



MASSACHUSETTS

Medicare Advantage Group

2022 FORMULARY

(List of Covered Drugs)
3-Tier



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

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

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NOTE TO EXISTING MEMBERS:

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

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

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





WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

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

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

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

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

HOW DO I USE THE FORMULARY?

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

- **Medical Condition.** The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 103. 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 103. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

These requirements and limits may include:

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

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

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

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOR MORE INFORMATION

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

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

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

MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 103.

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

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

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

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

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

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

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

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

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

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

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

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

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

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	2	B/D PA, HI
<i>amphotericin b</i>	1	B/D PA, MO, HI
<i>amphotericin b liposome</i>	1	B/D PA
<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

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
NOXAFIL INTRAVENOUS	2	HI
NOXAFIL ORAL SUSPENSION	2	MO
<i>nystatin oral</i>	1	MO
<i>posaconazole</i>	1	MO
<i>terbinafine hcl oral</i>	1	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	1	PA, 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 12/01/2022.

ANTI - INFECTIVES: ANTIVIRALS

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>EMTRIVA ORAL SOLUTION</i>	2	MO
<i>entecavir</i>	1	MO
<i>EPCLUSA</i>	2	PA, MO, QL (28 per 28 days)
<i>EPIVIR HBV ORAL SOLUTION</i>	2	MO
<i>etravirine</i>	1	MO
<i>EVOTAZ</i>	2	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
<i>foscarnet</i>	1	B/D PA, MO
<i>FUZEON SUBCUTANEOUS RECON SOLN</i>	2	MO
<i>ganciclovir sodium intravenous</i>	1	B/D PA, MO, HI
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA, MO, HI
<i>GENVOYA</i>	2	MO
<i>HARVONI</i>	2	PA, MO, QL (28 per 28 days)
<i>INTELENCE</i>	2	MO
<i>INVIRASE ORAL TABLET</i>	2	MO
<i>ISENTRESS</i>	2	MO
<i>ISENTRESS HD</i>	2	MO
<i>JULUCA</i>	2	MO
<i>KALETRA ORAL TABLET</i>	2	MO
<i>LAGEVRIO (EUA)</i>	2	\$0 copay
<i>lamivudine</i>	1	MO

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

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
LIVTENCITY	2	PA
<i>lopinavir-ritonavir</i>	1	MO
<i>maraviroc</i>	1	MO
MAVYRET ORAL PELLETS IN PACKET	2	PA, MO, QL (168 per 28 days)
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)
PAXLOVID (EUA)	2	\$0 copay
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
SYMTUZA	2	MO
SYNAGIS	3	MO
TEMIXYS	2	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TIVICAY PD	2	MO

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

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
TRIUMEQ	2	MO
TRIUMEQ PD	2	MO
TRIZIVIR	2	MO
TROGARZO	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
VEKLURY	2	
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 40 MG	3	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	3	MO, QL (2 per 180 days)
ZEPATIER	3	PA, MO, QL (28 per 28 days)
<i>zidovudine</i>	1	MO

ANTI - INFECTIVES: CEPHALOSPORINS

Drug Name	Tier	Requirements/ Limits
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 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>cefaezolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO, HI
<i>cefaezolin injection recon soln 1 gram, 500 mg</i>	1	MO, HI
<i>cefaezolin injection recon soln 10 gram</i>	1	HI
<i>cefaezolin injection recon soln 100 gram, 300 g</i>	1	HI
<i>cefaezolin 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
<i>FETROJA</i>	2	
<i>SUPRAX ORAL TABLET,CHEWABLE</i>	2	MO
<i>tazicef injection</i>	1	MO, HI
<i>tazicef intravenous</i>	1	
<i>TEFLARO</i>	3	MO, HI
<i>ZERBAXA</i>	2	HI

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

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

**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	MO
<i>ery-tab oral tablet, delayed release (dr/ ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
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 lactobionate</i>	1	MO
<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.

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

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	
BENZNIDAZOLE	2	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	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 12/01/2022.

**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>primaquine (generic)</i>	1	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
<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
<i>vancomycin intravenous recon soln 5 gram</i>	1	HI
<i>vancomycin oral</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
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

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

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

ANTI - INFECTIVES: PENICILLINS

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

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 2 gram	1	HI
oxacillin in dextrose (iso-osm)	1	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
penicillin g potassium injection recon soln 5 million unit	1	MO, HI
penicillin g procaine	1	MO
penicillin g sodium	1	MO, HI
penicillin v potassium	1	MO
pfizerpen-g	1	HI

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

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ANTI - INFECTIVES: PENICILLINS (continued)

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

ANTI - INFECTIVES: QUINOLONES

Drug Name	Tier	Requirements/ Limits
BAXDELA INTRAVENOUS	2	HI
BAXDELA ORAL	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.

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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	1	
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</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.

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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
abiraterone oral tablet 250 mg	1	PA, MO, QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA, MO, QL (60 per 30 days)
ABRAXANE	2	PA, MO, HI
ADAKVEO	2	PA
ALECENSA	2	PA, MO
ALIMTA	2	MO, HI
ALIQOPA	2	LA
ALUNBRIG	2	PA
ALYMSYS	2	PA, MO
anastrozole	1	MO
ARRANON	2	MO, HI
arsenic trioxide intravenous solution 1 mg/ml	1	
arsenic trioxide intravenous solution 2 mg/ml	1	MO
ARZERRA	2	B/D PA, MO, HI
ASTAGRAF XL	3	B/D PA, MO
AVASTIN	2	PA, MO, HI
AYVAKIT	2	PA, LA
azacitidine	1	MO, HI
azathioprine	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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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 injection recon soln 1 mg, 2.5 mg	1	
bortezomib injection recon soln 3.5 mg	1	MO
BORTEZOMIB INTRAVENOUS RECON SOLN	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
CALQUENCE (ACALABRUTINIB MAL)	2	PA
capecitabine	MB	MO
CAPRELSA	2	PA, LA
carboplatin intravenous solution	1	MO, HI
carmustine intravenous recon soln 100 mg	1	MO
cisplatin intravenous solution	1	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
cladribine	1	B/D PA, MO, HI
clofarabine	1	HI
COMETRIQ	2	PA, MO
COPIKTRA	2	PA
COTELLIC	2	PA, MO, LA
cyclophosphamide <i>intravenous recon soln</i>	1	MO
cyclophosphamide <i>oral capsule</i>	1	B/D PA, MO
cyclosporine <i>intravenous</i>	1	B/D PA, HI
cyclosporine modified <i>oral capsule</i>	1	B/D PA, MO
cyclosporine modified <i>oral solution</i>	1	B/D PA
cyclosporine <i>oral capsule</i>	1	B/D PA, MO
CYRAMZA	2	B/D PA, MO, HI
cytarabine	1	B/D PA, MO, HI
cytarabine (pf) <i>injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA, MO, HI
cytarabine (pf) <i>injection solution 20 mg/ml</i>	1	B/D PA, HI
dacarbazine	1	MO, HI
dactinomycin	1	HI
DANYELZA	2	PA
DARZALEX	2	PA, MO, LA
DARZALEX FASPRO	2	PA, MO, LA

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
daunorubicin <i>intravenous solution</i>	1	HI
DAURISMO	2	PA, MO
decitabine	1	MO, HI
docetaxel <i>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
docetaxel <i>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
doxorubicin <i>intravenous recon soln 10 mg</i>	1	
doxorubicin <i>intravenous recon soln 50 mg</i>	1	MO, HI
doxorubicin <i>intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	MO, HI
doxorubicin <i>intravenous solution 2 mg/ml</i>	1	HI
doxorubicin, peg- <i>liposomal</i>	1	MO, HI
ELIGARD	2	MO
ELIGARD (3 MONTH)	2	MO
ELIGARD (4 MONTH)	2	MO
ELIGARD (6 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 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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 200 mg/100 ml</i>	1	MO, HI
ERBITUX	2	PA, MO, HI
ERIVEDGE	2	PA, MO
ERLEADA	2	PA, MO, QL (120 per 30 days)
<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)</i>	1	PA, MO
<i>everolimus (immunosuppressive)</i>	1	B/D PA, MO
<i>exemestane</i>	1	MO
EXKIVITY	2	PA, LA
FARYDAK	2	PA, MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<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, QL (120 per 30 days)
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
<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>gengraf</i>	1	B/D PA, MO
GILOTRIF	2	PA, MO

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
HALAVEN	2	PA, MO, HI
HERCEPTIN HYLECTA	3	PA, MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	PA, MO, HI
HERZUMA	2	PA, MO
HYCAMTIN ORAL	MB	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA, MO, QL (21 per 28 days)
ICLUSIG	2	PA
<i>idarubicin</i>	1	MO, HI
IDHIFA	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
IMBRUWICA ORAL CAPSULE 140 MG	2	PA, QL (120 per 30 days)
IMBRUWICA ORAL CAPSULE 70 MG	2	PA, QL (30 per 30 days)
IMBRUWICA ORAL SUSPENSION	2	PA, QL (324 per 30 days)
IMBRUWICA ORAL TABLET	2	PA, QL (30 per 30 days)
IMFINZI	2	PA, MO, HI, LA
INFUGEM	2	HI
INLYTA	2	PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
INQOVI	2	PA, MO
INREBIC	2	PA, MO, LA
IRESSA	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
ISTODAX	2	MO, HI
IXEMPRA	2	PA, MO, HI
JAKAFI	2	PA, MO, QL (60 per 30 days)
JEMPERLI	2	MO
JEVTANA	2	PA, MO, HI
KADCYLA	2	PA, MO, HI
KANJINTI	2	PA, MO
KEYTRUDA	2	PA, HI
KIMMTRAK	2	PA
KISQALI	2	PA, MO
KISQALI FEMARA CO-PACK	2	PA, MO
KLISYRI	3	MO, QL (5 per 30 days)
KOSELUGO	2	PA
KYPROLIS	2	PA, HI
<i>lapatinib</i>	1	PA, MO
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA, MO, QL (28 per 28 days)

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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA, QL (28 per 28 days)
LENVIMA	2	PA, MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	MO
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	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

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

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
nelarabine	1	MO
NERLYNX	2	PA, MO, LA
nilutamide	1	PA, MO
NINLARO	2	PA, MO, QL (3 per 28 days)
NUBEQA	2	PA, MO, LA
NULOJIX	3	B/D PA, MO, HI
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
OPDUALAG	2	PA, MO
ORGOVYX	2	PA, LA
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	HI
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	MO, HI
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	
paclitaxel	1	MO, HI
PADCEV	2	PA, MO
paraplatin	1	HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
PEMAZYRE	2	PA, LA
<i>permetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	1	MO
<i>permetrexed disodium intravenous recon soln 750 mg</i>	1	
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
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, QL (28 per 28 days)
REZUROCK	2	PA, LA
RIABNI	3	PA, MO
RITUXAN	2	PA, MO, HI
RITUXAN HYCELA	3	PA, MO
<i>romidepsin intravenous recon soln</i>	1	

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

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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
SCEMBLIX	2	PA, MO
SIGNIFOR	2	
SIKLOS	2	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA, MO, HI
<i>sirolimus</i>	1	B/D PA, MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	2	MO
<i>sorafenib</i>	1	PA, MO
SPRYCEL	2	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
STIVARGA	2	PA, MO
<i>sunitinib</i>	1	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, QL (30 per 30 days)
TALZENNA	2	PA, MO
<i>tamoxifen</i>	1	MO
TASIGNA	2	PA, MO
TAZVERIK	2	PA, LA
TECENTRIQ	2	PA, MO, HI, LA
TEMODAR INTRAVENOUS	2	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	1	MO
TEPMETKO	2	PA, LA, QL (60 per 30 days)
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

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>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)
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
UNITUXIN	2	
UPLIZNA	2	B/D PA, MO
<i>valrubicin</i>	1	MO
VECTIBIX	2	B/D PA, MO, HI
VELCADE	2	MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
VENCLEXTA ORAL TABLET 10 MG	2	PA, LA, QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA, LA, QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA, LA, QL (30 per 30 days)
VENCLEXTA STARTING PACK	2	PA, LA, QL (42 per 30 days)
VERZENIO	2	PA, MO, LA
VIJOICE	2	PA
<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
VONJO	2	PA
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
XOSPATA	2	PA, LA

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

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
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 ORAL CAPSULE	2	PA, MO, QL (120 per 30 days)
XTANDI ORAL TABLET	2	PA, MO
YERVOY	2	PA, MO, HI
YONDELIS	2	HI
YONSA	2	PA, MO
ZALTRAP	2	MO, HI
ZANOSAR	2	MO, HI
ZEJULA	2	PA, MO, LA
ZELBORAF	2	PA, MO
ZEPZELCA	2	B/D PA
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	2	PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
ZYNLONTA	2	

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

Drug Name	Tier	Requirements/ Limits
APTIOM	3	MO
BRIVIACT ORAL	3	MO
BRIVIACT INTRAVENOUS	3	MO, HI
<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
<i>clobazam</i>	1	MO
<i>clonazepam oral tablet</i>	1	MO
<i>clonazepam oral tablet,disintegrating</i>	1	MO
DIACOMIT	2	PA, LA
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	

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
EPRONTIA	2	PA, 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>lacosamide</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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	HI
<i>levetiracetam intravenous</i>	1	MO, HI
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
NAYZILAM	3	MO, QL (10 per 30 days)
oxcarbazepine	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	

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

Drug Name	Tier	Requirements/ Limits
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	
Pregabalin	1	MO
primidone	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide	1	MO
SPRITAM	3	MO
subvenite	1	MO
subvenite starter (blue) kit	1	MO
subvenite starter (green) kit	1	MO
subvenite starter (orange) kit	1	MO
SYMPAZAN	3	MO
tiagabine	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

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
TROKENDI XR	3	PA, MO
<i>valproate sodium</i>	1	MO, HI
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</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	
VALTOCO	2	MO
<i>vigabatrin</i>	1	MO, LA
<i>vigadron</i>	1	LA
VIMPAT INTRAVENOUS	3	MO, HI
VIMPAT ORAL SOLUTION	3	MO
XCOPRI	3	MO
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	MO
XCOPRI TITRATION PACK	3	MO
ZONISADE	2	PA
<i>zonisamide</i>	1	PA, MO
ZTALMY	2	PA

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

Drug Name	Tier	Requirements/ Limits
APOKYN	2	MO, LA
<i>apomorphine</i>	1	
<i>benztropine injection</i>	1	MO, HI
<i>benztropine oral</i>	1	MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE	2	PA
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

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

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

Drug Name	Tier	Requirements/ Limits
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	MO
<i>ZELAPAR</i>	3	MO

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

Drug Name	Tier	Requirements/ Limits
<i>AIMOVIG AUTOINJECTOR</i>	2	PA, MO, QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 per 30 days)
<i>EMGALITY PEN</i>	2	PA, MO, QL (2 per 30 days)
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML</i>	2	PA, MO, QL (2 per 30 days)
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)</i>	2	PA, MO, QL (3 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO, QL (18 per 30 days)
<i>NURTEC ODT</i>	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)

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: 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 SPRAY, NON- AEROSOL 2.5 MG	2	MO, QL (18 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	MO, QL (18 per 30 days)
<i>zolmitriptan oral</i>	1	MO, QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON- AEROSOL 2.5 MG	2	MO, QL (18 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
AUBAGIO	2	PA, MO, QL (30 per 30 days)
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 oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA, MO, QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA, MO, QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA, MO, QL (60 per 30 days)
<i>donepezil</i>	1	MO
EVRYSDI	2	PA, MO
<i>fingolimod</i>	1	PA, QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA, MO, QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA, QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA, MO, QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA, MO, QL (12 per 28 days)
INGREZZA INITIATION PACK	2	LA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	LA
INGREZZA ORAL CAPSULE 60 MG	2	
KESIMPTA PEN	2	PA, MO, QL (1.6 per 28 days)
KEVEYIS	2	
LEMTRADA	2	MO
MAVENCLAD (10 TABLET PACK)	3	PA, MO, LA, QL (10 per 28 days)
MAVENCLAD (4 TABLET PACK)	3	PA, MO, LA, QL (4 per 28 days)
MAVENCLAD (5 TABLET PACK)	3	PA, MO, LA, QL (5 per 28 days)
MAVENCLAD (6 TABLET PACK)	3	PA, MO, LA, QL (6 per 28 days)
MAVENCLAD (7 TABLET PACK)	3	PA, MO, LA, QL (7 per 28 days)
MAVENCLAD (8 TABLET PACK)	3	PA, MO, LA, QL (8 per 28 days)
MAVENCLAD (9 TABLET PACK)	3	PA, MO, LA, QL (9 per 28 days)

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

Drug Name	Tier	Requirements/ Limits
MAYZENT ORAL TABLET 0.25 MG	3	PA, MO, QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG	3	PA, MO, QL (60 per 30 days)
MAYZENT ORAL TABLET 2 MG	3	PA, MO, QL (30 per 30 days)
MAYZENT STARTER (FOR 1MG MAINT)	3	PA, MO, QL (7 per 180 days)
MAYZENT STARTER (FOR 2MG MAINT)	3	PA, MO, QL (12 per 180 days)
<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	3	B/D PA
OCREVUS	2	PA, MO
ONPATTRO	2	PA, HI, LA
PONVORY	3	PA, MO, QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	3	PA, MO, QL (14 per 180 days)
RADICAVA	2	HI
RADICAVA ORS	2	MO
RADICAVA ORS STARTER KIT SUSP	2	MO
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal</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:
MISCELLANEOUS NEUROLOGICAL
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
TEGSEDI	2	PA, MO, LA
tetrabenazine	1	PA, MO
TYSABRI	2	PA, MO, HI, LA
ZEPOSIA	2	PA, MO, QL (30 per 30 days)
ZEPOSIA STARTER KIT	2	PA, MO, QL (37 per 30 days)
ZEPOSIA STARTER PACK	2	PA, MO, QL (7 per 30 days)

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA, MO
<i>butalbital-acetaminophen-caff oral tablet</i>	1	PA, MO
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA, MO
<i>butalbital-aspirin-caffeine oral tablet</i>	1	PA
<i>codeine sulfate</i>	1	MO
<i>codeine-butalbital-asa-caff</i>	1	PA, MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	
<i>endocet</i>	1	MO
<i>fentanyl</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 SOLUTION 7.5-325 MG/15 ML (BRAND)</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO
<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

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: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO
<i>levorphanol tartrate oral tablet 3mg</i>	1	MO
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA, MO
<i>meperidine oral solution</i>	1	MO
<i>meperidine oral tablet 50 mg</i>	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 (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	B/D PA
<i>morphine concentrate oral solution</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ ML, 5 MG/ML (BRAND)</i>	2	
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine injection syringe 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml</i>	1	MO
<i>MORPHINE INTRAVENOUS SOLUTION 4 MG/ ML, 8 MG/ML (BRAND)</i>	2	MO
<i>MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND)</i>	2	
<i>MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND)</i>	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

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

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

Drug Name	Tier	Requirements/ Limits
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA, MO
<i>morphine oral solution</i>	1	MO
<i>morphine oral tablet</i>	1	MO
<i>morphine oral tablet extended release</i>	1	PA, MO
<i>oxycodone oral capsule</i>	1	MO
<i>oxycodone oral concentrate</i>	1	MO
<i>oxycodone oral solution</i>	1	MO
<i>oxycodone oral tablet</i>	1	MO
<i>oxycodone-acetaminophen oral solution</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 7.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>oxymorphone oral tablet</i>	1	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>prolate oral tablet</i>	1	MO
<i>tencon</i>	1	PA, MO
<i>vtol lg</i>	1	PA, MO
<i>XTAMPZA ER</i>	2	PA, MO
<i>zebutal</i>	1	PA, MO

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	3	ST, MO
<i>alprazolam intensol</i>	1	MO
<i>alprazolam oral tablet</i>	1	MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	MO
<i>alprazolam oral tablet, disintegrating</i>	1	MO
<i>amitriptyline</i>	1	PA, MO
<i>amitriptyline-chlordiazepoxide</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	MO
<i>ariPIPrazole</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
CAPLYTA	3	ST, MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>chlordiazepoxide hcl</i>	1	MO
<i>chlorpromazine</i>	1	MO
<i>chlorpromazine injection</i>	1	MO, HI
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine</i>	1	PA, MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	MO
<i>clozapine</i>	1	
<i>CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)</i>	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)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	MO, QL (30 per 30 days)

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
dexamfetamine oral tablet	1	MO
dextroamphetamine oral capsule, extended release	1	MO
dextroamphetamine oral solution	1	MO
dextroamphetamine oral tablet	1	MO
dextroamphetamine sulfate	1	MO
dextroamphetamine-amphetamine oral capsule, extended release 24hr	1	MO, QL (30 per 30 days)
dextroamphetamine-amphetamine oral tablet	1	MO
diazepam injection	1	
diazepam intensol	1	MO
diazepam oral concentrate	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	
diazepam oral tablet	1	MO
doxepin oral capsule	1	PA, MO
doxepin oral concentrate	1	PA, MO
doxepin oral tablet	1	MO

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

Drug Name	Tier	Requirements/ Limits
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
guanfacine oral tablet extended release 24 hr	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>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	2	ST, MO
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
<i>lithium carbonate oral tablet extended release</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<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, MO
MARPLAN	2	MO
<i>methamphetamine</i>	1	PA, MO
<i>methylphenidate</i>	1	
<i>methylphenidate hcl oral cap,er sprinkle, biphasic 40-60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<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
<i>modafinil</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>molindone</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
<i>NUPLAZID</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</i>	1	MO
<i>paroxetine mesylate (menop.sym)</i>	1	MO
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>perphenazine- amitriptyline</i>	1	PA, MO
<i>PERSERIS</i>	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

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
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
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
<i>triazolam</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA, MO
TRINTELLIX	3	MO, QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO
VERSACLOZ	3	ST
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>vilazodone</i>	1	MO, QL (30 per 30 days)
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	MO
<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)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	ST, MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	3	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS

Drug Name	Tier	Requirements/ Limits
adenosine	1	
amiodarone <i>intravenous solution</i>	1	B/D PA, MO, HI
amiodarone <i>intravenous syringe</i>	1	B/D PA
amiodarone oral tablet 100 mg, 400 mg	1	
amiodarone oral tablet 200 mg	1	MO
bretlyium tosylate	1	
disopyramide phosphate oral capsule	1	MO
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) in d7.5w	1	
lidocaine (pf) <i>intravenous</i>	1	HI
lidocaine in 5 % dextrose (pf) <i>intravenous</i> parenteral solution 4 mg/ml (0.4 %), 8 mg/ ml (0.8 %)	1	
mexiletine	1	MO
MULTAQ	3	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection	1	HI
propafenone oral capsule,extended release 12 hr	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS (continued)

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>propranolol intravenous</i>	1	HI
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt oral capsule, extended release</i>	1	MO
<i>TEKTURNA HCT</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/Limits
<i>aminocaproic acid</i>	1	MO
ANDEXXA	2	
<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>dabigatran etexilate</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	MO, LA, QL (60 per 30 days)
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)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO, QL (48 per 30 days)

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
<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
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ ml)</i>	1	MO, HI

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO, HI
<i>heparin (porcine) injection solution</i>	1	MO, HI
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO, HI
<i>heparin flush (porcine)-0.9nacl</i>	MB	MO
<i>heparin lock flush (porcine)</i>	MB	MO
<i>heparin lockflush (porcine)(pf)</i>	MB	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO

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

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

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
prasugrel	1	MO
PRAXBIND	2	
PROMACTA	2	MO, LA
protamine	1	
TAVALISSE	2	LA
warfarin	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/ CHOLESTEROL LOWERING AGENTS

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

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

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

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

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

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

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

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

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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/ Limits
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO, QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO, QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO, QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO, QL (400 per 30 days)
<i>calcitriol topical</i>	1	
COSENTYX (2 SYRINGES)	3	PA, MO, QL (2 per 28 days)
COSENTYX PEN	3	PA, MO, QL (2 per 28 days)
COSENTYX PEN (2 PENS)	3	PA, MO, QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA, MO, QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA, MO, QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA, MO, QL (1 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA, MO, QL (1 per 28 days)

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC (continued)

Drug Name	Tier	Requirements/ Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA, MO, QL (1 per 28 days)
STELARA INTRAVENOUS	2	PA, MO, HI
STELARA SUBCUTANEOUS	2	PA, MO, QL (0.5 per 28 days)
STELARA SUBCUTANEOUS	2	PA, MO, QL (1 per 28 days)
TALTZ AUTOINJECTOR	2	PA, MO, QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	2	PA, MO, QL (2 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	2	PA, MO, QL (3 per 28 days)
TALTZ SYRINGE	2	PA, MO, QL (1 per 28 days)
VTAMA	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 12/01/2022.

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

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

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

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

Drug Name	Tier	Requirements/ Limits
<i>accutane</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	MO
<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.

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

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
<i>tazarotene topical gel</i>	1	PA, MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA, MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE
(continued)

Drug Name	Tier	Requirements/ Limits
TAZORAC TOPICAL GEL	3	PA, MO
<i>tretinoin microspheres</i>	1	PA, MO
<i>tretinoin topical</i>	1	PA, MO
<i>zenatane</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

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

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
<i>econazole</i>	1	MO
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical foam</i>	1	MO, QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO
<i>ketodan</i>	1	MO
LULICONAZOLE	3	MO
LUZU	3	MO
<i>naftifine topical cream</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO
<i>nystatin topical ointment</i>	1	MO
<i>nystatin topical powder</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
<i>tavaborole</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

Drug Name	Tier	Requirements/ Limits
ala-cort topical cream 1 %	1	MO
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
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
clobetasol	1	MO
clobetasol-emollient	1	MO
clocortolone pivalate	1	MO
clodan	1	MO
desonide	1	MO
desoximetasone	1	MO
desrx	1	MO
diflorasone topical cream	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide	1	MO
fluocinonide-e	1	

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

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

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/Limits
<i>acamprostate oral tablet,delayed release (dr/ec)</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	PA, MO, HI, LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	PA, MO, HI, LA
<i>bacteriostatic water (parabens)</i>	MB	
<i>bd posiflush normal saline 0.9</i>	MB	MO
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	3	MO, LA
<i>carglumic acid</i>	1	LA
<i>cevimeline</i>	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
<i>d10 %-0.45 % sodium chloride</i>	1	MO, HI
<i>d2.5 %-0.45 % sodium chloride</i>	1	HI
<i>d5 % and 0.9 % sodium chloride</i>	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

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

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	
SORBITOL IRRIGATION SOLUTION 3 %	2	
<i>tis-u-sol pentalyte</i>	1	MO

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

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 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
EMPAVELI	2	PA, LA

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
ENJAYMO	2	PA
FERRIPROX ORAL SOLUTION	2	
FERRIPROX ORAL TABLET 500 MG	2	
GIVLAARI	2	PA, MO
GLASSIA	3	PA, MO, HI, LA
INCRELEX	2	PA, MO, LA
<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
midodrine	1	MO
monoject 0.9% sodium chloride	MB	
monoject prefill advanced ns	MB	MO
nitisinone	1	MO
NITYR	2	MO, LA
<i>normal saline flush</i>	MB	MO
ORFADIN ORAL CAPSULE 20 MG	2	LA
ORFADIN ORAL SUSPENSION	2	LA
OXBRYTA ORAL TABLET	2	PA, MO, LA, QL (150 per 30 days)

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

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
OXBRYTA ORAL TABLET FOR SUSPENSION	2	PA, MO, QL (150 per 30 days)
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	PA, HI, LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA, HI, LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	2	PA
PYRUKYND ORAL TABLETS,DOSE PACK	2	PA
RAVICTI	3	MO
REVCovi	2	
riluzole	1	MO
risedronate oral tablet 30 mg	1	MO, QL (30 per 30 days)
sevelamer carbonate	1	MO
sevelamer hcl	1	MO
sodium benzoate-sod phenylacet	1	
sodium chlor 0.9% bacteriostat	MB	
sodium chloride 0.9 % (flush) injection syringe	MB	MO
sodium chloride 0.9 % injection	MB	

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
sodium chloride 0.9 % <i>intravenous parenteral solution</i>	1	MO, HI
sodium chloride 0.9 % <i>intravenous piggyback</i>	1	MO, HI
sodium chloride <i>injection</i>	MB	
sodium chloride <i>irrigation</i>	1	MO
sodium phenylbutyrate <i>oral powder</i>	1	MO
sodium phenylbutyrate <i>oral tablet</i>	1	
sodium polystyrene sulfonate <i>oral powder</i>	1	MO
sps (with sorbitol) <i>oral</i>	1	MO
sps (with sorbitol) <i>rectal</i>	1	
TAVNEOS	2	PA
THIOLA	2	
THIOLA EC	2	
TIGLUTIK	3	
tiopronin	1	MO
trientine	1	MO
VELTASSA	3	MO
water for <i>inject, bacteriostat</i>	MB	
water for <i>irrigation, sterile</i>	1	MO
XURIDEN	2	
ZOKINVY	2	PA

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
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

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

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

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS (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

ENDOCRINE/DIABETES: ADRENAL HORMONES

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

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

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

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

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

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

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

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

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
acarbose	1	MO
ALCOHOL PADS	2	MO
BAQSIMI	2	MO
BYDUREON BCISE	2	MO, QL (3.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO, QL (1.2 per 30 days)
CYCLOSET	3	MO
DEXCOM RECEIVER	MB	QL (1 per 365 days)
DEXCOM SENSOR	MB	
DEXCOM TRANSMITTER	MB	
diazoxide	1	MO
FREESTYLE LIBRE 2 READER	MB	QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	MB	
FREESTYLE LIBRE READER	MB	QL (1 per 365 days)
FREESTYLE LIBRE SENSOR	MB	
glimepiride	1	MO
glipizide oral tablet	1	MO
glipizide oral tablet extended release 24hr	1	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

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

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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

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

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ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

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

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>clomid</i>	1	PA, MO
<i>clomiphene citrate</i>	1	PA
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

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

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

Drug Name	Tier	Requirements/ Limits
FABRAZYME	2	MO, HI
GALAFOLD	2	PA, MO, LA
ISTURISA	2	PA, LA
<i>javygtor</i>	1	
JYNARQUE	2	LA
KANUMA	2	MO, HI
KORLYM	3	PA
MEPSEVII	2	MO
METHITEST	2	MO
<i>methyltestosterone oral capsule</i>	1	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
<i>paricalcitol intravenous</i>	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML	2	MO, HI
<i>paricalcitol oral</i>	1	MO
PARSABIV	2	MO

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

Drug Name	Tier	Requirements/ Limits
RECORLEV	3	PA
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
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)</i>	1	MO

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

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

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

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

ENDOCRINE/DIABETES: THYROID HORMONES

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

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

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

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS (continued)

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

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

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

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
alosetron	1	MO, QL (60 per 30 days)
aprepitant	1	B/D PA, MO
balsalazide	1	MO
betaine	1	MO
budesonide oral capsule, delayed, extend.release	1	MO
budesonide oral tablet, delayed and ext.release	1	
BYLVAY	2	PA, MO, LA
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
generlac	1	MO
gransetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO, HI
gransetron hcl intravenous	1	MO, HI
gransetron 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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
LINZESS	2	MO, QL (30 per 30 days)
LIVMARLI <i>meclizine oral tablet 12.5 mg, 25 mg</i>	2 1	PA, LA MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule,extended release 24hr</i>	1	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO, HI
<i>metoclopramide hcl injection syringe</i>	1	HI
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	1	MO
OCALIVA	3	MO, LA, QL (30 per 30 days)
<i>ondansetron hcl (pf)</i>	1	MO, HI
<i>ondansetron hcl intravenous</i>	1	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>ondansetron hcl oral solution</i>	1	B/D PA, MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA, MO
<i>ondansetron oral tablet,disintegrating</i>	1	B/D PA, MO
OSMOPREP	3	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	MO
PENTASA	2	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
RELISTOR ORAL	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
<i>scopolamine base</i>	1	MO
SKYRIZI INTRAVENOUS	2	PA, MO, QL (10 per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	2	PA, MO, QL (2.4 per 28 days)
<i>sodium, potassium, mag sulfates</i>	1	
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 200 mg, 400 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	2	B/D PA

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

Drug Name	Tier	Requirements/ Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000- UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO

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

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

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	
<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	HI
<i>famotidine (pf)</i>	1	MO, HI
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO, HI
<i>famotidine intravenous</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)

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	ST, MO, QL (60 per 30 days)
<i>misoprostol</i>	1	MO
<i>nizatidine oral capsule 150 mg</i>	1	MO
<i>nizatidine oral capsule 300 mg</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	MO, QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	MO, QL (60 per 30 days)
<i>pantoprazole intravenous</i>	1	MO, HI
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO, QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO, QL (60 per 30 days)
<i>sucralfate</i>	1	MO
<i>VOQUEZNA DUAL PAK</i>	3	MO, QL (112 per 14 days)
<i>VOQUEZNA TRIPLE PAK</i>	3	MO, QL (112 per 14 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

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

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SYRINGE	2	MO, QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	2	PA, MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA, MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA, MO, QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE	2	PA, MO, QL (1 per 28 days)
REBIF (WITH ALBUMIN)	2	PA, MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA, MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA, MO, QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA, MO, QL (4.2 per 180 days)
REBLOZYL	2	PA
RELEUKO	3	PA, MO
RETACRIT	2	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA, MO
UDENYCA	2	PA, MO, QL (1.2 per 30 days)
ZARXIO	2	MO
ZIEXTENZO	3	PA, MO
ZORBTIVE	2	PA, MO

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS**

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

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

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

Drug Name	Tier	Requirements/ Limits
FLUBLOK QUAD 2022-2023 (PF)	MB	MO
FLUCELVAX QUAD 2022-2023	MB	
FLUCELVAX QUAD 2022-2023 (PF)	MB	MO
FLULALVAL QUAD 2022-2023 (PF)	MB	MO
FLUMIST QUAD 2022-2023	MB	
FLUZONE HIGHDOSE QUAD 22-23 PF	MB	MO
FLUZONE QUAD 2022-2023	MB	
FLUZONE QUAD 2022-2023 (PF)	MB	MO
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

**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	
JANSSEN COVID-19 VACCINE (EUA)	MB	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	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
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</i>	1	MO
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
MODERNA COVID BIVAL(6Y UP)(PF)	MB	
MODERNA COVID (6M-5Y) VACC(EUA)	MB	
MODERNA COVID-19 (6-11YR)(EUA)	MB	
MODERNA COVID-19 VACCINE (EUA)	MB	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	
<i>pentacel (pf)</i>	1	
PFIZER COVID BIVAL (12Y UP)(PF)	MB	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	MB	
PFIZER COVID-19 VACCINE (EUA)	MB	
PNEUMOVAX-23	MB	MO
<i>prehevbrio (pf)</i>	1	B/D PA, MO

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

Drug Name	Tier	Requirements/ Limits
PREVNAR 13 (PF)	MB	MO
PREVNAR 20 (PF)	MB	MO
<i>priorix (pf)</i>	1	
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	MO
RAGWITEK	3	MO
<i>recombivax hb (pf)</i>	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA, MO
ROTARIX	1	
ROTATEQ VACCINE	1	MO
SHINGRIX (PF)	1	MO
SPIKEVAX (PF)	MB	
STAMARIL (PF)	1	
TDVAX	1	MO
<i>tenivac (pf)</i>	1	MO

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

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

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

Drug Name	Tier	Requirements/ Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO
TETANUS, DIPHTHERIA TOX PED(PF)	1	MO
TICE BCG	1	MO
<i>ticovac</i>	1	MO
TRUMENBA	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
VAXNEUVANCE	MB	MO
XEOMIN	3	PA, MO
YF-VAX (PF)	1	
ZINPLAVA	2	PA, MO, HI

MISCELLANEOUS SUPPLIES

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

**MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	HI
<i>aloprim</i>	1	HI
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	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 12/01/2022.

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY

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

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY (continued)

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

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

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

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
ACTEMRA ACTPEN	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	PA, MO, HI
BENLYSTA SUBCUTANEOUS	2	PA, 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 (4 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 (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA, MO, QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA, MO, QL (4 per 28 days)
KEVZARA	3	PA, MO, QL (2.28 per 28 days)

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

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

Drug Name	Tier	Requirements/ Limits
KINERET <i>leflunomide</i>	2	PA
	1	MO, QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	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 ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA, MO, QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA, MO, QL (28 per 28 days)

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

Drug Name	Tier	Requirements/ Limits
SIMPONI ARIA	3	PA, MO, HI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)
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.

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

OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS

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

OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS (continued)

Drug Name	Tier	Requirements/ Limits
<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
<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>PREMARIN INJECTION</i>	3	HI
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</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 12/01/2022.

OBSTETRICS / GYNECOLOGY: MISCELLANEOUS OB/GYN

Drug Name	Tier	Requirements/ Limits
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethynodiol estradiol</i>	1	
GYZNAZOLE-1	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
<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>charlotte 24 fe</i>	1	MO
<i>chateal (28)</i>	1	
<i>chateal eq (28)</i>	1	MO

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

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

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

Drug Name	Tier	Requirements/ Limits
cryselle (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-Im.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
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
femynor	1	MO
finzala	1	
hailey	1	MO
hailey 24 fe	1	MO

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>nymyo</i>	1	MO
<i>ocella</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>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	MO
<i>tilia fe</i>	1	MO
<i>tri-femynor</i>	1	MO
<i>tri-estarrylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarrylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>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>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	

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

OPHTHALMOLOGY: ANTIBIOTICS

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

OPHTHALMOLOGY: ANTIBIOTICS (continued)

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

OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
trifluridine	1	MO
ZIRGAN	3	MO

OPHTHALMOLOGY: BETA-BLOCKERS

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

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

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

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

Drug Name	Tier	Requirements/ Limits
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	MO
BLEPHAMIDE S.O.P.	3	MO
<i>bss</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	QL (60 per 30 days)
CYSTARAN	2	
<i>epinastine</i>	1	MO
LACRISERT	2	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	1	
OXERVATE	2	PA, MO
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	2	MO, QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO, QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS (continued)

Drug Name	Tier	Requirements/ Limits
<i>sulfacetamide-prednisolone</i>	1	MO
VURITY	3	MO

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

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

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

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

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

OPHTHALMOLOGY: STEROIDS

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

OPHTHALMOLOGY: SYMPATHOMIMETICS

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

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

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

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

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

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

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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS

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

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	3	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)

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

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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ ACTUATION	2	MO, QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	2	MO, QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	2	MO, QL (10.6 per 30 days)
<i>flunisolide</i>	1	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO, QL (16 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA, MO
HYPER-SAL	MB	MO
<i>icatibant</i>	1	MO
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
<i>montelukast</i>	1	MO

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA, MO, LA
NUCALA SUBCUTANEOUS RECON SOLN	2	PA, MO, LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ ML	2	PA, MO, LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA, MO
OFEV	2	PA, MO, QL (60 per 30 days)
OPSUMIT	2	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	2	PA, MO, QL (60 per 30 days)
ORKAMBI ORAL TABLET	2	PA, MO, QL (112 per 28 days)
ORLADEYO	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 12/01/2022.

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA, MO
<i>pulmosal</i>	MB	MO
<i>PULMOZYME</i>	2	B/D PA, MO
<i>roflumilast</i>	1	MO
<i>RUCONEST</i>	2	MO, HI
<i>sazazir</i>	1	
<i>SEREVENT DISKUS</i>	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
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO
<i>sodium chloride inhalation</i>	MB	MO
<i>SPIRIVA RESPIMAT</i>	2	MO, QL (4 per 30 days)
<i>SPIRIVA WITH HANDIHALER</i>	2	MO, QL (30 per 30 days)
<i>STIOLTO RESPIMAT</i>	2	MO, QL (4 per 30 days)
<i>SYMBICORT</i>	2	MO, QL (10.2 per 30 days)
<i>SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)</i>	2	PA, MO, QL (56 per 28 days)

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)</i>	2	PA, MO, QL (60 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA
<i>TADLIQ</i>	2	PA, MO, QL (300 per 30 days)
<i>TAKHZYRO SUBCUTANEOUS SOLUTION</i>	2	PA, MO, LA, QL (4 per 28 days)
<i>TAKHZYRO SUBCUTANEOUS SYRINGE</i>	2	PA, MO, QL (4 per 28 days)
<i>terbutaline</i>	1	MO
<i>TEZSPIRE</i>	2	PA, MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>TRACLEER ORAL TABLET FOR SUSPENSION</i>	2	PA, MO, LA
<i>TRELEGY ELLIPTA</i>	2	MO, QL (60 per 30 days)
<i>TRIKAFTA</i>	2	PA, MO, QL (84 per 28 days)
<i>TYVASO</i>	2	B/D PA, MO
<i>TYVASO DPI</i>	2	MO

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

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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
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>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
GEMTESA	3	PA, MO, QL (30 per 30 days)
<i>MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON</i>	2	
<i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</i>	2	MO, QL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacina</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr</i>	1	MO
<i>tolterodine oral tablet</i>	1	MO
<i>trospium oral capsule, extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO

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

UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

Drug Name	Tier	Requirements/ Limits
<i>albumin, human 25 %</i>	1	
<i>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.

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

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

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

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES (continued)

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride 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- d5-0.9%nacl</i>	1	HI
<i>potassium phosphate m-d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	HI
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO, HI

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

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

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

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

VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

Drug Name	Tier	Requirements/ Limits
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	
intralipid intravenous emulsion 20 %	1	B/D PA, HI

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

Drug Name	Tier	Requirements/ Limits
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
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	MO
wescap-pn dha	1	

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

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alburx (human) 5 %.	99
albutein 25 %.	99
albutein 5 %.	99
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alendronate oral tablet 10 mg, 5 mg	83	amitriptyline	42
alendronate oral tablet 35 mg, 70 mg	83	amitriptyline-chlordiazepoxide	42
alfuzosin oral tablet extended release 24 hr	99	amlodipine	48
ALIMTA	20	amlodipine-atorvastatin	53
ALIQOPA	20	amlodipine-benazepril	48
aliskiren	48	amlodipine-olmesartan	48
allopurinol oral tablet 100 mg, 300 mg	82	amlodipine-valsartan	48
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alosetron	74	amnesteem	58
ALPHAGAN P OPHTHALMIC (EYE) DROPS		amoxapine	42
0.1 %	93	amoxicil-clarithromy-lansopraz	77
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alprostadil	99	mg	
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aminophylline intravenous	95	gram	16
amiodarone intravenous solution	47	ampicillin-sulbactam intravenous	16
amiodarone intravenous syringe	47	anagrelide	62
		anastrozole	20

ANDEXXA	51	atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	73
ANORO ELLIPTA	95	atropine ophthalmic (eye) drops	92
apexicon e	61	ATROVENT HFA	95
APOKYN	31	AUBAGIO	33
apomorphine	31	aubra	87
apraclonidine	93	aubra eq	87
aprepitant	74	aurovela 1.5/30 (21)	87
APRETUDE	8	aurovela 1/20 (21)	87
apri	87	aurovela 24 fe	87
APTIOM	29	aurovela fe 1-20 (28)	87
APTIVUS	8	aurovela fe 1.5/30 (28)	87
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	62	AUSTEDO	33
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	62	AVASTIN	20
aranelle (28)	87	aviane	87
ARCALYST	78	avita topical cream	58
arformoterol	95	AVONEX INTRAMUSCULAR PEN INJECTOR KIT	78
ARIKAYCE	13	AVONEX INTRAMUSCULAR SYRINGE KIT	78
ariPIPRAZOLE	42	ayuna	87
ARISTADA	42	AYVAKIT	20
ARISTADA INITIO	42	azacitidine	20
armodafinil	42	azathioprine	20
ARNUITY ELLIPTA	95	azathioprine sodium	20
ARRANON	20	azelaic acid	58
arsenic trioxide intravenous solution 1 mg/ml	20	azelastine nasal	65
arsenic trioxide intravenous solution 2 mg/ml	20	azelastine ophthalmic (eye)	92
ARZERRA	20	azelastine-fluticasone	95
ascomp with codeine	36	azithromycin intravenous	12
asenapine maleate	42	azithromycin oral packet	12
ashlyna	87	azithromycin oral suspension for reconstitution	12
aspirin-dipyridamole oral capsule, er multiphase 12 hr	51	azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	12
ASTAGRAF XL	20	azithromycin oral tablet 250 mg, 500 mg, 600 mg	12
atazanavir	8	aztreonam injection recon soln 1 gram	13
atenolol	48	aztreonam injection recon soln 2 gram	13
atenolol-chlorthalidone	48	azurette (28)	87
atomoxetine	42		
atorvastatin	53		
atovaquone	13		
atovaquone-proguanil	13		
atropine injection solution	73		
		B	
		bacitracin intramuscular	13
		bacitracin ophthalmic (eye)	91

bacitracin-polymyxin b.	91	bisoprolol fumarate	48
baclofen intrathecal	35	bisoprolol-hydrochlorothiazide	48
baclofen oral tablet	35	BLENREP	20
bacteriostatic water(parabens)	62	bleomycin	20
balanced salt	92	BLEPHAMIDE S.O.P.	92
balsalazide	74	BLINCYTO INTRAVENOUS KIT	20
BALVERSA	20	blisovi 24 fe	87
balziva (28)	87	blisovi fe 1.5/30 (28)	87
BAQSIMI	68	blisovi fe 1/20 (28)	87
BARACLUDE ORAL SOLUTION	8	BOOSTRIX TDAP	79
BAVENCIO	20	bortezomib injection recon soln 1 mg, 2.5 mg	20
BAXDELA INTRAVENOUS	17	bortezomib injection recon soln 3.5 mg	20
BAXDELA ORAL	17	BORTEZOMIB INTRAVENOUS RECON SOLN	20
BCG VACCINE, LIVE (PF)	79	bosentan	95
bd posiflush normal saline 0.9	62	BOSULIF	20
BELEODAQ	20	BOTOX	79
benazepril	48	BRAFTOVI ORAL CAPSULE 75 MG	20
benazepril-hydrochlorothiazide	48	BREO ELLIPTA	95
BENDEKA	20	bretylium tosylate	47
BENLYSTA INTRAVENOUS	84	briellyn	87
BENLYSTA SUBCUTANEOUS	84	BRILINTA	51
BENZNIDAZOLE	13	brimonidine ophthalmic (eye) drops 0.15 %	93
benztropine injection	31	brimonidine ophthalmic (eye) drops 0.2 %	93
benztropine oral	31	brimonidine-timolol	93
bepotastine besilate	92	brinzolamide	93
BESPONSA	20	BRIVIACT INTRAVENOUS	29
BESREMI	78	BRIVIACT ORAL	29
betaine	74	bromfenac	92
betamethasone acet,sod phos	66	bromocriptine	31
betamethasone dipropionate	61	BRONCHITOL	95
betamethasone valerate	61	BROVANA	95
betamethasone, augmented	61	BRUKINSA	20
betaxolol ophthalmic (eye)	91	bss	92
betaxolol oral	48	budesonide inhalation	95
bethanechol chloride	99	budesonide oral capsule,delayed,extend.release	74
BEVESPI AEROSPHERE	95	budesonide oral tablet,delayed and ext.release	74
bexarotene	20	bumetanide injection	48
BEXSERO	79	bumetanide oral	48
bicalutamide	20	buprenorphine	36
BICILLIN L-A	16		
BIKTARVY	8		
bimatoprost ophthalmic (eye)	93		

buprenorphine hcl injection solution.....	36	calcitonin (salmon).....	70
buprenorphine hcl injection syringe.....	36	calcitriol intravenous solution 1 mcg/ml.....	70
buprenorphine hcl sublingual.....	36	calcitriol oral capsule.....	70
buprenorphine-naloxone.....	40	calcitriol oral solution.....	70
bupropion hcl (smoking deter) oral tablet extended release.....	65	calcitriol topical.....	56
bupropion hcl oral tablet.....	42	calcium acetate(phosphat bind).....	100
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg.....	42	calcium chloride.....	100
bupropion hcl oral tablet sustained-release 12 hr.....	42	calcium gluconate intravenous.....	100
buspirone.....	42	CALQUENCE.....	20
busulfan.....	20	CALQUENCE (ACALABRUTINIB MAL).....	20
butalbital compound w/codeine.....	36	camila.....	86
butalbital-acetaminop-caf-cod.....	36	camrese.....	87
butalbital-acetaminophen oral capsule.....	36	camrese lo.....	87
butalbital-acetaminophen oral tablet 25-325 mg.....	36	CAMZYOS.....	54
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg.....	37	candesartan.....	48
butalbital-acetaminophen-caff oral tablet.....	37	candesartan-hydrochlorothiazid.....	48
butalbital-aspirin-caffeine oral capsule.....	37	capecitabine.....	20
butalbital-aspirin-caffeine oral tablet.....	37	CAPLYTA.....	42
butorphanol tartrate injection.....	40	CAPRELSA.....	20
butorphanol tartrate nasal.....	40	captotril.....	48
BYDUREON BCISE.....	68	captotril-hydrochlorothiazide.....	48
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML.....	68	CARBAGLU.....	62
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML.....	68	carbamazepine oral capsule, er multiphase 12 hr.....	29
BYLVAY.....	74	carbamazepine oral suspension 100 mg/5 ml	29
C		carbamazepine oral suspension 200 mg/10 ml.....	29
CABENUVA.....	8	carbamazepine oral tablet.....	29
cabergoline.....	70	carbamazepine oral tablet extended release 12 hr.....	29
CABLIVI INJECTION KIT.....	51	carbamazepine oral tablet,chewable.....	29
CABOMETYX.....	20	carbidopa.....	31
caffeine citrate intravenous.....	62	carbidopa-levodopa oral tablet.....	31
caffeine citrate oral.....	62	carbidopa-levodopa oral tablet extended release.....	31
calcipotriene scalp.....	56	carbidopa-levodopa oral tablet,disintegrating	31
calcipotriene topical cream.....	56	carbidopa-levodopa-entacapone.....	31
calcipotriene topical ointment.....	56	carbinoxamine maleate.....	94
calcipotriene-betamethasone.....	56	carbocaine (pf) injection solution 15 mg/ml (1.5 %).	57

carisoprodol	35	ceftazidime injection recon soln 1 gram, 2 gram	11
carisoprodol-aspirin-codeine	35	ceftazidime injection recon soln 6 gram	11
carmustine intravenous recon soln 100 mg.	20	ceftriaxone in dextrose,iso-os	11
carteolol	91	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	11
cartia xt oral capsule,extended release 24hr.	48	ceftriaxone injection recon soln 10 gram	11
carvedilol	48	ceftriaxone intravenous	11
carvedilol phosphate oral capsule, er multiphase 24 hr.	48	cefuroxime axetil oral tablet	11
caspofungin	7	cefuroxime sodium injection recon soln 750 mg	11
cataflam	40	cefuroxime sodium intravenous recon soln 1.5 gram	11
CAYSTON	13	cefuroxime sodium intravenous recon soln 7.5 gram	11
cefaclor oral capsule	10	celecoxib	40
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	10	CELONTIN ORAL CAPSULE 300 MG	29
cefaclor oral suspension for reconstitution 375 mg/5 ml	10	cephalexin	11
cefaclor oral tablet extended release 12 hr.	10	CERDELGA	70
cefadroxil oral capsule	10	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	70
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	10	cetirizine oral solution 1 mg/ml	94
cefadroxil oral tablet	10	cevimeline	62
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	10	CHANTIX CONTINUING MONTH BOX	65
cefazolin injection recon soln 1 gram, 500 mg	10	CHANTIX ORAL TABLET 1 MG	65
cefazolin injection recon soln 10 gram	10	CHANTIX STARTING MONTH BOX	65
cefazolin injection recon soln 100 gram, 300 g	10	charlotte 24 fe	87
cefazolin intravenous	10	chateal (28)	87
cefdinir	10	chateal eq (28)	87
cefepime in dextrose,iso-osm	10	CHEMET	62
cefepime injection	10	chloramphenicol sod succinate	13
cefixime	10	chlordiazepoxide hcl	42
cefotetan injection	11	chlordiazepoxide-clidinium	73
cefoxitin in dextrose, iso-osm	11	chlorhexidine gluconate mucous membrane	65
cefoxitin intravenous recon soln 1 gram, 2 gram	11	chlorprocaine (pf)	57
cefoxitin intravenous recon soln 10 gram	11	chloroquine phosphate	13
cefpodoxime oral suspension for reconstitution 100 mg/5 ml	11	chlorothiazide sodium	48
cefpodoxime oral suspension for reconstitution 50 mg/5 ml	11	chlorpromazine	42
cefpodoxime oral tablet	11	chlorpromazine injection	42
cefprozil	11	chlorpromazine oral	42
		chlorthalidone oral tablet 25 mg, 50 mg	48
		chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	35

CHOLBAM	74	clindamycin hcl.	13
cholestyramine (with sugar)	53	clindamycin in 5 % dextrose	13
cholestyramine light	53	clindamycin pediatric	13
cholestyramine-aspartame	53	clindamycin phosphate injection solution 150 (mg/ml) (6 ml)	13
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	70	clindamycin phosphate injection solution 150 mg/ml	13
CIBINQO	57	clindamycin phosphate intravenous	13
cyclodan topical solution	60	clindamycin phosphate topical foam	58
ciclopirox	60	clindamycin phosphate topical gel	58
cidofovir	8	clindamycin phosphate topical gel, once daily	58
cilostazol	51	clindamycin phosphate topical lotion	58
CIMDUO	8	clindamycin phosphate topical solution	58
cimetidine	77	clindamycin phosphate topical swab	59
cimetidine hcl oral	77	clindamycin phosphate vaginal	87
CIMZIA	74	clindamycin-benzoyl peroxide	59
CIMZIA POWDER FOR RECONST	74	clindamycin-tretinoin	59
CIMZIA STARTER KIT	74	CLINIMIX 5%/D15W SULFITE FREE	102
cinacalcet	70	CLINIMIX 4.25%/D10W SULF FREE	102
CINRYZE	95	CLINIMIX 4.25%/D5W SULFIT FREE	62
CINVANTI	74	CLINIMIX 5%-D20W(SULFITE-FREE)	102
ciprofloxacin hcl ophthalmic (eye)	91	CLINIMIX 6%-D5W (SULFITE-FREE)	102
ciprofloxacin hcl oral	17	CLINIMIX 8%-D10W(SULFITE-FREE)	102
ciprofloxacin hcl otic (ear)	66	CLINIMIX 8%-D14W(SULFITE-FREE)	102
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	17	CLINIMIX E 2.75%/D5W SULF FREE	62
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml	17	CLINIMIX E 4.25%/D10W SUL FREE	102
ciprofloxacin-dexamethasone	66	CLINIMIX E 4.25%/D5W SULF FREE	102
cisplatin intravenous solution	20	CLINIMIX E 5%/D15W SULFIT FREE	102
citalopram oral solution	42	CLINIMIX E 5%/D20W SULFIT FREE	102
citalopram oral tablet	42	CLINIMIX E 8%-D10W SULFITEFREE	102
cladribine	21	CLINIMIX E 8%-D14W SULFITEFREE	102
claravis	58	CLINISOL SF 15 %	102
clarithromycin oral suspension for reconstitution	12	CLINOLIPID	102
clarithromycin oral tablet	12	clobazam	29
clarithromycin oral tablet extended release 24 hr	12	clobetasol	61
clemastine oral syrup	94	clobetasol-emollient	61
clemastine oral tablet 2.68 mg	94	clocortolone pivalate	61
CLEOCIN VAGINAL SUPPOSITORY	87	clodan	61
clindacin etz topical swab	58	clofarabine	21
clindacin p	58	clomid	70
		clomiphene citrate	70
		clomipramine	42

clonazepam oral tablet	29
clonazepam oral tablet,disintegrating	29
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	48
clonidine (pf) epidural solution 5,000 mcg/10 ml	40
clonidine hcl oral tablet	48
clonidine hcl oral tablet extended release 12 hr	42
clonidine transdermal	48
clopидogrel	51
clorazepate dipotassium	42
clotrimazole mucous membrane	7
clotrimazole topical	60
clotrimazole-betamethasone	60
clozapine	42
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND)	42
COARTEM	13
codeine sulfate	37
codeine-butalbital-asa-caff	37
colchicine oral tablet	82
colestipol	53
colistin (colistimethate na)	13
COMBIGAN	93
COMBIVENT RESPIMAT	95
COMETRIQ	21
COMIRNATY TRIS VACCINE(PF)	79
COMPLERA	8
compro	74
CONDYLOX TOPICAL GEL	57
constulose	74
COPIKTRA	21
CORLANOR ORAL SOLUTION	54
CORLANOR ORAL TABLET	54
COSENTYX (2 SYRINGES)	56
COSENTYX PEN	56
COSENTYX PEN (2 PENS)	56
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	56
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	56
COTELLIC	21
CREON	74
CRESEMBA INTRAVENOUS	7
CRESEMBA ORAL	7
cromolyn inhalation	95
cromolyn ophthalmic (eye)	92
cromolyn oral	74
crotan	62
cryselle (28)	88
CRYSVITA	70
CUVPOSA	73
cyclobenzaprine oral tablet	35
cyclophosphamide intravenous recon soln	21
cyclophosphamide oral capsule	21
CYCLOSERINE	13
CYCLOSET	68
cyclosporine intravenous	21
cyclosporine modified oral capsule	21
cyclosporine modified oral solution	21
cyclosporine ophthalmic (eye)	92
cyclosporine oral capsule	21
cyproheptadine	94
CYRAMZA	21
cyred	88
cyred eq	88
CYSTADANE	74
CYSTAGON	99
CYSTARAN	92
cytarabine	21
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	21
cytarabine (pf) injection solution 20 mg/ml	21
D	
d10 %-0.45 % sodium chloride	62
d2.5 %-0.45 % sodium chloride	62
d5 % and 0.9 % sodium chloride	62
d5 %-0.45 % sodium chloride	63
dabigatran etexilate	51
dacarbazine	21
dactinomycin	21
dalfampridine oral tablet extended release 12 hr	33

DALIRESP	95	desonide	61
DALVANCE	13	desoximetasone	61
danazol	70	desrx	61
dantrolene intravenous	35	desvenlafaxine succinate oral tablet extended release 24 hr	42
dantrolene oral	35	dexabliss	66
DANYELZA	21	dexamethasone	66
dapsone oral	13	dexamethasone intensol	66
dapsone topical	59	dexamethasone sodium phos (pf) injection solution	66
DAPTACEL (DTAP PEDIATRIC) (PF)	79	dexamethasone sodium phosphate injection	66
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	13	dexamethasone sodium phosphate ophthalmic (eye)	93
daptomycin intravenous recon soln 500 mg	13	dexchlorpheniramine maleate oral solution	94
darifenacin oral tablet extended release 24 hr	98	DEXCOM RECEIVER	68
DARZALEX	21	DEXCOM SENSOR	68
DARZALEX FASPRO	21	DEXCOM TRANSMITTER	68
dasetta 1/35 (28)	88	dexamethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg	42
dasetta 7/7/7 (28)	88	dexamethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	42
daunorubicin intravenous solution	21	dexamethylphenidate oral tablet	43
DAURISMO	21	dexrazoxane hcl	19
daysee	88	dextroamphetamine oral capsule, extended release	43
deblitane	86	dextroamphetamine oral solution	43
decitabine	21	dextroamphetamine oral tablet	43
deferasirox	63	dextroamphetamine sulfate	43
deferiprone	63	dextroamphetamine-amphetamine oral capsule, extended release 24hr	43
deferoxamine	63	dextroamphetamine-amphetamine oral tablet	43
DELSTRIGO	8	dextrose 10 % and 0.2 % nacl	63
demeccoclycline	18	dextrose 10 % in water (d10w)	63
DENAVIR	60	dextrose 25 % in water (d25w)	63
DENGVAXIA (PF)	79	dextrose 5 % in water (d5w) intravenous parenteral solution	63
denta 5000 plus	65	dextrose 5 % in water (d5w) intravenous piggyback	63
dentagel	65	dextrose 5 %-lactated ringers	63
DESCOVY	8	dextrose 5%-0.2 % sod chloride	63
desipramine	42	dextrose 5%-0.3 % sod.chloride	63
desloratadine oral tablet	94	dextrose 50 % in water (d50w)	63
desloratadine oral tablet,disintegrating	94	dextrose 70 % in water (d70w)	63
desmopressin injection	70		
desmopressin nasal spray with pump	70		
desmopressin nasal spray,non-aerosol 10 mcg/ spray (0.1 ml)	70		
desmopressin oral	70		
desog-e.estradiol/e.estradiol	88		
desogestrel-ethinyl estradiol	88		

DIACOMIT.....	29	diltiazem hcl oral capsule,extended release 12 hr.....	48
diazepam injection.....	43	diltiazem hcl oral capsule,extended release 24 hr.....	48
diazepam intensol.....	43	diltiazem hcl oral capsule,extended release 24hr.....	48
diazepam oral concentrate.....	43	diltiazem hcl oral tablet.....	48
diazepam oral solution 5 mg/5 ml (1 mg/ml).....	43	diltiazem hcl oral tablet extended release 24 hr.....	48
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml).....	43	dimenhydrinate injection solution.....	74
diazepam oral tablet.....	43	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg.....	33
diazepam rectal.....	29	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg (14)- 240 mg (46).....	33
diazoxide.....	68	dimethyl fumarate oral capsule,delayed release (dr/ec) 240 mg.....	33
diclofenac potassium oral capsule.....	40	diphenhydramine hcl injection solution 50 mg/ml.....	94
diclofenac potassium oral tablet 50 mg.....	40	diphenhydramine hcl injection syringe.....	94
diclofenac sodium ophthalmic (eye).....	92	diphenhydramine hcl oral elixir.....	94
diclofenac sodium oral tablet extended release 24 hr.....	40	diphenoxylate-atropine.....	73
diclofenac sodium oral tablet,delayed release (dr/ec).....	40	dipyridamole intravenous.....	51
diclofenac sodium topical drops.....	40	dipyridamole oral.....	51
diclofenac sodium topical gel 1 %.....	40	disopyramide phosphate oral capsule.....	47
diclofenac sodium topical gel 3 %.....	57	disulfiram oral tablet 250 mg.....	63
diclofenac sodium topical solution in metered-dose pump.....	40	disulfiram oral tablet 500 mg.....	63
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic.....	40	divalproex oral capsule, delayed rel sprinkle.....	29
dicloxacillin.....	16	divalproex oral tablet extended release 24 hr.....	29
dicyclomine intramuscular.....	73	divalproex oral tablet,delayed release (dr/ec).....	29
dicyclomine oral capsule.....	73	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).....	54
dicyclomine oral solution.....	73	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml).....	54
dicyclomine oral tablet.....	73	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
DIFICID ORAL TABLET.....	12	docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml).....	21
diflorasone topical cream.....	61	dofetilide.....	47
diflunisal.....	40	DOJOLVI.....	102
difluprednate.....	93	dolishale.....	88
digitek.....	54	donepezil.....	33
digoxin injection solution.....	54		
digoxin oral.....	54		
dihydroergotamine injection.....	32		
dihydroergotamine nasal.....	32		
DILANTIN 30 MG.....	29		
dilt-xr oral capsule,ext release degradable.....	48		
diltiazem hcl intravenous.....	48		
diltiazem hcl oral capsule,ext.rel 24h degradable.....	48		

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).	54
dopamine in 5 % dextrose intravenous solution	
800 mg/250 ml (3,200 mcg/ml).	54
dopamine intravenous solution 200 mg/5 ml (40	
mg/ml).	55
dopamine intravenous solution 400 mg/10 ml	
(40 mg/ml).	55
DOPTELET (10 TAB PACK).	51
DOPTELET (15 TAB PACK).	51
DOPTELET (30 TAB PACK).	51
dorzolamide.	93
dorzolamide-timolol.	93
dorzolamide-timolol (pf) ophthalmic (eye)	
dropperette.	93
dotti.	86
DOVATO.	8
doxazosin.	49
doxepin oral capsule.	43
doxepin oral concentrate.	43
doxepin oral tablet.	43
doxepin topical.	57
doxercalciferol intravenous.	70
doxercalciferol oral.	70
doxorubicin intravenous recon soln 10 mg. .	21
doxorubicin intravenous recon soln 50 mg. .	21
doxorubicin intravenous solution 10 mg/5 ml, 20	
mg/10 ml, 50 mg/25 ml.	21
doxorubicin intravenous solution 2 mg/ml. .	21
doxorubicin, peg-liposomal.	21
doxy-100.	18
doxycycline hyclate intravenous.	18
doxycycline hyclate oral capsule.	18
doxycycline hyclate oral tablet.	18
doxycycline hyclate oral tablet,delayed release	
(dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75	
mg.	18
doxycycline monohydrate oral capsule. . . .	18
doxycycline monohydrate oral suspension for	
reconstitution.	18
doxycycline monohydrate oral tablet.	18
doxylamine-pyridoxine (vit b6).	74
DRIZALMA SPRINKLE.	43
dronabinol.	74
droperidol injection solution.	74
drospirenone-e.estradiol-Im.fa.	88
drospirenone-ethinyl estradiol oral tablet 3-0.02	
mg.	88
drospirenone-ethinyl estradiol oral tablet 3-0.03	
mg.	88
droxidopa.	63
DULERA.	95
duloxetine oral capsule,delayed release	
(dr/ec).	43
DUPIXENT PEN.	57
DUPIXENT SYRINGE.	57
duramorph (pf) injection solution 0.5 mg/ml. .	37
duramorph (pf) injection solution 1 mg/ml. .	37
dutasteride.	99
dutasteride-tamsulosin oral capsule, er	
multiphase 24 hr.	99
DYSPORT.	79
E	
e.e.s. 400 oral tablet.	12
ec-naproxen oral tablet,delayed release (dr/ec)	
375 mg.	40
ec-naproxen oral tablet,delayed release (dr/ec)	
500 mg.	40
econazole.	60
EDURANT.	8
efavirenz.	8
efavirenz-emtricitabin-tenofov.	8
efavirenz-lamivu-tenofov disop.	8
effer-k oral tablet, effervescent 25 meq. .	100
EGRIFTA SV.	78
electrolyte-48 in d5w.	102
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KALYDECO ORAL GRANULES IN PACKET.	96	KOMBIGLYZE XR.....	69
KALYDECO ORAL TABLET.....	96	KORLYM.....	71
KANJINTI.....	23	KOSELUGO.....	23
KANUMA.....	71	KRYSTEXXA.....	82
kariva (28).....	88	kurvelo (28).....	88
kelnor 1-50 (28).....	88	KYPROLIS.....	23
kelnor 1/35 (28).....	88		
KEPIVANCE.....	19		
KESIMPTA PEN.....	34		
ketoconazole oral.....	7		
ketoconazole topical cream.....	60	I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7).....	88
ketoconazole topical foam.....	60	I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg.....	88
ketoconazole topical shampoo.....	60	labetalol intravenous solution.....	49
ketodan.....	60	labetalol intravenous syringe 20 mg/4 ml (5 mg/ml).....	49
ketoprofen oral capsule 25 mg.....	41	labetalol oral.....	49
ketoprofen oral capsule 50 mg, 75 mg.....	41	lacosamide.....	29
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg.....	41	LACRISERT.....	92
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml).....	41	lactated ringers intravenous.....	100
ketorolac injection syringe.....	41	lactated ringers irrigation.....	62
ketorolac intramuscular solution.....	41	lactulose oral packet.....	74
ketorolac intramuscular syringe.....	41	lactulose oral solution 10 gram/15 ml.....	74
ketorolac ophthalmic (eye).....	92	lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml.....	74
ketorolac oral.....	41	LAGEVRIO (EUA).....	8
KEVEYIS.....	34	lamivudine.....	8
KEVZARA.....	84	lamivudine-zidovudine.....	9
KEYTRUDA.....	23	lamotrigine.....	29
KIMMTRAK.....	23	LAMPIT.....	14
KIMYRSA.....	14	lansoprazole oral capsule,delayed release(dr/ ec) 15 mg.....	77
KINERET.....	85	lansoprazole oral capsule,delayed release(dr/ ec) 30 mg.....	77
KINRIX (PF) INTRAMUSCULAR SYRINGE.....	80	lanthanum oral tablet,chewable.....	63
KISQALI.....	23	LANTUS SOLOSTAR U-100 INSULIN.....	69
KISQALI FEMARA CO-PACK.....	23	LANTUS U-100 INSULIN.....	69
KLISYRI.....	23	lapatinib.....	23
klor-con 10 oral tablet extended release....	100	larin 1.5/30 (21).....	89
klor-con 20 meq packet.....	100	larin 1/20 (21).....	89
klor-con 8 oral tablet extended release....	100	larin 24 fe.....	89
klor-con m10 oral tablet,er particles/crystals	100		
klor-con m15 oral tablet,er particles/crystals	100		
klor-con m20 oral tablet,er particles/crystals	100		

larin fe 1.5/30 (28)	89	levofloxacin in d5w intravenous piggyback 250 mg/50 ml.	17
larin fe 1/20 (28)	89	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml.	17
latanoprost.	93	levofloxacin intravenous.	17
LATUDA.	44	levofloxacin ophthalmic (eye) drops 0.5 %.	91
layolis fe.	89	levofloxacin ophthalmic (eye) drops 1.5 %.	91
leena 28.	89	levofloxacin oral.	17
leflunomide.	85	levoleucovorin calcium intravenous recon soln.	19
LEMTRADA.	34	levoleucovorin calcium intravenous solution.	19
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg.	23	levonest (28).	89
lenalidomide oral capsule 2.5 mg, 20 mg.	24	levonorg-eth estrad triphasic.	89
LENVIMA.	24	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg.	89
lessina.	89	levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28).	89
letrozole.	24	levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month.	89
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg.	19	levora-28.	89
leucovorin calcium injection recon soln 500 mg.	19	levorphanol tartrate oral tablet 2 mg.	38
leucovorin calcium injection solution.	19	levorphanol tartrate oral tablet 3mg.	38
leucovorin calcium oral.	19	levothyroxine intravenous recon soln.	72
LEUKERAN.	24	levothyroxine oral tablet.	72
LEUKINE INJECTION RECON SOLN.	78	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.	72
leuprolide subcutaneous kit.	24	LEXIVA ORAL SUSPENSION.	9
levalbuterol hcl.	96	LIBTAYO.	24
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	29	lidocaine (pf) in d7.5w.	47
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml.	30	lidocaine (pf) injection solution.	57
levetiracetam intravenous.	30	lidocaine (pf) intravenous.	47
levetiracetam oral solution 100 mg/ml.	30	lidocaine hcl injection solution.	57
levetiracetam oral solution 500 mg/5 ml (5 ml).	30	lidocaine hcl laryngotracheal.	57
levetiracetam oral tablet.	30	lidocaine hcl mucous membrane jelly.	57
levetiracetam oral tablet extended release 24 hr.	30	lidocaine hcl mucous membrane jelly in applicator.	57
levo-t.	72	lidocaine hcl mucous membrane solution 2 %.	57
levobunolol ophthalmic (eye) drops 0.5 %.	91	lidocaine hcl mucous membrane solution 4 % (40 mg/ml).	57
levocarnitine (with sugar).	63	lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %).	47
levocarnitine oral solution 100 mg/ml.	63		
levocarnitine oral tablet.	63		
levocetirizine oral solution.	94		
levocetirizine oral tablet.	94		

lidocaine topical adhesive patch, medicated 5 %	57	LUCEMYRA	41
lidocaine topical ointment	57	LULICONAZOLE	60
lidocaine viscous	57	LUMAKRAS	24
lidocaine-epinephrine	57	LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	93
lidocaine-epinephrine (pf)	57	LUMOXITI	24
lidocaine-prilocaine topical cream	57	LUPKYNIS	24
lincomycin	14	LUPRON DEPOT	24
lindane topical shampoo	62	LUPRON DEPOT (3 MONTH)	24
linezolid	14	LUPRON DEPOT (4 MONTH)	24
linezolid in dextrose 5%	14	LUPRON DEPOT (6 MONTH)	24
linezolid-0.9% sodium chloride	14	LUPRON DEPOT-PED	24
LINZESS	75	LUPRON DEPOT-PED (3 MONTH)	24
liothyronine intravenous	72	Iutera (28)	89
liothyronine oral	72	LUZU	60
lisinopril	49	LYBALVI	44
lisinopril-hydrochlorothiazide	49	lyeq	86
lithium carbonate oral capsule	44	lyllana	86
lithium carbonate oral tablet	44	LYNPARZA	24
lithium carbonate oral tablet extended release	44	LYSODREN	24
LIVMARLI	75	lyza	86
LIVTENCY	9		
lo-zumandimine (28)	89	M	
lofena	41	M-M-R II (PF)	81
lojaimiess	89	mafenide acetate	59
LONSURF	24	magnesium chloride injection	100
loperamide oral capsule	73	magnesium sulfate in water	100
lopinavir-ritonavir	9	magnesium sulfate injection solution	100
lorazepam injection solution	44	magnesium sulfate injection syringe	100
lorazepam injection syringe 2 mg/ml	44	malathion	62
lorazepam intensol	44	mannitol 20 %	49
lorazepam oral concentrate	44	mannitol 25 % intravenous solution	49
lorazepam oral tablet	44	maraviroc	9
LORBRENA	24	marlissa (28)	89
loryna (28)	89	MARPLAN	44
losartan	49	MATULANE	24
losartan-hydrochlorothiazide	49	matzim la oral tablet extended release 24 hr.	49
loteprednol etabonate	93	MAVENCLAD (10 TABLET PACK)	34
lovastatin	54	MAVENCLAD (4 TABLET PACK)	34
low-ogestrel (28)	89	MAVENCLAD (5 TABLET PACK)	34
loxapine succinate	44	MAVENCLAD (6 TABLET PACK)	34
		MAVENCLAD (7 TABLET PACK)	34

MAVENCLAD (8 TABLET PACK)	34	mesalamine oral capsule,extended release 24hr.	75
MAVENCLAD (9 TABLET PACK)	34	mesalamine oral tablet,delayed release (dr/ec).	75
MAVYRET ORAL PELLETS IN PACKET	9	mesalamine rectal.	75
MAVYRET ORAL TABLET.	9	mesna.	19
MAYZENT ORAL TABLET 0.25 MG.	34	MESNEX ORAL.	19
MAYZENT ORAL TABLET 1 MG.	34	metaproterenol oral syrup.	96
MAYZENT ORAL TABLET 2 MG.	34	metaxalone.	35
MAYZENT STARTER(FOR 1MG MAINT)	34	metformin oral solution.	69
MAYZENT STARTER(FOR 2MG MAINT)	34	metformin oral tablet 1,000 mg, 500 mg, 850 mg.	69
meclizine oral tablet 12.5 mg, 25 mg.	75	metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR).	69
meclofenamate.	41	methadone injection solution.	38
medroxyprogesterone.	86	methadone intensol.	38
mefenamic acid.	41	methadone oral concentrate.	38
mefloquine.	14	methadone oral solution.	38
megestrol oral suspension 400 mg/10 ml (10 ml).	24	methadone oral tablet.	38
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml).	24	methadose oral concentrate.	38
megestrol oral tablet.	24	methamphetamine.	44
MEKINIST.	24	methazolamide.	92
MEKTOVI.	24	methenamine hippurate.	19
meloxicam oral tablet.	41	methenamine mandelate.	19
melphalan.	24	methergine.	90
melphalan hcl.	24	methimazole oral tablet 10 mg, 5 mg.	67
memantine oral capsule,sprinkle,er 24hr.	34	METHITEST.	71
memantine oral solution.	34	methocarbamol injection.	35
memantine oral tablet.	34	methocarbamol oral	35
MENACTRA (PF) INTRAMUSCULAR SOLUTION.	81	methotrexate sodium (pf) injection recon soln	24
menquadfi (pf).	81	methotrexate sodium (pf) injection solution. .	24
MENVEO A-C-Y-W-135-DIP (PF).	81	methotrexate sodium injection.	24
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml.	38	methotrexate sodium oral.	24
meperidine oral solution.	38	methoxsalen.	57
meperidine oral tablet 50 mg.	38	methscopolamine.	73
meprobamate.	35	methyldopa-hydrochlorothiazide.	49
MEPSEVII.	71	methylergonovine oral.	90
mercaptopurine.	24	methylphenidate.	44
meropenem.	14	methylphenidate hcl oral cap,er sprinkle, biphasic 40-60.	44
merzee.	89	methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg.	44
mesalamine oral capsule (with del rel tablets)	75		
mesalamine oral capsule, extended release.	75		

methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg.....	44
methylphenidate hcl oral capsule,er biphasic 50-50.....	44
methylphenidate hcl oral solution.....	44
methylphenidate hcl oral tablet.....	44
methylphenidate hcl oral tablet extended release 10 mg.....	45
methylphenidate hcl oral tablet extended release 20 mg.....	45
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating).....	45
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.....	45
methylphenidate hcl oral tablet extended release 24hr 36 mg.....	45
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating).....	45
methylphenidate hcl oral tablet, chewable....	45
methylprednisolone acetate.....	66
methylprednisolone oral tablet.....	66
methylprednisolone oral tablets,dose pack. .	66
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.....	66
methylprednisolone sodium succ intravenous	66
methyltestosterone oral capsule.....	71
metoclopramide hcl injection solution.....	75
metoclopramide hcl injection syringe.....	75
metoclopramide hcl oral solution.....	75
metoclopramide hcl oral tablet.....	75
metoclopramide hcl oral tablet,disintegrating 5 mg.....	75
metolazone.....	49
metoprolol succinate oral tablet extended release 24 hr.....	49
metoprolol ta-hydrochlorothiaz.....	49
metoprolol tartrate intravenous solution.....	49
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microgestin fe 1/20 (28).....	89
midazolam (pf) injection solution.....	45
midazolam (pf) injection syringe.....	45
midazolam injection.....	45
midazolam oral syrup 2 mg/ml.....	45
midodrine.....	63
migergot.....	32
miglitol.....	69
miglustat.....	71
mil.....	89
millipred oral tablet.....	66
milrinone.....	55
milrinone in 5 % dextrose.....	55
mimvey.....	86
minocycline oral capsule.....	18
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minocycline oral tablet extended release 24 hr.....	18
minoxidil oral.....	50
miostat.....	93
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misoprostol.....	77
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monodoxine nl oral capsule 100 mg.....	18
MONJUVI.....	24
mono-linyah.....	89

monoject 0.9% sodium chloride.....	63
monoject prefill advanced ns.....	63
montelukast.....	96
morphine (pf) injection solution 0.5 mg/ml....	38
morphine (pf) injection solution 1 mg/ml....	38
morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml (1 mg/ml)....	38
morphine concentrate oral solution.....	38
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND).....	38
morphine injection syringe 4 mg/ml.....	38
morphine injection syringe 8 mg/ml.....	38
morphine intravenous solution 10 mg/ml....	38
MORPHINE INTRAVENOUS SOLUTION 4 MG/ ML, 8 MG/ML (BRAND).....	38
MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND).....	38
MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND).....	38
morphine intravenous syringe 2 mg/ml, 4 mg/ml.....	38
morphine oral capsule, er multiphase 24 hr. .	38
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg.....	39
morphine oral solution.....	39
morphine oral tablet.....	39
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moxifloxacin ophthalmic (eye) drops, viscous	91
moxifloxacin oral.....	17
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MULTAQ.....	47
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mycophenolate mofetil.....	24
mycophenolate mofetil (hcl).....	24
mycophenolate sodium oral tablet,delayed release (dr/ec).....	24
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MYTESI.....	73
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nabumetone.....	41
nadolol.....	50
nafcillin in dextrose iso-osm.....	16
nafcillin injection recon soln 1 gram, 2 gram.	16
nafcillin injection recon soln 10 gram.....	16
nafcillin intravenous recon soln 2 gram.....	16
naftifine topical cream.....	60
NAGLAZYME.....	71
nalbuphine.....	41
naloxone injection solution.....	41
naloxone injection syringe.....	41
naloxone nasal.....	41
naltrexone.....	41
naproxen oral suspension.....	41
naproxen oral tablet.....	41
naproxen oral tablet,delayed release (dr/ec) 375 mg.....	41
naproxen oral tablet,delayed release (dr/ec) 500 mg.....	41
naproxen sodium oral tablet 275 mg, 550 mg	41
naratriptan.....	32
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION.....	41
NATACYN.....	91
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NAYZILAM.....	30
nebivolol.....	50
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nefazodone.....	45	nitisinone.....	63
nelarabine.....	25	nitro-bid.....	55
neo-polycin.....	91	nitrofurantoin.....	19
neo-polycin hc.....	93	nitrofurantoin macrocrystal.....	19
neomycin.....	14	nitrofurantoin monohyd/m-cryst.....	19
neomycin-bacitracin-poly-hc.....	93	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
neomycin-bacitracin-polymyxin.....	91	nitroglycerin intravenous.....	55
neomycin-polymyxin b gu.....	62	nitroglycerin sublingual.....	55
neomycin-polymyxin b-dexameth.....	93	nitroglycerin transdermal patch 24 hour.....	55
neomycin-polymyxin-gramicidin.....	91	nitroglycerin translingual.....	55
neomycin-polymyxin-hc ophthalmic (eye)....	93	NITYR.....	63
neomycin-polymyxin-hc otic (ear).....	66	NIVESTYM.....	78
neostigmine methylsulfate intravenous solution.....	35	nizatidine oral capsule 150 mg.....	77
neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml).....	35	nizatidine oral capsule 300 mg.....	77
NERLYNX.....	25	nolix topical lotion.....	61
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NEULASTA ONPRO.....	78	noreth-ethinyl estradiol-iron.....	89
NEUPOGEN.....	78	norethindrone (contraceptive).....	86
NEUPRO.....	31	norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg.....	86
nevirapine oral suspension.....	9	norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg.....	89
nevirapine oral tablet.....	9	norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg.....	86
nevirapine oral tablet extended release 24 hr.	9	norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg.....	89
NEXLETOL.....	54	norethindrone acetate.....	86
NEXLIZET.....	54	norethindrone-e.estradiol-iron.....	89
niacin oral tablet 500 mg.....	54	norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg- mcg.....	89
niacin oral tablet extended release 24 hr.....	54	norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28).....	89
nicardipine intravenous solution.....	50	normal saline flush.....	63
nicardipine oral.....	50	nortrel 0.5/35 (28).....	89
NICOTROL.....	65	nortrel 1/35 (21).....	89
NICOTROL NS.....	65	nortrel 1/35 (28).....	89
nifedipine oral capsule.....	50	nortrel 7/7/7 (28).....	89
nifedipine oral tablet extended release.....	50	nortriptyline.....	45
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NOURIANZ	31	ofloxacin oral tablet 300 mg, 400 mg	17
NOVAREL	71	ofloxacin otic (ear)	66
NOXAFILE INTRAVENOUS	7	OGIVRI	25
NOXAFILE ORAL SUSPENSION	7	olanzapine intramuscular recon soln	45
np thyroid	72	olanzapine oral tablet	45
NPLATE	53	olanzapine oral tablet,disintegrating	45
NUBEQA	25	olanzapine-fluoxetine	45
NUCALA SUBCUTANEOUS AUTO- INJECTOR	96	olmesartan	50
NUCALA SUBCUTANEOUS RECON SOLN	96	olmesartan-amlodipin-hcthiazid	50
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	96	olmesartan-hydrochlorothiazide	50
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	96	olopatadine nasal	65
NUEDEXTA	34	olopatadine ophthalmic (eye) drops 0.1 %	92
NULIBRY	34	olopatadine ophthalmic (eye) drops 0.2 %	92
NULOJIX	25	omega-3 acid ethyl esters	54
NUPLAZID	45	omeprazole oral capsule,delayed release(dr/ec) 10 mg	77
NURTEC ODT	32	omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	77
NUZYRA INTRAVENOUS	18	OMNITROPE	78
NUZYRA ORAL	18	ONCASPAR	25
nyamyc	60	ondansetron hcl (pf)	75
nylia 1/35 (28)	89	ondansetron hcl intravenous	75
nylia 7/7/7 (28)	89	ondansetron hcl oral solution	75
nymyo	90	ondansetron hcl oral tablet 4 mg, 8 mg	75
nystatin oral	7	ondansetron oral tablet,disintegrating	75
nystatin topical cream	60	ONETOUCH BLOOD GLUCOSE METERS	69
nystatin topical ointment	60	ONETOUCH ULTRA TEST	69
nystatin topical powder	60	ONETOUCH VERIO TEST STRIP	69
nystatin-triamcinolone	60	ONGENTYS	31
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oseltamivir oral capsule 30 mg.....	9
oseltamivir oral capsule 45 mg, 75 mg.....	9
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OSMOPREP.....	75
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oxacillin in dextrose(iso-osm).....	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.....	71
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oxazepam.....	45
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phenobarbital sodium injection solution 130 mg/ml.....	30
phenobarbital sodium injection solution 65 mg/ml.....	30
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phenytoin oral suspension 100 mg/4 ml.....	30
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pioglitazone.....	69	potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l.....	100
pioglitazone-glimepiride.....	69	potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l.....	100
pioglitazone-metformin.....	69	potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml.....	100
piperacillin-tazobactam intravenous recon soln 13.5 gram.....	17	potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml ..	100
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piperacillin-tazobactam intravenous recon soln 40.5 gram.....	17	potassium chloride oral capsule, extended release.....	100
PIQRAY.....	25	potassium chloride oral liquid.....	100
pirfenidone oral tablet 267 mg, 801 mg.....	97	potassium chloride oral packet.....	100
pirmella.....	90	potassium chloride oral tablet extended release 10 meq, 8 meq.....	101
piroxicam.....	41	potassium chloride oral tablet extended release 20 meq.....	101
plasbumin 25 %.....	99	potassium chloride oral tablet,er particles/ crystals 10 meq.....	101
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prednisolone acetate	93	prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	75
prednisolone oral solution	66	prochlorperazine maleate oral	75
prednisolone sodium phosphate ophthalmic (eye)	93	procto-med hc	75
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)	67	procto-pak	75
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prednisolone sodium phosphate oral tablet,disintegrating	67	protozone-hc	75
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PREZCOBIX	9	propranolol intravenous	50
PREZISTA ORAL SUSPENSION	9	propranolol oral capsule,extended release 24 hr	50
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	9	propranolol oral solution	50
PRIFTIN	14	propranolol oral tablet	50
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primaquine (generic)	14	propylthiouracil	67
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sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml.	97
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		tazicef injection.....	11
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TEGSEDI	35	THALOMID	26
TEKTURNA HCT	50	theophylline oral elixir	97
telmisartan	50	theophylline oral solution	97
telmisartan-amlodipine	50	theophylline oral tablet extended release 12 hr 300 mg, 450 mg	97
telmisartan-hydrochlorothiazid	50	theophylline oral tablet extended release 24 hr	97
temazepam	46	THIOLA	64
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temozolomide	26	thiotepa injection recon soln 100 mg	26
temsirolimus	26	thiotepa injection recon soln 15 mg	26
tencon	39	thiothixene	46
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tenofovir disoproxil fumarate	9	TIBSOVO	26
TEPEZZA	71	TICE BCG	82
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terazosin	50	tigecycline	14
terbinafine hcl oral	7	TIGLUTIK	64
terbutaline	97	tilia fe	90
terconazole	87	timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %	91
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testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	71	timolol maleate ophthalmic (eye)	91
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	71	timolol maleate oral	50
testosterone enanthate	71	tinidazole	14
testosterone transdermal gel (generic)	71	tiopronin	64
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic)	71	tis-u-sol pentalyte	62
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testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)	71	TIVICAY	9
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		tobramycin in 0.225 % nacl	14
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tobramycin-dexamethasone.	93	tri-estarrylla.	90
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topiramate oral capsule, sprinkle.	30	tri-lo-mili.	90
topiramate oral capsule,sprinkle,er 24hr.	30	tri-lo-sprintec.	90
topiramate oral tablet.	30	tri-mili.	90
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topotecan intravenous recon soln.	26	tri-sprintec (28).	90
topotecan intravenous solution 4 mg/4 ml (1 mg/ml).	27	tri-vylibra.	90
toremifene.	27	tri-vylibra lo.	90
torsemide oral.	50	triamcinolone acetonide dental.	66
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TRULICITY	70	valproate sodium	31
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TRUXIMA	27	valsartan oral tablet	51
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TYBOST	10	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	15
tydemy	90	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	15
TYPHIM VI INTRAMUSCULAR SOLUTION	82	VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND)	15
TYPHIM VI INTRAMUSCULAR SYRINGE	82	VANCOMYCIN INJECTION (BRAND)	15
TYSABRI	35	vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg	15
TYVASO	97	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	15
TYVASO DPI	97	vancomycin intravenous recon soln 10 gram	15
TYVASO INSTITUTIONAL START KIT	98	vancomycin intravenous recon soln 5 gram	15
TYVASO REFILL KIT	98	vancomycin oral	15
TYVASO STARTER KIT	98	vandazole	87
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UBRELVY	33	varenicline	65
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unithroid	72	VARUBI	76
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UPLIZNA	27	vasopressin	72
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verapamil intravenous.....	51	VOTRIENT.....	27
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

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

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

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

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

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

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

Arabic/العربية:

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

Mon-Khmer, Cambodian: ខ្សែរ សាប័ន់ខ្លួន ពីរិទនភាសាអូរបុរិយាម តាមរឿង, អេកជំនួយខ្លួនគ្នា ដោយមិនគិតលើលីមាភមានសំណងប៉ានុការ ចូល ខ្សែរប័ណ្ណ 1-800-200-4255 (TTY: 711).

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

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

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

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

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

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

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

NOTES

RESOURCES



Medicare Plan Sales:

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

Medicare Member Service:

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

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

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

bluecrossma.com/medicare

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

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

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