	86	morphine concentrate oral solution	37
micafungin	7	MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	37
miconazole-3 vaginal suppository	84	morphine injection solution 8 mg/ml	37
microgestin 1.5/30 (21)	86	morphine injection syringe 10 mg/ml, 4 mg/ml	37
microgestin 1/20 (21)	86	morphine injection syringe 8 mg/ml	37
microgestin fe 1.5/30 (28)	86	morphine intravenous solution 10 mg/ml	37
microgestin fe 1/20 (28)	86	MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND)	37
midazolam (pf) injection solution	44	MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)	37
midazolam (pf) injection syringe	44	MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)	37
midazolam injection	44	morphine intravenous syringe 2 mg/ml, 4 mg/ml	37
midazolam oral syrup 2 mg/ml	44	morphine oral capsule, er multiphase 24 hr	37
midodrine	62	morphine oral capsule,extend.release pellets	37
migergot	32	morphine oral solution	37
miglitol	67	morphine oral tablet	37
miglustat	69	morphine oral tablet extended release	37
mili	86	MOTEGRITY	73
millipred oral tablet	65	moxifloxacin ophthalmic (eye) drops	88
milrinone	54	moxifloxacin ophthalmic (eye) drops, viscous	88
milrinone in 5 % dextrose	54	moxifloxacin oral	17
mimvey	83	moxifloxacin-sod.chloride(iso)	17
minocycline oral capsule	18	MOZOBIL	75
minocycline oral tablet	18	MULPLETA	52
minocycline oral tablet extended release 24 hr	18	MULTAQ	46
minoxidil oral	49	mupirocin ointment	58
miostat	90	MVASI	24
mirtazapine	44	MYALEPT	69
misoprostol	75		
mitomycin intravenous	24		
mitoxantrone	24		
modafinil	44		
moexipril	49		

MYCAPSSA	24	NAYZILAM	29
mycophenolate mofetil	24	nebivolol	49
mycophenolate mofetil (hcl)	24	nebusal inhalation solution for nebulization 3 %	94
mycophenolate sodium oral tablet,delayed release (dr/ec)	24	NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	94
MYLERAN	24	necon 0.5/35 (28)	86
MYLOTARG	24	NEEDLES, INSULIN DISP.,SAFETY	67
myorisan	58	nefazodone	44
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	95	neo-polycin	88
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	95	neo-polycin hc	90
MYTESI	71	neomycin	14
N		neomycin-bacitracin-poly-hc	90
nabumetone	40	neomycin-bacitracin-polymyxin	88
nadolol	49	neomycin-polymyxin b gu	60
nadolol-bendroflumethiazide oral tablet 80-5 mg	49	neomycin-polymyxin b-dexameth	90
nafcillin in dextrose iso-osm	16	neomycin-polymyxin-gramicidin	88
nafcillin injection recon soln 1 gram, 2 gram	16	neomycin-polymyxin-hc ophthalmic (eye)	90
nafcillin injection recon soln 10 gram	16	neomycin-polymyxin-hc otic (ear)	64
nafcillin intravenous recon soln 1 gram	16	neostigmine methylsulfate intravenous solution	34
nafcillin intravenous recon soln 2 gram	16	NERLYNX	24
naftifine	59	neuac	58
NAGLAZYME	69	NEULASTA	75
nalbuphine	40	NEULASTA ONPRO	75
naloxone injection solution	40	NEUPOGEN	75
naloxone injection syringe	40	NEUPRO	31
naltrexone	40	nevirapine oral suspension	9
naproxen oral suspension	40	nevirapine oral tablet	9
naproxen oral tablet	40	nevirapine oral tablet extended release 24 hr	9
naproxen oral tablet,delayed release (dr/ec) 375 mg	40	NEXAVAR	24
naproxen oral tablet,delayed release (dr/ec) 500 mg	40	NEXLETOL	53
naproxen sodium oral tablet 275 mg, 550 mg	40	NEXLIZET	53
naratriptan	32	niacin oral tablet 500 mg	53
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	40	niacin oral tablet extended release 24 hr 1,000 mg	53
NATACYN	88	niacin oral tablet extended release 24 hr 500 mg, 750 mg	53
nateglinide	67	nicardipine intravenous solution	49
NATPARA	69	nicardipine oral	49
		NICOTROL	63
		NICOTROL NS	63
		nifedipine oral capsule	49

nifedipine oral tablet extended release	49	norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	87
nifedipine oral tablet extended release 24hr.	49	norethindrone-e.estradiol-iron oral tablet, chewable	87
nikki (28)	86	norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg mcg	87
nilutamide	24	norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	87
nimodipine	49	norlyda	83
NINLARO	24	normal saline flush	62
nisoldipine oral tablet extended release 24 hr	49	NORTHERA	62
nitazoxanide	14	nortrel 0.5/35 (28)	87
nitisinone	62	nortrel 1/35 (21)	87
nitro-bid	55	nortrel 1/35 (28)	87
nitrofurantoin	19	nortrel 7/7/7 (28)	87
nitrofurantoin macrocrystal	19	nortriptyline	44
nitrofurantoin monohyd/m-cryst.	19	NORVIR ORAL POWDER IN PACKET	9
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	55	NORVIR ORAL SOLUTION	9
nitroglycerin intravenous	55	NOURIANZ	31
nitroglycerin sublingual	55	NOVAREL	69
nitroglycerin transdermal patch 24 hour	55	NOXAFIL INTRAVENOUS	7
nitroglycerin translingual	55	NOXAFIL ORAL SUSPENSION	7
NITYR	62	np thyroid	71
NIVESTYM	75	NPLATE	52
nizatidine oral capsule	75	NUBEQA	24
nizatidine oral solution	75	NUCALA	94
nolix	60	NUEDEXTA	33
nora-be	83	NULIBRY	33
norepinephrine bitartrate	54	NULOJIX	24
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	86	NUPLAZID ORAL CAPSULE	44
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	86	NUPLAZID ORAL TABLET 10 MG	44
norethindrone (contraceptive)	83	NURTEC ODT	32
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	83	NUZYRA INTRAVENOUS	18
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	86	NUZYRA ORAL	18
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	83	nyamyc	59
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	86	nylia 7/7/7 (28)	87
norethindrone acetate	83	nymyo	87
norethindrone-e.estradiol-iron oral capsule	87	nystatin oral	7

nystatin-triamcinolone	59	ONGLYZA	67
nystop	59	ONIVYDE	25
NYVEPRIA	75	ONPATTRO	33
O		ONTRUZANT	25
OCALIVA	73	ONUREG	25
ocella	87	OPDIVO	25
OCREVUS	33	opium tincture	71
octreotide acetate	25	OPSUMIT	94
ODEFSEY	9	OPZELURA	56
ODOMZO	25	ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	78
OFEV	94	oralone	64
ofloxacin ophthalmic (eye)	88	ORBACTIV	14
ofloxacin oral tablet 300 mg, 400 mg	17	ORENCIA (WITH MALTOSE)	82
ofloxacin otic (ear)	64	ORENCIA CLICKJECT	82
OGIVRI	25	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	82
olanzapine intramuscular recon soln.	44	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	82
olanzapine oral tablet	44	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	82
olanzapine oral tablet,disintegrating	44	ORENITRAM	49
olanzapine-fluoxetine	44	ORFADIN ORAL CAPSULE 20 MG	62
olmesartan	49	ORFADIN ORAL SUSPENSION	62
olmesartan-amlodipin-hcthiazid	49	ORGOVYX	25
olmesartan-hydrochlorothiazide	49	ORKAMBI ORAL GRANULES IN PACKET	94
olopatadine nasal	64	ORKAMBI ORAL TABLET	94
olopatadine ophthalmic (eye)	89	ORLADEYO	94
omega-3 acid ethyl esters	53	orphenadrine citrate injection	34
omeprazole oral capsule,delayed release(dr/ec) 10 mg	75	orphenadrine citrate oral tablet extended release	34
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	75	orphenadrine-asa-caffeine	34
OMNITROPE	75	orphengesic forte	34
ONCASPAR	25	orsythia	87
ondansetron hcl (pf)	73	oseltamivir oral capsule 30 mg	9
ondansetron hcl intravenous	73	oseltamivir oral capsule 45 mg, 75 mg	9
ondansetron hcl oral solution	73	oseltamivir oral suspension for reconstitution	9
ondansetron hcl oral tablet 24 mg	73	osmitrol 15 %	49
ondansetron hcl oral tablet 4 mg, 8 mg	73	osmitrol 20 %	50
ondansetron oral tablet,disintegrating	73	OSMOPREP	73
ONETOUCH BLOOD GLUCOSE METERS	68	OTEZLA	82
ONETOUCH ULTRA TEST	67	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	82
ONETOUCH VERIO TEST STRIP	67		
ONGENTYS	31		

oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml.....	16
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml.....	16
oxacillin injection recon soln 1 gram, 10 gram	16
oxacillin injection recon soln 2 gram.....	16
oxaliplatin intravenous recon soln 100 mg....	25
oxaliplatin intravenous recon soln 50 mg....	25
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml).....	25
oxaliplatin intravenous solution 200 mg/40 ml	25
oxandrolone.....	69
oxaprozin.....	40
oxazepam.....	44
OXBRYTA.....	62
oxcarbazepine.....	29
OXERVATE.....	89
oxiconazole.....	59
OXLUMO.....	96
OXTELLAR XR.....	29
oxybutynin chloride oral syrup.....	95
oxybutynin chloride oral tablet.....	95
oxybutynin chloride oral tablet extended release 24hr.....	95
oxycodone oral capsule.....	37
oxycodone oral concentrate.....	37
oxycodone oral solution.....	37
oxycodone oral tablet.....	38
OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND).....	38
OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 15 MG, 30 MG, 60 MG (BRAND).....	38
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg.....	38
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg....	38
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT. REL.12 HR.....	38
oxymorphone oral tablet.....	38
oxymorphone oral tablet extended release 12 hr.....	38

OZEMPI SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML).....	67
OZEMPI SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML).....	68
OZEMPI SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML).....	68
P	
pacerone oral tablet 100 mg, 200 mg, 400 mg.....	46
paclitaxel.....	25
PADCEV.....	25
paliperidone.....	44
palonosetron intravenous solution 0.25 mg/5 ml.....	73
palonosetron intravenous syringe.....	73
PALYNZIQ.....	69
pamidronate intravenous solution.....	69
PANRETIN.....	56
pantoprazole intravenous.....	75
pantoprazole oral granules dr for susp in packet.....	75
pantoprazole oral tablet,delayed release (dr/ec) 20 mg.....	75
pantoprazole oral tablet,delayed release (dr/ec) 40 mg.....	75
paraplatin.....	25
PARICALCITOL HEMODIALYSIS PORT INJECTION.....	69
paricalcitol intravenous.....	70
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML.....	69
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML.....	69
paricalcitol oral.....	70
paroex oral rinse.....	64
paromomycin.....	14
paroxetine hcl oral suspension.....	44
paroxetine hcl oral tablet.....	44
paroxetine hcl oral tablet extended release 24 hr.....	44
paroxetine mesylate(menop.sym).....	44
PARSABIV.....	70
PASER.....	14

PAXIL ORAL SUSPENSION	44	phenobarbital sodium injection solution 65 mg/ml	29
PEDIARIX (PF)	78	phenoxybenzamine	50
PEDVAX HIB (PF)	78	phentolamine	50
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	73	phenytoin oral suspension 100 mg/4 ml	29
peg-electrolyte	73	phenytoin oral suspension 125 mg/5 ml	30
peg3350-sod sul-nacl-kcl-asb-c	73	phenytoin oral tablet, chewable	30
PEGASYS SUBCUTANEOUS SOLUTION	75	phenytoin sodium extended	30
PEGASYS SUBCUTANEOUS SYRINGE	75	phenytoin sodium intravenous solution	30
PEMAZYRE	25	PHESGO	25
penicillamine	82	philith	87
penicillin g potassium injection recon soln 20 million unit	16	PIFELTRO	9
penicillin g potassium injection recon soln 5 million unit	17	pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	89
penicillin g procaine	17	pilocarpine hcl oral	62
penicillin g sodium	17	pimecrolimus	56
penicillin v potassium	17	pimozide	45
PENTACEL (PF)	78	pimtrex (28)	87
pentamidine inhalation	14	pindolol	50
pentamidine injection	14	pioglitazone	68
PENTASA	73	pioglitazone-glimepiride	68
pentazocine-naloxone	40	pioglitazone-metformin	68
pentobarbital sodium injection solution	44	piperacillin-tazobactam intravenous recon soln 13.5 gram	17
pentoxifylline oral tablet extended release	52	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	17
PERFOROMIST	94	piperacillin-tazobactam intravenous recon soln 40.5 gram	17
perindopril erbumine	50	PIQRAY	25
periogard	64	pirmella	87
PERJETA	25	piroxicam	40
permethrin	60	plasbumin 25 %	96
perphenazine	44	plasbumin 5 %	96
perphenazine-amitriptyline	45	plasmanate	99
PERSERIS	45	PLEGRIDY INTRAMUSCULAR	75
pfizerpen-g	17	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	76
phenelzine	45	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	76
phenobarbital oral elixir	29	PLEGRIDY SUBCUTANEOUS SYRINGE	76
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	29	plenamine	99
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	29	PNEUMOVAX-23	78
phenobarbital sodium injection solution 130 mg/ml	29	podofilox	56

POLIVY.....	25	potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.....	98
polocaine injection solution 1 % (10 mg/ml). .	56	potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l.....	98
polocaine-mdpf.....	56	potassium chloride-d5-0.9%nacl.....	98
polycin.....	88	potassium citrate oral tablet extended release.....	96
polyethylene glycol 3350 oral powder.....	73	potassium phosphate m-d-basic intravenous solution 3 mmol/ml.....	98
polymyxin b sulf-trimethoprim.....	88	POTELIGEO.....	25
polymyxin b sulfate.....	14	PRADAXA.....	52
POMALYST.....	25	PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.....	53
PONVORY.....	34	PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML.....	53
PONVORY 14-DAY STARTER PACK.....	34	pramipexole oral tablet.....	31
portia 28.....	87	pramipexole oral tablet extended release 24 hr.....	31
PORTRAZZA.....	25	prasugrel.....	52
posaconazole oral tablet,delayed release (dr/ec).....	7	pravastatin.....	53
potassium acetate.....	97	PRAXBIND.....	52
potassium chlorid-d5-0.45%nacl.....	97	praziquantel.....	14
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.....	97	prazosin.....	50
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l.....	97	prednicarbate.....	60
potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l.....	97	prednisolone acetate.....	91
potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l.....	97	prednisolone oral solution.....	65
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml.....	97	prednisolone sodium phosphate ophthalmic (eye).....	91
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml.....	97	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).....	65
potassium chloride intravenous.....	97	prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml).....	65
potassium chloride oral capsule, extended release.....	97	prednisolone sodium phosphate oral tablet,disintegrating.....	65
potassium chloride oral liquid.....	98	prednisone intensol.....	65
potassium chloride oral packet.....	98	prednisone oral solution.....	65
potassium chloride oral tablet extended release 10 meq, 8 meq.....	98	prednisone oral tablet.....	65
potassium chloride oral tablet extended release 20 meq.....	98	prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack).....	65
potassium chloride oral tablet,er particles/ crystals 10 meq.....	98	prednisone oral tablets,dose pack 10 mg, 5 mg.....	65
potassium chloride oral tablet,er particles/ crystals 15 meq, 20 meq.....	98	Pregabalin.....	30
potassium chloride-0.45 % nacl.....	98	PREMARIN INJECTION.....	83

premasol 10 %	99
prenatal vitamin oral tablet	99
PRETOMANID	14
prevalite	53
previfem	87
PREVNAR 13 (PF)	78
PREVNAR 20 (PF)	78
PREVYMIS INTRAVENOUS	9
PREVYMIS ORAL	9
PREZCOBIX	9
PREZISTA ORAL SUSPENSION	9
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	75
PRIFTIN	14
PRIMAQUINE	14
primaquine (generic)	15
primidone	30
probenecid	79
probenecid-colchicine	79
procainamide injection	46
PROCALAMINE 3%	99
procentra	45
prochlorperazine	73
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	73
prochlorperazine edisylate injection solution 5 mg/ml	73
prochlorperazine maleate oral	73
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

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

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

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at **1-800-200-4255** (TTY: 711) from April 1 through September 30, 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 hhs.gov.

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

Arabic/العربية:

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

Mon-Khmer, Cambodian: ខ្លួន សាប័ន់ ពេសិកជាមុនភីយាយ តាមីខ្លួន, សេរាជនូយដូចតាមា ខាយមីទីនឹងលូល ពីរបាយការណ៍បំផុត។ ចូល ស្វែន 1-800-200-4255 (TTY: 711).

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

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

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

Greek/λληνικά: 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 हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-200-4255** (TTY: 711) पर कॉल करें।

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



bluecrossma.com/medicare-options | Medicare Plan Sales: 1-800-678-2265 (TTY: 711)

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

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

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a 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).



This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare-options.

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

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