



Medicare HMO BlueSM SaverRx (HMO)
Medicare HMO BlueSM ValueRx (HMO)
Medicare HMO BlueSM PlusRx (HMO)
Medicare HMO BlueSM FlexRx (HMO-POS)



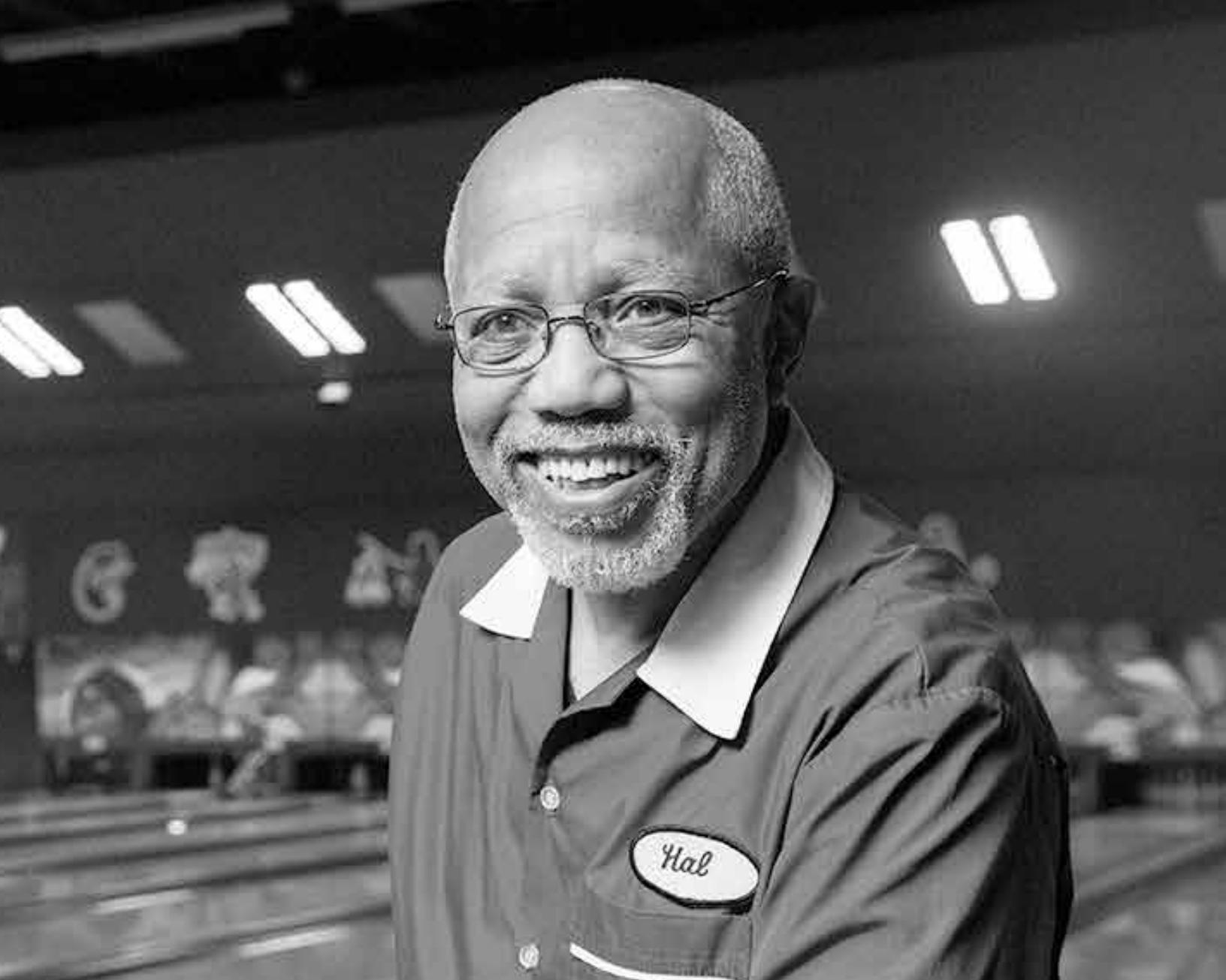
2020 FORMULARY (LIST OF COVERED DRUGS)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
20160, Version 19

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at 1-800-200-4255, or, for TTY users, 711, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit www.bluecrossma.com/medicare-options.

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2021, and from time to time during the year.

What is the Medicare HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?

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

Can the Formulary (drug list) change?

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary, or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

Our contact information appears on the front and back cover pages. The enclosed formulary is current as of 12/01/2020. To get updated information about the drugs covered by our plans, please contact us.

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

How do I use the Formulary?

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

- **Medical Condition.** The formulary begins on page 9. 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?

Medicare HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. 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 HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx 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 Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx does not cover your drug, you have two options:

- You can ask Member Services 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 HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?

You can ask our plans 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 a 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, Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

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

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

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

For more information

For more detailed information about your Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx. 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®) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

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

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

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

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

Mail Order (MO): These prescription drugs are available through mail-order.

Home Infusion (HI): This prescription drug may be covered under our medical benefit. For more information, call Member Services at **1-800-200-4255**, 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. TTY users should call **711**. 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 Member Services at **1-800-200-4255**, 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. TTY users should call **711**. 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.

How much will I pay for my Medicare Advantage plan's covered drugs?

Your Medicare prescription drug costs:

The amount you pay depends on which drug tier your drug is in under our plan. You can find out which drug tier your drug is in by looking in the formulary included in this booklet. See the next page for the copayment/co-insurance amount for each type of drug.

If you qualify for extra help with your drug costs, your costs for your drugs may be different than those described on the next page. Please refer to the plan Summary of Benefits or your Evidence of Coverage or call Member Service to find out what your costs are.

Your costs for drugs and supplies covered under your plan's medical benefit:

You will find some drugs and supplies listed in the formulary drug list with a "MB" note in the tier column. These drugs and supplies covered under your plan's medical benefit are available through network retail pharmacies or mail-order service. However, they do not qualify for exception requests, extra help on drug costs, transition fills, or accumulate toward your total out-of-pocket costs to bring you through the coverage gap faster, like drugs covered under your Medicare prescription drug benefit.

Explanation of Tiers and Copayments/Co-insurance: Initial Coverage Stage					
Plans	Drug Tier	Annual Deductible	30-day supply at a preferred network retail pharmacy	30-day supply at a standard network retail pharmacy	90-day supply at a network mail-order pharmacy
Medicare HMO Blue SaverRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$2	\$8	\$2
	Tier 2: Generic Drugs		\$8	\$16	\$16
	Tier 3: Preferred Brand Drugs	\$320 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		26%	26%	26%
Medicare HMO Blue ValueRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$2	\$8	\$2
	Tier 2: Generic Drugs		\$6	\$12	\$12
	Tier 3: Preferred Brand Drugs	\$320 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		26%	26%	26%
Medicare HMO Blue PlusRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$1	\$6	\$1
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs	\$200 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		25%	25%	25%
Medicare HMO Blue FlexRx (HMO-POS)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$1	\$6	\$1
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs	\$260 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		26%	26%	26%

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	5	B/D PA, MO, HI
<i>amphotericin b</i>	2	B/D PA, MO, HI
<i>caspofungin</i>	5	B/D PA, HI
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	HI
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO, HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	HI
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO, QL (120 per 30 days)
<i>itraconazole oral solution</i>	2	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	HI
NOXAFIL INTRAVENOUS	3	HI
NOXAFIL ORAL SUSPENSION	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO
<i>terbinafine hcl oral</i>	2	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	2	MO, HI
<i>voriconazole oral</i>	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
abacavir	2	MO
abacavir-lamivudine	2	MO
abacavir-lamivudine-zidovudine	5	MO
acyclovir oral capsule	2	MO
acyclovir oral suspension 200 mg/5 ml	2	MO
acyclovir oral tablet	2	MO
acyclovir sodium intravenous solution	2	B/D PA, MO, HI
adefovir	5	MO
amantadine hcl	2	MO
APTIVUS	5	MO
APTIVUS (WITH VITAMIN E)	5	
atazanavir oral capsule 150 mg, 200 mg	2	MO
atazanavir oral capsule 300 mg	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
cidofovir	5	B/D PA, MO, HI
CIMDUO	5	MO
COMPLERA	5	MO
CRIVIAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg	2	MO
DOVATO	5	MO
EDURANT	5	MO
efavirenz oral capsule 200 mg	5	MO
efavirenz oral capsule 50 mg	2	MO
efavirenz oral tablet	5	MO
efavirenz-emtricitabin-tenofovir	5	MO
efavirenz-lamivu-tenofovir disop	5	MO
emtricitabine	2	MO
emtricitabine-tenofovir (tdf)	5	MO
EMTRIVA	3	MO
entecavir	2	MO
EPCLUSIA	5	PA, MO, QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
famciclovir	2	MO
fosamprenavir	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
ganciclovir sodium intravenous	2	B/D PA, MO, HI
ganciclovir sodium intravenous recon soln	2	B/D PA, MO, HI
GENVOYA	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
HARVONI	5	PA, MO, QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>lopinavir-ritonavir</i>	2	MO
MAVYRET	5	PA, MO, QL (84 per 28 days)
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	2	MO, QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO, QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	MO, QL (600 per 180 days)
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	HI
PREVYMIS ORAL	5	MO
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	3	MO, QL (60 per 180 days)
RETROVIR INTRAVENOUS	3	MO, HI
REYATAZ ORAL POWDER IN PACKET	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
SOVALDI ORAL PELLETS IN PACKET	5	PA, MO, QL (28 per 28 days)
SOVALDI ORAL TABLET 200 MG	5	PA, MO, QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA, MO, QL (28 per 28 days)
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO, LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO
TRUVADA	5	MO
TYBOST	3	MO
<i>valacyclovir</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	5	MO
VEMLIDY	5	MO
VIEKIRA PAK	5	PA, MO, QL (112 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA, MO, QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	4	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 40 MG	4	MO, QL (2 per 180 days)
ZEPATIER	5	PA, MO, QL (28 per 28 days)
zidovudine	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: CEPHALOSPORINS

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

ANTI - INFECTIVES: CEPHALOSPORINS (continued)

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

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
ceftriaxone injection recon soln 10 gram	2	HI
ceftriaxone intravenous	2	MO, HI
cefuroxime axetil oral tablet	2	MO
cefuroxime sodium injection recon soln 750 mg	2	MO, HI
cefuroxime sodium intravenous recon soln 1.5 gram	2	MO, HI
cefuroxime sodium intravenous recon soln 7.5 gram	2	HI
cephalexin	2	MO
FETROJA	5	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
tazicef injection recon soln 1 gram	2	HI
tazicef injection recon soln 2 gram, 6 gram	2	MO, HI
tazicef intravenous	2	
TEFLARO	5	MO, HI
ZERBAXA	5	HI

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

Drug Name	Tier	Requirements/ Limits
azithromycin intravenous	2	MO, HI
azithromycin oral	2	MO
clarithromycin oral suspension for reconstitution	2	MO
clarithromycin oral tablet	2	MO
clarithromycin oral tablet extended release 24 hr	2	MO
DIFICID	5	MO
e.e.s. 400 oral tablet	2	MO
ery-tab oral tablet, delayed release (dr/ ec) 250 mg, 333 mg	2	MO
erythrocin (as stearate) oral tablet 250 mg	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO, HI
erythromycin ethylsuccinate oral suspension for reconstitution	2	MO
erythromycin ethylsuccinate oral tablet	2	MO
erythromycin oral	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES

Drug Name	Tier	Requirements/ Limits
<i>albendazole</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml</i>	2	MO, HI
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO, HI
ARIKAYCE	5	PA, MO, LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	2	MO, HI
<i>aztreonam injection recon soln 2 gram</i>	2	MO, HI
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B/D PA, MO
CAPASTAT	3	HI
CAYSTON	5	MO, LA
<i>chloramphenicol sod succinate</i>	2	HI
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO, HI
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO, HI

ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES (continued)

Drug Name	Tier	Requirements/ Limits
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO, HI
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO, HI
CYCLOSERINE	3	MO
DALVANCE	3	MO, HI
<i>dapsone oral</i>	2	MO
<i>DAPTOMYcin INTRAVENOUS RECON SOLN 350 MG (BRAND)</i>	3	MO, HI
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO, HI
EMVERM	5	MO
<i>ertapenem</i>	2	MO, HI
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO, HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	HI
<i>gentamicin injection solution 40 mg/ml</i>	2	MO, HI
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO, HI
IMPAVIDO	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
<i>lincomycin</i>	2	HI
<i>linezolid in dextrose 5%</i>	5	HI
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	2	MO, HI
<i>metro i.v.</i>	2	MO, HI
<i>metronidazole in nacl (iso-os)</i>	2	MO, HI
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA, MO
<i>neomycin</i>	2	MO
ORBACTIV	5	MO, HI
<i>paromomycin</i>	2	MO
PASER	3	MO
<i>pentamidine inhalation</i>	2	B/D PA, MO
<i>pentamidine injection</i>	2	MO
<i>polymyxin b sulfate</i>	2	MO, HI
<i>praziquantel</i>	2	MO
PRETOMANID	3	
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>primaquine (generic)</i>	2	MO
<i>pyrazinamide</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>pyrimethamine</i>	5	MO
<i>quinine sulfate</i>	2	MO
RECARBRI	5	
<i>rifabutin</i>	2	MO
<i>rifampin intravenous</i>	2	MO, HI
<i>rifampin oral</i>	2	MO
RIFATER	4	MO
SIRTURO ORAL TABLET 100 MG	5	MO, LA
SIRTURO ORAL TABLET 20 MG	5	LA
SIVEXTRO INTRAVENOUS	5	HI
SIVEXTRO ORAL	5	MO
STREPTOMYCIN	3	MO
SYNERCID	5	HI
<i>tigecycline</i>	5	HI
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	MO
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA, MO
<i>tobramycin inhalation</i>	5	B/D PA, MO
<i>tobramycin sulfate injection recon soln</i>	2	HI
<i>tobramycin sulfate injection solution</i>	2	MO, HI
TRECATOR	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	3	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	3	
VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND)	3	
VANCOMYCIN INJECTION (BRAND)	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	2	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	3	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	3	HI
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND)	3	HI
<i>vancomycin intravenous recon soln 5 gram</i>	2	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
<i>vancomycin oral recon soln</i>	5	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	
XENLETA INTRAVENOUS	3	
XENLETA ORAL	3	QL (10 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: PENICILLINS

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

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
ampicillin-sulbactam injection recon soln 15 gram	2	HI
ampicillin-sulbactam intravenous recon soln 1.5 gram	2	HI
ampicillin-sulbactam intravenous recon soln 3 gram	2	MO, HI
BICILLIN L-A	4	MO
dicloxacillin	2	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	2	HI
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	2	MO, HI
nafcillin injection recon soln 1 gram, 2 gram	2	MO, HI
nafcillin injection recon soln 10 gram	5	MO, HI
nafcillin intravenous	2	MO, HI
oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml	2	HI
oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml	2	MO, HI
oxacillin injection recon soln 1 gram	2	HI
oxacillin injection recon soln 10 gram	5	HI
oxacillin injection recon soln 2 gram	2	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
penicillin g potassium injection recon soln 20 million unit	2	MO, HI
penicillin g potassium injection recon soln 5 million unit	2	MO, HI
penicillin g procaine	2	MO
penicillin g sodium	2	MO, HI
penicillin v potassium	2	MO
pifizerpen-g	2	HI
piperacillin-tazobactam intravenous recon soln 13.5 gram	2	MO, HI
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	2	MO, HI
piperacillin-tazobactam intravenous recon soln 40.5 gram	2	HI

ANTI - INFECTIVES: QUINOLONES

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

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: SULFA'S / RELATED AGENTS

Drug Name	Tier	Requirements/ Limits
sulfadiazine	2	MO
sulfamethoxazole-trimethoprim intravenous	2	MO, HI
sulfamethoxazole-trimethoprim oral	2	MO
sulfatrim	2	MO

ANTI - INFECTIVES: TETRACYCLINES

Drug Name	Tier	Requirements/ Limits
demeclocycline	2	MO
doxy-100	2	MO, HI
doxycycline hyclate intravenous	2	
doxycycline hyclate oral capsule	2	MO
doxycycline hyclate oral tablet	2	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	2	MO
doxycycline monohydrate oral capsule	2	MO
doxycycline monohydrate oral suspension for reconstitution	2	MO
doxycycline monohydrate oral tablet	2	MO
minocycline oral capsule	2	MO
minocycline oral tablet	2	MO
minocycline oral tablet extended release 24 hr 105 mg, 55 mg, 65 mg, 80 mg	5	MO
minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 90 mg	2	MO
monodoxine nl oral capsule 100 mg, 75 mg	2	MO
morgidox	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
NUZYRA INTRAVENOUS	5	HI
NUZYRA ORAL	5	MO
tetracycline	2	MO

**ANTI - INFECTIVES: URINARY
TRACT AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>fosfomycin</i> <i>tromethamine</i>	2	MO
<i>methenamine</i> <i>hippurate</i>	2	MO
<i>methenamine</i> <i>mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin</i> <i>macrocrystal</i>	2	MO
<i>nitrofurantoin</i> <i>monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS:
ADJUNCTIVE AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>dexrazoxane hcl</i> <i>intravenous recon</i> <i>soln 250 mg</i>	5	HI
<i>dexrazoxane hcl</i> <i>intravenous recon</i> <i>soln 500 mg</i>	5	MO, HI
ELITEK	5	MO, HI
KEPIVANCE	5	MO, HI
<i>leucovorin calcium</i> <i>injection recon soln</i> <i>100 mg, 200 mg, 350</i> <i>mg, 50 mg</i>	2	MO, HI
<i>leucovorin calcium</i> <i>injection recon soln</i> <i>500 mg</i>	2	HI
<i>leucovorin calcium</i> <i>injection solution</i>	2	HI
<i>leucovorin calcium</i> <i>oral</i>	2	MO
<i>levoleucovorin calcium</i> <i>intravenous recon</i> <i>soln 50 mg</i>	5	HI
<i>levoleucovorin calcium</i> <i>intravenous solution</i>	5	HI
mesna	2	MO, HI
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
abiraterone	5	PA, MO
ABRAXANE	5	MO, HI
ADAKVEO	5	PA, MO
adriamycin <i>intravenous recon soln 10 mg</i>	2	MO, HI
adriamycin <i>intravenous solution</i>	2	HI
adrucil intravenous solution 2.5 gram/50 ml	2	B/D PA, HI
AFINITOR DISPERZ	5	PA, MO
AFINITOR ORAL TABLET 10 MG	5	PA, MO
ALECensa	5	PA, MO
ALIMTA	5	MO, HI
ALIQOPA	5	MO, HI, LA
ALUNBRIG	5	PA, MO
anastrozole	2	MO
ARRANON	5	HI
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	
arsenic trioxide <i>intravenous solution 2 mg/ml</i>	2	MO
ARZERRA	5	B/D PA, MO, HI
ASTAGRAF XL	4	B/D PA, MO
AVASTIN	5	MO, HI
AYVAKIT	5	PA, MO, LA
azacitidine	5	MO, HI
azathioprine	2	B/D PA, MO
azathioprine sodium	2	B/D PA, HI
BALVERSA	5	PA, MO, LA

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
BAVENCIO	5	MO, HI, LA
BELEODAQ	5	MO, HI
BENDEKA	5	MO
BESPONSA	5	MO, HI
bexarotene	5	MO
bicalutamide	2	MO
BLENREP	5	B/D PA, MO
bleomycin	2	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	3	B/D PA, MO
BORTEZOMIB	5	MO, HI
BOSULIF	5	PA, MO
BRAFTOVI	5	MO, LA
BRUKINSA	5	PA, MO, LA
busulfan	5	HI
BYNFEZIA	5	MO
CABOMETYX	5	PA, MO, LA
CALQUENCE	5	PA, MO, LA
capecitabine	MB	MO
CAPRELSA	5	PA, LA
carboplatin <i>intravenous solution</i>	2	MO, HI
carmustine	5	MO
cisplatin intravenous solution	2	MO, HI
cladribine	5	B/D PA, MO, HI
clofarabine	5	HI
COMETRIQ	5	PA, MO
COPIKTRA	5	PA, MO, LA
COTELLIC	5	PA, MO, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
cyclophosphamide <i>intravenous recon soln</i>	2	MO
cyclophosphamide <i>oral capsule</i>	2	B/D PA, MO
cyclosporine <i>intravenous</i>	2	B/D PA, HI
cyclosporine modified	2	B/D PA, MO
cyclosporine oral <i>capsule</i>	2	B/D PA, MO
CYRAMZA	5	B/D PA, MO, HI
cytarabine	2	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>	2	B/D PA, MO, HI
cytarabine (pf) <i>injection solution 20 mg/ml</i>	2	B/D PA, HI
dacarbazine	2	MO, HI
dactinomycin	5	HI
DARZALEX	5	MO, HI, LA
DARZALEX FASPRO	5	MO, LA
daunorubicin <i>intravenous solution</i>	2	HI
DAURISMO	5	PA, MO
decitabine	5	MO, HI
docetaxel intravenous <i>solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
docetaxel intravenous <i>solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO, HI
doxorubicin <i>intravenous recon soln 50 mg</i>	2	MO, HI
doxorubicin <i>intravenous solution</i>	2	MO, HI
doxorubicin, peg- <i>liposomal</i>	5	MO, HI
ELIGARD	3	MO
ELIGARD (3 MONTH)	3	MO
ELIGARD (4 MONTH)	3	MO
ELIGARD (6 MONTH)	3	MO
ELZONRIS	5	B/D PA, MO
EMCYT	5	MO
EMPLICITI	5	B/D PA, MO, HI
ENHERTU	5	MO
ENVARSUS XR	4	B/D PA, MO
epirubicin intravenous <i>solution</i>	2	MO, HI
ERBITUX	5	MO, HI
ERIVEDGE	5	PA, MO
ERLEADA	5	PA, MO
erlotinib	5	PA, MO
ERWINAZE	5	MO, HI
ETOPOPHOS	3	MO, HI
etoposide intravenous	2	MO, HI
etoposide oral	MB	MO
everolimus <i>(antineoplastic)</i>	5	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
everolimus <i>(immunosuppressive)</i>	5	B/D PA, MO
exemestane	2	MO
FARYDAK	5	PA, MO
FASLODEX	5	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	MO
floxuridine	2	B/D PA
fludarabine <i>intravenous recon soln</i>	2	MO, HI
fludarabine <i>intravenous solution</i>	2	HI
fluorouracil <i>intravenous</i>	2	B/D PA, MO, HI
flutamide	2	MO
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ ML (1 ML)	3	MO, HI
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO, HI
fulvestrant	5	MO
GAVRETO	5	PA, MO, LA
GAZYVA	3	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
gemcitabine <i>intravenous recon soln 1 gram, 200 mg</i>	2	MO, HI
gemcitabine <i>intravenous recon soln 2 gram</i>	2	HI
gemcitabine <i>intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	MO, HI
gemcitabine <i>intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	HI
gengraf oral capsule 100 mg, 25 mg	2	B/D PA, MO
gengraf oral solution	2	B/D PA, MO
GILOTRIF	5	PA, MO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	MO
HALAVEN	5	MO, HI
HERCEPTIN HYLECTA	5	MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	MO, HI
HERZUMA	5	MO
HYCAMTIN ORAL	MB	MO
hydroxyurea	2	MO
IBRANCE	5	PA, MO
ICLUSIG	5	PA
idarubicin	2	MO, HI
IDHIFA	5	PA, MO, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ifosfamide intravenous recon soln</i>	2	MO, HI
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	MO, HI
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	HI
<i>imatinib</i>	5	MO
IMBRUVICA	5	PA, MO
IMFINZI	5	MO, HI, LA
INFUGEM	5	HI
INLYTA	5	PA, MO
INQOVI	5	PA, MO
INREBIC	5	PA, MO, LA
IRESSA	5	PA, MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	MO, HI
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	2	HI
ISTODAX	5	MO, HI
IXEMPRA	5	MO, HI
JAKAFI	5	PA, MO
JEVTANA	5	MO, HI
KADCYLA	5	PA, MO, HI
KANJINTI	5	MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA, MO, HI
KISQALI	5	PA, MO
KISQALI FEMARA CO-PACK	5	PA, MO
KOSELUGO	5	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
KYPROLIS	5	MO, HI
<i>lapatinib</i>	5	PA, MO
LENVIMA	5	PA, MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	MO
LIBTAYO	5	PA, MO, HI
LONSURF	5	PA, MO
LORBRENA	5	PA, MO
LUMOXITI	5	PA, HI, LA
LUPRON DEPOT	5	MO
LUPRON DEPOT (3 MONTH)	5	MO
LUPRON DEPOT (4 MONTH)	5	MO
LUPRON DEPOT (6 MONTH)	5	MO
LUPRON DEPOT-PED	5	MO
LUPRON DEPOT-PED (3 MONTH)	5	MO
LYNPARZA ORAL TABLET	5	PA, MO
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA, MO
<i>megestrol oral tablet</i>	2	PA, MO
MEKINIST	5	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
MEKTOVI	5	MO, LA
<i>melphalan</i>	2	B/D PA, MO
<i>melphalan hcl</i>	5	HI
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA, HI
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA, MO, HI
<i>methotrexate sodium injection</i>	2	B/D PA, MO, HI
<i>methotrexate sodium oral</i>	2	B/D PA, MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	MO, HI
<i>mitomycin intravenous recon soln 40 mg</i>	5	MO, HI
<i>mitoxantrone</i>	2	MO, HI
MONJUVI	5	PA, MO
MVASI	5	MO
MYCAPSSA	5	PA, MO, LA
<i>mycophenolate mofetil (hcl)</i>	2	B/D PA, HI
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA, MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA, MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA, MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
MYLERAN	MB	MO
MYLOTARG	5	MO, HI, LA
NERLYNX	5	PA, MO, LA
NEXAVAR	5	PA, MO, LA
<i>nilutamide</i>	5	MO
NINLARO	5	PA, MO
NUBEQA	5	PA, MO, LA
NULOJIX	5	B/D PA, MO, HI
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA, MO, LA
OGIVRI	5	MO
ONCASPAR	5	MO
ONIVYDE	5	MO
ONTRUZANT	5	MO
ONUREG	5	PA, MO
OPDIVO	5	PA, MO, HI
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	MO, HI
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	
<i>paclitaxel</i>	2	MO, HI
PADCEV	5	MO
<i>paraplatin</i>	2	HI
PEMAZYRE	5	PA, MO, LA
PERJETA	5	MO, HI
PHESGO	5	PA, MO
PIQRAY	5	PA, MO
POLIVY	5	PA, MO
POMALYST	5	PA, MO, LA
PORTRAZZA	5	B/D PA, MO
POTELIGEO	5	MO
PROGRAF INTRAVENOUS	3	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA, MO
PURIXAN	5	
QINLOCK	5	PA, MO, LA
RETEVMO	5	PA, MO, LA
REVLIMID	5	PA, MO, LA
RITUXAN	5	PA, MO, HI
RITUXAN HYCELA	5	MO
ROMIDEPSIN INTRAVENOUS SOLUTION	5	MO
ROZLYTREK	5	PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
RUBRACA	5	PA, MO, LA
RUXIENCE	5	MO
RYDAPT	5	PA, MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO
SARCLISA	5	PA, MO
SIGNIFOR	5	MO
SIGNIFOR LAR	5	MO
SIKLOS	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA, MO, HI
<i>sirolimus oral solution</i>	5	B/D PA, MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA, MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA, MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	MO
SPRYCEL	5	PA, MO
STIVARGA	5	PA, MO
SUTENT	5	PA, MO
SYLVANT	5	MO, HI
SYNRIBO	5	MO
TABLOID	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
TABRECTA	5	PA, MO
<i>tacrolimus oral</i>	2	B/D PA, MO
TAFINLAR	5	PA, MO
TAGRISSO	5	PA, MO, LA
TALZENNA	5	PA, MO
<i>tamoxifen</i>	2	MO
TARGETIN 1% GEL	5	PA, MO
TASIGNA	5	PA, MO
TAZVERIK	5	PA, MO, LA
TECENTRIQ	5	MO, HI, LA
TEMODAR INTRAVENOUS	3	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	5	MO
THALOMID	5	PA, MO
<i>thiotepa injection recon soln 100 mg</i>	5	
<i>thiotepa injection recon soln 15 mg</i>	5	MO
TIBSOVO	5	MO
<i>toposar</i>	2	MO, HI
<i>topotecan intravenous recon soln</i>	5	HI
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	MO, HI
<i>toremifene</i>	5	MO
TRAZIMERA	5	MO
TREANDA INTRAVENOUS RECON SOLN	5	MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	MO, HI
TRODELVY	5	PA, MO
TRUXIMA	5	MO
TUKYSA	5	PA, MO, LA
TURALIO	5	MO, LA
TYKERB	5	PA, MO, LA
UNITUXIN	5	MO
<i>valrubicin</i>	2	MO
VALSTAR	3	MO
VANTAS	3	MO
VECTIBIX	5	B/D PA, MO, HI
VELCADE	5	MO, HI
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA, MO, LA
VENCLEXTA ORAL TABLET 100 MG	5	PA, MO, LA
VENCLEXTA STARTING PACK	5	PA, MO, LA
VERZENIO	5	PA, MO, LA
<i>vinblastine intravenous solution</i>	2	B/D PA, MO, HI
<i>vincasar pfs</i>	2	B/D PA, MO, HI
<i>vincristine</i>	2	B/D PA, MO, HI
<i>vinorelbine</i>	2	MO, HI
VITRAKVI	5	PA, MO, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
VIZIMPRO	5	PA, MO
VOTRIENT	5	PA, MO
VYXEOS	5	B/D PA, MO, HI
XALKORI	5	PA, MO
XATMEP	3	B/D PA, MO
XERMELO	5	MO, LA
XOSPATA	5	PA, MO, LA
XPOVIO	5	PA, MO, LA
XTANDI	5	PA, MO
YERVOY	5	MO, HI
YONDELIS	5	MO, HI
YONSA	5	PA, MO
ZALTRAP	5	MO, HI
ZANOSAR	3	MO, HI
ZEJULA	5	PA, MO, LA
ZELBORAF	5	PA, MO
ZEPZELCA	5	B/D PA, MO
ZIRABEV	5	MO
ZOLADEX	3	MO
ZOLINZA	5	MO
ZORTRESS ORAL TABLET 1 MG	5	B/D PA, MO
ZYDELIG	5	PA, MO
ZYKADIA ORAL TABLET	5	PA, MO
ZYTIGA ORAL TABLET 500 MG	5	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	3	HI
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	2	PA, MO
<i>clobazam oral tablet 10 mg</i>	2	PA, MO
<i>clobazam oral tablet 20 mg</i>	5	PA, MO
<i>clonazepam oral tablet</i>	2	MO
<i>clonazepam oral tablet, disintegrating</i>	2	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ ec)</i>	1	MO
EPIDIOLEX	5	MO, LA
<i>epitol</i>	1	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
FINTEPLA	5	MO, LA
<i>fosphenytoin</i>	2	MO, HI
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	4	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lamotrigine oral tablet extended release 24hr</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	2	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO, HI
<i>levetiracetam intravenous</i>	2	MO, HI
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
NAYZILAM	5	MO
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR	4	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin</i>	2	MO
<i>primidone</i>	2	MO
<i>QUDEXY XR</i>	4	PA, MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	
<i>rufinamide</i>	5	
<i>SPRITAM</i>	4	MO
<i>subvenite</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>SYMPAZAN ORAL FILM 5 MG</i>	4	PA, MO
<i>tiagabine</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA, MO
<i>topiramate oral tablet</i>	1	PA, MO
<i>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG</i>	4	PA, MO
<i>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG</i>	5	PA, MO
<i>valproate sodium</i>	2	MO, HI
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	MO
<i>VALTOCO</i>	5	MO
<i>vigabatrin</i>	5	MO, LA
<i>vigadron</i>	5	MO, LA
<i>VIMPAT INTRAVENOUS</i>	3	MO, HI
<i>VIMPAT ORAL SOLUTION</i>	3	MO
<i>VIMPAT ORAL TABLET</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
XCOPRI MAINTENANCE PACK	5	MO
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	MO
XCOPRI ORAL TABLET 200 MG	5	MO
XCOPRI TITRATION PACK	4	MO
<i>zonisamide</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APOKYN	5	MO, LA
<i>benztropine injection</i>	2	MO, HI
<i>benztropine oral</i>	1	MO
<i>bromocriptine</i>	2	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	2	MO
<i>entacapone</i>	2	MO
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE	5	PA, MO
NEUPRO	4	MO
NOURIANZ	4	PA, MO, LA
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>trihexyphenidyl oral elixir</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
ZELAPAR	4	MO

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

Drug Name	Tier	Requirements/ Limits
AIMOVIG AUTOINJECTOR	3	PA, MO, QL (1 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO, QL (24 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO, QL (18 per 30 days)
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO, QL (8 per 30 days)
<i>eletriptan</i>	2	MO, QL (24 per 30 days)
EMGALITY PEN	3	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA, MO, QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>frovatriptan</i>	2	MO, QL (27 per 30 days)
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO, QL (18 per 30 days)
NURTEC ODT	5	PA, MO, QL (15 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO, QL (36 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	2	MO, QL (36 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
sumatriptan nasal spray,non-aerosol 20 mg/actuation	2	MO, QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	2	MO, QL (36 per 30 days)
sumatriptan succinate oral	2	MO, QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge	2	MO, QL (8 per 30 days)
sumatriptan succinate subcutaneous pen injector	2	MO, QL (8 per 30 days)
sumatriptan succinate subcutaneous solution	2	MO, QL (8 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	2	MO, QL (8 per 30 days)
sumatriptan-naproxen	2	MO, QL (18 per 30 days)
UBRELVY ORAL TABLET 100 MG	5	PA, MO, QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	4	PA, MO, QL (16 per 30 days)
VYEPTI	5	PA, MO, QL (3 per 90 days)
zolmitriptan	2	MO, QL (18 per 30 days)
ZOMIG NASAL	3	MO, QL (18 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
AUBAGIO	5	PA, MO
AUSTEDO	5	MO, LA
dalfampridine oral tablet extended release 12 hr	5	PA, MO, QL (60 per 30 days)
dimethyl fumarate	5	PA, MO
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	2	MO
donepezil oral tablet, disintegrating	1	MO
EVRYSDI	5	PA, MO
galantamine oral capsule,ext rel. pellets 24 hr	2	MO
galantamine oral solution	2	MO
galantamine oral tablet	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA, MO
glatiramer subcutaneous syringe 20 mg/ml	5	MO, QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5	MO, QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5	MO, QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	MO, QL (12 per 28 days)
HORIZANT	3	MO
INGREZZA	5	MO, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
INGREZZA INITIATION PACK	5	MO, LA
KESIMPTA PEN	5	PA, MO
KEVEYIS	5	MO
LEMTRADA	3	MO
MAVENCLAD (10 TABLET PACK)	5	PA, MO, LA
MAVENCLAD (4 TABLET PACK)	5	PA, MO, LA
MAVENCLAD (5 TABLET PACK)	5	PA, MO, LA
MAVENCLAD (6 TABLET PACK)	5	PA, MO, LA
MAVENCLAD (7 TABLET PACK)	5	PA, MO, LA
MAVENCLAD (8 TABLET PACK)	5	PA, MO, LA
MAVENCLAD (9 TABLET PACK)	5	PA, MO, LA
MAYZENT	5	PA, MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	MO
<i>memantine oral solution</i>	2	MO
<i>memantine oral tablet</i>	2	MO
NUEDEXTA	5	PA, MO
OCREVUS	5	MO
ONPATTRO	5	PA, MO, HI, LA
RADICAVA	5	MO, HI
<i>rivastigmine tartrate</i>	2	MO
<i>rivastigmine transdermal</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
RUZURGI	5	MO
TECFIDERA	5	PA, MO, LA
TEGSEDI	5	PA, MO, LA
<i>tetrabenazine</i>	5	MO
TYSABRI	5	PA, MO, HI, LA
ZEPOSIA	5	PA, MO
ZEPOSIA STARTER KIT	5	PA, MO
ZEPOSIA STARTER PACK	3	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>baclofen intrathecal</i>	2	B/D PA, MO
<i>baclofen oral</i>	2	MO
<i>carisoprodol</i>	2	PA, MO
<i>carisoprodol-aspirin</i>	2	PA, MO
<i>carisoprodol-aspirin-codeine</i>	2	PA, MO
<i>chlorzoxazone oral tablet 250 mg</i>	2	PA
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	2	PA, MO
<i>cyclobenzaprine</i>	2	PA, MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
<i>meprobamate</i>	2	MO
<i>metaxall</i>	2	PA, MO
<i>metaxalone</i>	2	PA, MO
<i>methocarbamol injection</i>	2	PA, HI
<i>methocarbamol oral</i>	2	PA, MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>orphenadrine citrate injection</i>	2	MO
<i>orphenadrine citrate oral tablet extended release</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	2	PA
<i>orphengesic forte</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
<i>vanadom</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: NARCOTIC ANALGESICS

Drug Name	Tier	Requirements/ Limits
acetaminophen-caff-dihydrocod oral capsule	2	MO
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	2	MO
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	2	
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	MO
acetaminophen-codeine oral tablet	2	MO
ascomp with codeine	2	PA, MO
buprenorphine	2	PA, MO
buprenorphine hcl injection solution	2	MO, HI
buprenorphine hcl injection syringe	2	HI
buprenorphine hcl sublingual	2	MO
butalbital compound w/codeine	2	PA, MO
butalbital-acetaminop-caf-cod	2	PA, MO
butalbital-acetaminophen oral capsule	2	PA, MO
butalbital-acetaminophen oral tablet 25-325 mg	2	PA

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

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

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr	2	MO
fentanyl transdermal patch 72 hour 87.5 mcg/hour	5	MO
hydrocodone bitartrate	2	PA, MO
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	MO
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	3	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	2	MO
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	MO
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	2	MO

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

Drug Name	Tier	Requirements/ Limits
hydromorphone (pf) injection solution 2 mg/ml	2	
hydromorphone injection solution 1 mg/ml	2	
hydromorphone injection solution 2 mg/ml	2	MO
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	2	MO
hydromorphone injection syringe 2 mg/ml	2	
hydromorphone oral liquid	2	MO
hydromorphone oral tablet	2	MO
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	2	PA, MO
hydromorphone oral tablet extended release 24 hr 32 mg	5	PA, MO
ibuprofen-oxycodone	2	MO
levorphanol tartrate oral tablet 2 mg	2	MO
LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND)	5	MO
lorcet hd	2	MO
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
meperidine (pf) injection solution 25 mg/ml	2	
meperidine oral	2	MO
methadone injection solution	2	HI
methadone intensol	2	PA, MO
methadone oral concentrate	2	PA, MO
methadone oral solution	2	PA, MO
methadone oral tablet	2	PA, MO
methadose oral concentrate	2	PA, MO
morphine (pf) injection solution 0.5 mg/ml	2	
morphine (pf) injection solution 1 mg/ml	2	MO
morphine concentrate oral solution	2	MO
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ ML, 5 MG/ML (BRAND)	3	
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ ML, 5 MG/ML (BRAND)	3	MO
morphine injection solution 8 mg/ml	2	
morphine injection syringe 10 mg/ml, 4 mg/ml	2	MO

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

Drug Name	Tier	Requirements/ Limits
MORPHINE INJECTION SYRINGE 2 MG/ML	3	MO
morphine injection syringe 5 mg/ml, 8 mg/ml	2	
morphine intravenous solution 10 mg/ml	2	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ ML, 8 MG/ML (BRAND)	3	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND)	3	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	2	
morphine oral capsule, er multiphase 24 hr	2	PA, MO
morphine oral capsule, extend. release pellets	2	PA, MO
morphine oral solution	2	MO
morphine oral tablet	2	MO
morphine oral tablet extended release	2	PA, MO
oxycodone oral capsule	2	MO
oxycodone oral concentrate	2	MO
oxycodone oral solution	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>oxycodone oral tablet</i>	2	MO
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	3	PA, MO
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG (BRAND)	3	PA
<i>oxycodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	MO
<i>oxycodone-acetaminophen oral tablet</i> 2.5-300 mg	2	
<i>oxycodone-aspirin</i>	2	MO
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR	3	PA, MO
<i>oxymorphone oral tablet</i>	2	MO
<i>oxymorphone oral tablet</i>	2	PA, MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA, MO
<i>prolate</i>	2	
<i>tencon oral tablet</i> 50-325 mg	2	PA, MO
<i>vtol iq</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>zebutal oral capsule</i> 50-325-40 mg	2	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
buprenorphine-naloxone	2	MO
butorphanol tartrate injection	2	MO, HI
butorphanol tartrate nasal	2	MO
celecoxib	2	MO, QL (60 per 30 days)
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium	2	MO
diclofenac sodium oral tablet extended release 24 hr	2	MO
diclofenac sodium oral tablet, delayed release (dr/ec)	2	MO
diclofenac sodium topical drops	2	MO
diclofenac sodium topical gel 1 %	2	MO
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic	2	MO
diflunisal	2	MO
ec-naproxen	1	MO
etodolac oral capsule	2	MO
etodolac oral tablet	2	MO
etodolac oral tablet extended release 24 hr	2	MO
fenoprofen oral tablet	2	MO
flurbiprofen oral tablet 100 mg	2	MO

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

Drug Name	Tier	Requirements/ Limits
HYALGAN	MB	MO
HYMOVIS	MB	
ibu	1	MO
ibuprofen lysine (pf)	2	
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
indomethacin oral capsule	2	MO
indomethacin oral capsule, extended release	2	MO
indomethacin sodium	2	
ketoprofen oral capsule 25 mg	2	MO
ketoprofen oral capsule 50 mg, 75 mg	2	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	2	MO
ketorolac injection cartridge 30 mg/ml	2	MO
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	2	MO
ketorolac injection syringe 15 mg/ml	2	
ketorolac injection syringe 30 mg/ml	2	MO
ketorolac intramuscular cartridge	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>ketorolac intramuscular solution</i>	2	MO
<i>ketorolac intramuscular syringe</i>	2	
<i>ketorolac oral</i>	2	MO
LUCEMYRA	5	MO, QL (224 per 180 days)
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO, QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	MO, HI
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON- AEROSOL 4 MG/ ACTUATION	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>oxaprozin</i>	2	MO
<i>pentazocine-naloxone</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
SYNVISC	MB	MO
SYNVISC-ONE	MB	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO
<i>tramadol oral tablet extended release 24 hr</i>	2	PA, MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA, MO
<i>tramadol- acetaminophen</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: PSYCHOTHERAPEUTIC DRUGS

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	5	MO
ADASUVE	4	
<i>alprazolam intensol</i>	2	PA, MO
<i>alprazolam oral tablet</i>	2	PA, MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	PA, MO
<i>alprazolam oral tablet, disintegrating</i>	2	PA, MO
<i>amitriptyline</i>	2	PA, MO
<i>amitriptyline-chlordiazepoxide</i>	2	PA, MO
<i>amoxapine</i>	2	MO
<i>amphetamine sulfate</i>	2	MO
<i>ariPIPrazole oral solution</i>	5	MO
<i>ariPIPrazole oral tablet</i>	2	MO
<i>ariPIPrazole oral tablet,disintegrating</i>	5	MO
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	2	PA, MO
<i>atomoxetine</i>	2	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>	2	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO
<i>buspirone</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
CAPLYTA	5	MO
<i>chlordiazepoxide hcl</i>	2	PA, MO
<i>chlorpromazine injection</i>	2	MO, HI
<i>chlorpromazine oral</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine</i>	2	PA, MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium</i>	2	PA, MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg</i>	2	MO, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>dextmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	MO, QL (30 per 30 days)
<i>dextmethylphenidate oral tablet</i>	2	MO
<i>dextroamphetamine oral capsule, extended release</i>	2	MO
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	2	MO, QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA, MO
<i>diazepam intensol</i>	2	PA, MO
<i>diazepam oral concentrate</i>	2	PA, MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA, MO
<i>diazepam oral tablet</i>	2	PA, MO
<i>doxepin oral capsule</i>	2	PA, MO
<i>doxepin oral concentrate</i>	2	PA, MO
<i>doxepin oral tablet</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>DRIZALMA SPRINKLE</i>	4	MO
<i>duloxetine oral capsule,delayed release (dr/ec)</i>	2	MO
<i>EMSAM</i>	5	MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO
<i>estazolam</i>	2	PA, MO
<i>eszopiclone</i>	2	MO, QL (30 per 30 days)
<i>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG</i>	4	MO
<i>FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG</i>	5	MO
<i>FANAPT ORAL TABLETS,DOSE PACK</i>	4	MO
<i>FETZIMA</i>	4	MO
<i>flumazenil</i>	2	MO
<i>fluoxetine oral capsule</i>	1	MO
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
flurazepam	2	PA, MO
fluvoxamine oral capsule, extended release 24hr	2	MO
fluvoxamine oral tablet	2	MO
FORFIVO XL	4	MO
guanfacine oral tablet extended release 24 hr	2	MO
guanidine	2	MO
haloperidol	1	MO
haloperidol decanoate	2	MO
haloperidol lactate injection	2	MO
haloperidol lactate intramuscular	2	
haloperidol lactate oral	2	MO
HETLIOZ	5	PA, MO, QL (30 per 30 days)
imipramine hcl	2	PA, MO
imipramine pamoate	2	PA, MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA	5	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA, MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA, MO
<i>lorazepam injection syringe 4 mg/ml</i>	2	PA
<i>lorazepam intensol</i>	2	PA, MO
<i>lorazepam oral concentrate</i>	2	PA, MO
<i>lorazepam oral tablet</i>	2	PA, MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
<i>MARPLAN</i>	3	MO
<i>methamphetamine</i>	2	PA, MO
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	2	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	MO, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	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>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet,chewable</i>	2	MO
<i>midazolam (pf) injection</i>	2	
<i>midazolam injection</i>	2	
<i>midazolam oral syrup 2 mg/ml</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil</i>	2	PA, MO
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
<i>NUPLAZID ORAL CAPSULE</i>	5	MO
<i>NUPLAZID ORAL TABLET 10 MG</i>	5	MO
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet, disintegrating</i>	2	MO
<i>olanzapine-fluoxetine</i>	2	MO
<i>oxazepam</i>	2	PA, MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
<i>paroxetine mesylate (menop.sym)</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
PAXIL ORAL SUSPENSION	4	MO
<i>pentobarbital sodium injection solution</i>	2	
<i>perphenazine</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	PA, MO
PERSERIS	5	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procenta</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet</i>	2	MO
<i>quetiapine oral tablet extended release 24 hr</i>	2	MO
<i>ramelteon</i>	2	MO
REXULTI	5	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet, disintegrating</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
SAPHRIS	5	MO
<i>seconal sodium</i>	2	PA
SECUADO	5	MO
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam</i>	2	PA, MO
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	2	MO
<i>trazodone</i>	1	MO
<i>triazolam</i>	2	PA, MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	2	PA, MO
TRINTELLIX	4	MO
<i>venlafaxine oral capsule, extended release 24hr</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO
VERSACLOZ	5	
VIIBRYD ORAL TABLET	4	MO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	MO
VRAYLAR ORAL CAPSULE	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO
XYREM	5	PA, MO, LA
zaleplon	2	MO, QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	4	MO
ziprasidone hcl	2	MO
ziprasidone mesylate	2	
zolpidem oral tablet	2	MO, QL (30 per 30 days)
zolpidem oral tablet, ext release multiphase	2	MO, QL (30 per 30 days)
zolpidem sublingual	2	MO, QL (30 per 30 days)
ZYPREXA RELPREVV	4	MO

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

Drug Name	Tier	Requirements/ Limits
adenosine	2	
amiodarone <i>intravenous solution</i>	2	B/D PA, MO, HI
amiodarone <i>intravenous syringe</i>	2	B/D PA, HI
amiodarone oral	2	MO
bretylium tosylate	5	
disopyramide phosphate oral capsule	2	MO
dofetilide	2	MO
flecainide	2	MO
ibutilide fumarate	2	MO
lidocaine (pf) in d7.5w	2	MO
lidocaine (pf) <i>intravenous solution</i>	2	MO, HI
lidocaine (pf) <i>intravenous syringe</i>	2	HI
lidocaine in 5 % dextrose (pf) <i>intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
mexiletine	2	MO
MULTAQ	4	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
procainamide injection solution 100 mg/ml	2	MO, HI
procainamide injection solution 500 mg/ml	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>propafenone oral capsule, extended release 12 hr</i>	2	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate oral tablet extended release</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	2	MO, HI
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt oral capsule, extended release 24hr</i>	1	MO
<i>carvedilol</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
carvedilol phosphate oral capsule, er multiphase 24 hr	1	MO
chlorothiazide oral tablet 500 mg	1	MO
chlorothiazide sodium	2	MO, HI
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
clonidine transdermal	2	MO
corlopam	2	
DEM SER	5	MO
diltiazem hcl intravenous recon soln	2	HI
diltiazem hcl intravenous solution	2	MO, HI
diltiazem hcl oral capsule, ext. rel 24h degradable	1	
diltiazem hcl oral capsule, extended release 12 hr	1	MO
diltiazem hcl oral capsule, extended release 24 hr	1	MO
diltiazem hcl oral capsule, extended release 24hr	1	MO
diltiazem hcl oral tablet	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
diltiazem hcl oral tablet extended release 24 hr	1	MO
dilt-xr oral capsule, ext release degradable	1	MO
doxazosin	1	MO
enalapril maleate	1	MO
enalaprilat intravenous solution	2	
enalapril-hydrochlorothiazide	1	MO
eprenone	1	MO
epoprostenol (glycine)	2	B/D PA, MO
eprosartan	1	MO
esmolol in nacl (iso-osm)	2	
esmolol intravenous solution	2	
ethacrylate sodium	5	MO, HI
ethacrynic acid	5	MO
felodipine oral tablet extended release 24 hr	1	MO
fisinopril	1	MO
fisinopril-hydrochlorothiazide	1	MO
furosemide injection	2	MO, HI
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
guanfacine oral tablet	1	MO
hydralazine injection	2	MO, HI
hydralazine oral	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
labetalol intravenous solution	2	MO, HI
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	HI
labetalol oral	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	2	
mannitol 25 % intravenous solution	2	MO
matzim la oral tablet extended release 24 hr	1	MO
methyldopa	1	MO
methyldopa-hydrochlorothiazide	1	MO
metolazone	1	MO
metoprolol succinate oral tablet extended release 24 hr	1	MO
metoprolol ta-hydrochlorothiaz	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
metoprolol tartrate intravenous solution	2	MO, HI
metoprolol tartrate oral tablet	1	MO
metyrosine	5	MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nadolol-bendroflumethiazide oral tablet 80-5 mg	1	MO
nicardipine intravenous solution	2	HI
nicardipine oral	1	MO
nifedipine oral capsule	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine oral tablet extended release 24 hr	1	MO
olmesartan	1	MO
olmesartanamlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA, MO
osmitrol 15 %	2	
osmitrol 20 %	2	
perindopril erbumine	1	MO
phenoxybenzamine	5	MO
phentolamine injection recon soln	2	
pindolol	1	MO
prazosin	1	MO
propranolol intravenous	2	HI
propranolol oral capsule, extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO
propranolol-hydrochlorothiazid	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO
taztia xt oral capsule, extended release	1	MO
TEKTURNA HCT	3	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
telmisartan-hydrochlorothiazid	1	MO
terazosin	1	MO
tiadylt er	1	MO
timolol maleate oral	1	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	1	MO
treprostinil sodium	5	PA, MO
triamterene	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI	5	PA, MO, LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	2	B/D PA, MO
verapamil intravenous solution	2	MO, HI
verapamil intravenous syringe	2	HI
verapamil oral capsule, 24 hr er pellet ct	1	MO
verapamil oral capsule, ext rel. pellets 24 hr	1	MO
verapamil oral tablet	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/Limits
<i>verapamil oral tablet extended release</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/Limits
<i>aminocaproic acid</i>	2	MO
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	5	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
BRILINTA	4	MO
CABLIVI INJECTION KIT	5	MO, LA
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	MO, LA, QL (15 per 180 days)
DOPTELET (15 TAB PACK)	5	MO, LA, QL (15 per 180 days)
DOPTELET (30 TAB PACK)	5	MO, LA, QL (15 per 180 days)
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO, QL (180 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO, QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	MO, QL (48 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
enoxaparin subcutaneous syringe 30 mg/0.3 ml	2	MO, QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	2	MO, QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	2	MO, QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	5	MO, QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	2	MO, QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	5	MO, QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	5	MO, QL (18 per 30 days)
hep flush-10 (pf) heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	MB 2	MO HI
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ ml)	2	MO, HI
heparin (porcine) in nacl (pf)	2	
heparin (porcine) injection cartridge	2	MO, HI

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
heparin (porcine) injection solution	2	MO, HI
heparin (porcine) injection syringe 5,000 unit/ml	2	MO, HI
heparin flush (porcine)-0.9nacl	MB	MO
heparin lock flush	MB	MO
heparin lock flush (porcine) intravenous solution	MB	MO
heparin lockflush (porcine)(pf)	MB	MO
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	MO
heparin, porcine (pf) injection solution	2	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	2	MO
heparin, porcine (pf) intravenous syringe 1 unit/ml	MB	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ ml	MB	MO
jantoven	1	MO
MULPLETA	5	MO, QL (7 per 180 days)
NPLATE	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
<i>pentoxifylline oral tablet extended release</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PRAXBIND	5	
PROMACTA	5	MO, LA
<i>protamine</i>	2	
TAVALISSE	5	MO, LA
<i>warfarin</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/ CHOLESTEROL LOWERING AGENTS

Drug Name	Tier	Requirements/ Limits
<i>amlodipine-atorvastatin</i>	1	MO
<i>atorvastatin</i>	1	MO
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam oral powder in packet</i>	2	MO
<i>colesevelam oral tablet</i>	2	MO
<i>colestipol</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
FENOFIBRATE ORAL CAPSULE (BRAND)	3	MO
<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg (generic)</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	MO
<i>fluvastatin</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	PA
JUXTAPID	5	PA, MO, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

Drug Name	Tier	Requirements/Limits
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA, MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin injection solution</i>	2	MO, HI
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	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>	2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

Drug Name	Tier	Requirements/ Limits
isosorbide dinitrate oral tablet	2	MO
isosorbide mononitrate oral tablet	1	MO
isosorbide mononitrate oral tablet extended release 24 hr	1	MO
nitro-bid	2	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	2	B/D PA
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	2	B/D PA, MO
nitroglycerin intravenous	2	B/D PA, HI
nitroglycerin sublingual	2	MO
nitroglycerin transdermal patch 24 hour	2	MO
nitroglycerin translingual spray, non-aerosol	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/Limits
<i>acitretin oral capsule 10 mg, 25 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO
<i>calcipotriene topical cream</i>	2	MO
<i>calcipotriene topical ointment</i>	2	MO
<i>calcipotriene-betamethasone</i>	2	MO
<i>calcitriol topical</i>	2	MO
COSENTYX	5	PA, MO, QL (2 per 28 days)
COSENTYX (2 SYRINGES)	5	PA, MO, QL (2 per 28 days)
COSENTYX PEN	5	PA, MO, QL (2 per 28 days)
COSENTYX PEN (2 PENS)	5	PA, MO, QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA, MO, QL (1 per 28 days)
STELARA INTRAVENOUS	5	PA, MO, HI
STELARA SUBCUTANEOUS	5	PA, MO

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

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

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA, MO
<i>lidocaine topical ointment</i>	2	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine (pf)</i>	2	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO
<i>methoxsalen</i>	5	MO
<i>PANRETIN</i>	5	MO
<i>pimecrolimus</i>	2	PA, MO
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prodoxin</i>	2	MO
<i>REGRANEX</i>	5	MO

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<i>SANTYL</i>	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA, MO
<i>UVADEX</i>	3	
<i>VALCHLOR</i>	5	MO
<i>xylocaine dental-epinephrine</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

Drug Name	Tier	Requirements/ Limits
adapalene topical cream	2	PA, MO
adapalene topical gel	2	PA, MO
adapalene topical gel with pump	2	PA, MO
adapalene topical solution	2	PA
adapalene topical swab	2	PA
adapalene-benzoyl peroxide	2	PA, MO
amnesteem	2	MO
avita topical cream	2	PA, MO
azelaic acid	2	MO
claravis	2	MO
clindacin etz topical swab	2	MO
clindacin p	2	MO
clindamycin phosphate topical foam	2	MO
clindamycin phosphate topical gel	2	MO
clindamycin phosphate topical lotion	2	MO
clindamycin phosphate topical solution	2	MO
clindamycin phosphate topical swab	2	MO
clindamycin-benzoyl peroxide	2	MO
clindamycin-tretinoin	2	PA, MO
dapsone topical	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

Drug Name	Tier	Requirements/ Limits
ery pads	2	MO
erygel	2	MO
erythromycin with ethanol topical gel	2	MO
erythromycin with ethanol topical solution	2	MO
erythromycin-benzoyl peroxide	2	MO
FABIOR	4	MO
isotretinoin	2	MO
metronidazole topical	2	MO
myorisan	2	MO
neuac	2	MO
rosadan topical cream	2	MO
rosadan topical gel	2	MO
tazarotene	2	PA, MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA, MO
TAZORAC TOPICAL GEL	4	PA, MO
tretinoin microspheres	2	PA, MO
tretinoin topical	2	PA, MO
zenatane	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

Drug Name	Tier	Requirements/ Limits
<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLYON TOPICAL CREAM	3	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>acyclovir topical</i>	2	MO
DENAVIR	3	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox</i>	2	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
<i>econazole</i>	2	MO
<i>ketoconazole topical</i>	2	MO
<i>ketodan</i>	2	MO
LULICONAZOLE	4	MO
LUZU	4	MO
<i>naftifine</i>	2	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO
<i>tavaborole</i>	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

Drug Name	Tier	Requirements/ Limits
ala-cort topical cream 1 %	2	MO
alclometasone	2	MO
amcinonide topical cream	2	MO
amcinonide topical lotion	2	MO
amcinonide topical ointment	2	
apexicon e	2	MO
beser	2	MO
betamethasone dipropionate	2	MO
betamethasone valerate	2	MO
betamethasone, augmented	2	MO
clobetasol	2	MO
clobetasol-emollient	2	MO
clodan	2	MO
desonide	2	MO
desoximetasone	2	MO
diflorasone	2	MO
fluocinolone	2	MO
fluocinolone and shower cap	2	MO
fluocinonide	2	MO
fluocinonide-e	2	MO
fluocinonide-emollient	2	MO
flurandrenolide	2	MO
fluticasone propionate topical	2	MO
halcinonide	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

Drug Name	Tier	Requirements/ Limits
halobetasol propionate topical cream	2	MO
halobetasol propionate topical ointment	2	MO
hydrocortisone butyrate	2	MO
hydrocortisone butyremollient	2	MO
hydrocortisone topical cream 1 %, 2.5 %	2	MO
hydrocortisone topical lotion 2.5 %	2	MO
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
hydrocortisone valerate	2	MO
mometasone topical	2	MO
nolix	2	MO
prednicarbate	2	MO
tovet emollient	2	MO
triamcinolone acetonide topical	2	MO
trianex	2	MO
triderm topical cream	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

Drug Name	Tier	Requirements/ Limits
crotan	2	MO
lindane topical shampoo	2	MO
malathion	2	MO
permethrin topical cream	2	MO
spinosad	2	

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
acamprosate oral tablet,delayed release (dr/ec)	2	MO
acetic acid irrigation	2	MO
anagrelide	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA, MO, HI, LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	PA, MO, HI, LA
bacteriostatic water (parabens)	MB	
bd pre-filled normal saline	MB	MO
caffeine citrate intravenous	2	
caffeine citrate oral	2	MO
CARBAGLU	5	MO, LA
cevimeline	2	MO
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA, HI
CLINIMIX E 2.75% / D5W SULF FREE	4	B/D PA, HI
clovique	5	
d10 %-0.45 % sodium chloride	2	HI
d2.5 %-0.45 % sodium chloride	2	HI
d5 % and 0.9 % sodium chloride	2	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

Drug Name	Tier	Requirements/ Limits
acetylcysteine intravenous	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

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

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
d5 %-0.45 % sodium chloride	2	MO, HI
deferasirox	5	MO
deferiprone	5	MO
deferoxamine	2	MO
dextrose 10 % and 0.2 % nacl	2	HI
dextrose 10 % in water (d10w)	2	MO, HI
dextrose 25 % in water (d25w)	2	
dextrose 30 % in water (d30w)	2	
dextrose 40 % in water (d40w)	2	
dextrose 5 % in water (d5w) intravenous parenteral solution	2	MO, HI
dextrose 5 % in water (d5w) intravenous piggyback	2	MO
dextrose 5 %-lactated ringers	2	MO, HI
dextrose 5%-0.2 % sod chloride	2	HI
dextrose 5%-0.3 % sod.chloride	2	HI
dextrose 50 % in water (d50w)	2	MO
dextrose 70 % in water (d70w)	2	MO
disulfiram	2	MO
FERRIPROX	5	MO
FERRIPROX (2 TIMES A DAY)	5	

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
GIVLAARI	5	PA, MO
GLASSIA	5	PA, MO, HI, LA
INCRELEX	5	PA, MO, LA
JADENU SPRINKLE	5	MO
kionex (with sorbitol) oral suspension	2	MO
lanthanum oral tablet, chewable	2	MO
levocarnitine (with sugar)	2	MO
levocarnitine oral solution 100 mg/ml	2	MO
levocarnitine oral tablet	2	MO
midodrine	2	MO
monoject 0.9% sodium chloride	MB	
monoject prefill advanced ns	MB	MO
nitisinone	5	MO
NITYR	3	MO, LA
normal saline flush	MB	MO
NORTHERA	5	MO
ORFADIN ORAL CAPSULE 20 MG	5	MO, LA
ORFADIN ORAL SUSPENSION	5	MO, LA
OXBRYTA	5	PA, MO, LA, QL (90 per 30 days)
pilocarpine hcl oral	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA, HI, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA, MO, HI, LA
RAVICTI	5	MO
REVCORI	5	MO
riluzole	2	MO
risedronate oral tablet 30 mg	2	MO, QL (30 per 30 days)
sevelamer carbonate oral powder in packet	5	MO
sevelamer carbonate oral tablet	2	MO
sevelamer hcl	2	MO
sodium benzoate-sod phenylacet	2	
sodium chlor 0.9% bacteriostat	MB	
sodium chloride 0.9 % (flush) injection syringe	MB	MO
sodium chloride 0.9 % injection	MB	
sodium chloride 0.9 % intravenous parenteral solution	2	MO, HI
sodium chloride 0.9 % intravenous piggyback	2	MO, HI
sodium chloride injection	MB	
sodium chloride irrigation	2	MO
sodium phenylbutyrate	5	MO
sodium polystyrene (sorb free)	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
sodium polystyrene sulfonate oral powder	2	MO
sps (with sorbitol) oral	2	MO
sps (with sorbitol) rectal	2	
THIOLA	5	MO
THIOLA EC	5	MO
TIGLUTIK	5	MO
trientine	5	MO
VELTASSA	4	MO
water for inject, bacteriostat	MB	
water for irrigation, sterile	2	MO
XURIDEN	5	MO
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

Drug Name	Tier	Requirements/ Limits
<i>bupropion hcl (smoking deter) oral tablet extended release</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	MO
NICOTROL NS	3	MO

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
<i>azelastine nasal</i>	2	MO, QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal spray,non- aerosol 0.03 %</i>	2	MO, QL (30 per 30 days)
<i>ipratropium bromide nasal spray,non- aerosol 42 mcg (0.06 %)</i>	2	MO, QL (45 per 30 days)
<i>olopatadine nasal</i>	2	MO, QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

Drug Name	Tier	Requirements/ Limits
acetic acid otic (ear)	2	MO
ciprofloxacin hcl otic (ear)	2	MO
flac otic oil	2	
fluocinolone acetonide oil	2	MO
hydrocortisone-acetic acid	2	MO
ofloxacin otic (ear)	2	MO

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/ Limits
CIPRODEX	3	MO
ciprofloxacin-dexamethasone	2	MO
neomycin-polymyxin-hc otic (ear)	2	MO

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
betamethasone acet, sod phos	2	MO
cortisone	2	MO
decadron oral tablet	2	
dexabliss	2	
dexamethasone intensol	2	MO
dexamethasone oral elixir	2	MO
dexamethasone oral solution	2	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	2	MO
dexamethasone sodium phos (pf) injection solution	2	MO
dexamethasone sodium phosphate injection	2	MO
fludrocortisone	2	MO
hidex	2	
hydrocortisone oral	2	MO
methylprednisolone acetate	2	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	2	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	MO, HI
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	2	
<i>millipred oral tablet</i>	1	B/D PA, MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B/D PA, MO
<i>prednisone intensol</i>	2	B/D PA, MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA, MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection</i>	2	MO

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

Drug Name	Tier	Requirements/ Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
acarbose	1	MO
ALCOHOL PADS	3	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	4	MO
BAQSIMI	3	MO
BYDUREON BCISE	3	MO, QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO, QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO, QL (1.2 per 30 days)
CYCLOSET	4	MO
diazoxide	2	MO
GAUZE PADS 2X2	3	MO
glimepiride	1	MO
glipizide oral tablet	1	MO
glipizide oral tablet extended release 24hr	1	MO
glipizide-metformin	1	MO
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
glyburide	1	MO
glyburide micronized	1	MO
glyburide-metformin	1	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25 (U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
INPEN (FOR HUMALOG)	3	QL (1 per 365 days)
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	MO
INVOKAMET	3	MO
INVOKAMET XR	3	MO
INVOKANA	3	MO
JANUMET	3	MO
JANUMET XR	3	MO
JANUVIA	3	MO
JARDIANCE	3	MO
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>metformin oral solution</i>	2	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR)</i>	1	MO
<i>miglitol</i>	1	MO
<i>nateglinide</i>	1	MO
NEEDLES, INSULIN DISP., SAFETY	3	MO
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ONETOUCH ULTRA BLUE TEST STRIP	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 30 days)

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	4	ST, MO, QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	4	ST, MO, QL (3 per 28 days)
<i>pioglitazone</i>	1	MO
<i>pioglitazone-glimepiride</i>	1	MO
<i>pioglitazone-metformin</i>	1	MO
<i>repaglinide</i>	1	MO
<i>repaglinide-metformin</i>	1	MO
RYBELSUS	4	ST, MO, QL (30 per 30 days)
SYMLINPEN 120	5	MO
SYMLINPEN 60	5	MO
SYNJARDY	3	MO
SYNJARDY XR	3	MO
TOUJEON MAX U-300 SOLOSTAR	3	MO
TOUJEON SOLOSTAR U-300 INSULIN	3	MO
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	MO, QL (2 per 28 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	ST, MO, QL (2 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
VGO	3	

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

Drug Name	Tier	Requirements/ Limits
ALDURAZYME	5	MO, HI
ANADROL-50	5	PA, MO
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO, HI
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA, MO, HI
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA, MO
<i>cinacalcet oral tablet 30 mg</i>	2	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA, MO
CRYSVITA	5	MO
<i>danazol</i>	2	MO
<i>desmopressin injection</i>	2	MO, HI
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELELYSO	5	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
FABRAZYME	5	MO, HI
GALAFOLD	5	PA, MO, LA
ISTURISA	5	PA, MO, LA
JYNARQUE ORAL TABLET	5	LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	MO, LA
KANUMA	5	MO, HI
KORLYM	5	PA, MO
KUVAN	5	MO
MEPSEVII	5	MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO, LA
MYALEPT	5	MO, LA
NAGLAZYME	5	MO, HI, LA
NATPARA	5	PA, MO, LA
NOVAREL	3	PA, MO
<i>oxandrolone oral tablet 10 mg</i>	5	PA, MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA, MO
PALYNZIQ	5	MO, LA
<i>pamidronate</i>	2	MO, HI
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
<i>paricalcitol intravenous</i>	2	HI

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

Drug Name	Tier	Requirements/ Limits
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML (BRAND)	3	HI
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML (BRAND)	3	MO, HI
<i>paricalcitol oral</i>	2	MO
PARSABIV	5	MO
<i>sapropterin</i>	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	MO, LA
SYNAREL	5	MO
TEPEZZA	5	PA, MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate</i>	2	MO
<i>testosterone transdermal gel (generic)</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic)</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic)</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)</i>	2	MO
<i>testosterone transdermal gel in packet (Androgel generic)</i>	2	MO
<i>testosterone transdermal solution in metered pump w/ app (Axiron generic)</i>	2	MO
<i>tolvaptan oral tablet 30 mg</i>	5	MO, LA
VIMIZIM	3	MO
<i>zoledronic acid intravenous solution</i>	2	MO, HI
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	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>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous</i>	2	MO, HI
<i>liothyronine oral</i>	2	MO
<i>np thyroid</i>	2	MO
<i>unithroid</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
atropine injection solution 0.4 mg/ml	2	
atropine injection syringe 0.05 mg/ml	2	
atropine injection syringe 0.1 mg/ml	2	MO
chlordiazepoxide- clidinium	2	MO
CUVPOSA	4	MO
dicyclomine intramuscular	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	2	MO
dicyclomine oral tablet	2	MO
diphenoxylate- atropine	2	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	
glycopyrrolate injection	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	2	MO
glycopyrrolate oral tablet 1.5 mg	2	
loperamide oral capsule	2	MO
methscopolamine	2	MO
MYTESI	3	MO
opium tincture	2	MO
propantheline	2	MO

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
alosetron	5	MO, QL (60 per 30 days)
AMITIZA	3	MO, QL (60 per 30 days)
aprepitant	2	B/D PA, MO
balsalazide	2	MO
budesonide oral capsule, delayed, extend.release	2	MO
budesonide oral tablet, delayed and ext.release	5	MO
CHOLBAM	5	MO
CIMZIA	5	PA, MO, QL (3 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA, MO, QL (1 per 28 days)
CIMZIA STARTER KIT	5	PA, MO, QL (3 per 28 days)
CINVANTI	3	MO, HI
compro	2	MO
constulose	2	MO
CREON	3	MO
cromolyn oral	2	MO
CYSTADANE	5	MO
dimenhydrinate injection solution	2	MO
DIPENTUM	5	MO
doxylamine-pyridoxine (vit b6)	2	MO
dronabinol	2	B/D PA, MO
droperidol injection solution	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
EMEND (FOSAPREPITANT)	3	MO, HI
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA, MO
ENTYVIO	3	PA, MO
enulose	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA, MO
GATTEX ONE-VIAL	5	PA, MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO, HI
<i>gransetron hcl intravenous</i>	2	MO, HI
<i>gransetron hcl oral</i>	2	B/D PA, MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone- pramoxine rectal cream 1-1 %</i>	2	MO
INFLECTRA	5	PA, MO, HI
<i>lactulose oral packet</i>	2	
<i>lactulose oral solution</i>	2	MO
LINZESS	3	MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</i>	2	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	2	MO
<i>mesalamine rectal</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO, HI
<i>metoclopramide hcl injection syringe</i>	2	HI
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	2	MO
MOTEGRITY	4	MO, QL (30 per 30 days)
OCALIVA	5	MO, LA, QL (30 per 30 days)
<i>ondansetron hcl (pf)</i>	2	MO, HI
<i>ondansetron hcl intravenous</i>	2	MO, HI
<i>ondansetron hcl oral solution</i>	2	B/D PA, MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA, MO
<i>ondansetron oral tablet,disintegrating</i>	2	B/D PA, MO
OSMOPREP	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
palonosetron <i>intravenous solution</i> 0.25 mg/5 ml	2	MO
palonosetron <i>intravenous syringe</i>	2	
peg 3350-electrolytes <i>oral recon soln</i> 236-22.74-6.74 -5.86 gram	2	MO
peg3350-sod sul-nacl- kcl-asb-c	2	MO
peg-electrolyte	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
polyethylene glycol 3350 oral powder	2	MO
prochlorperazine	2	MO
prochlorperazine <i>edisylate injection</i> <i>solution 10 mg/2 ml</i> (5 mg/ml)	2	MO
prochlorperazine <i>edisylate injection</i> <i>solution 5 mg/ml</i>	2	
prochlorperazine <i>maleate oral</i>	1	MO
procto-med hc	2	MO
procto-pak	2	MO
proctosol hc topical	2	MO
protozone-hc	2	MO

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

Drug Name	Tier	Requirements/ Limits
RECTIV	4	MO
RELISTOR ORAL	5	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
scopolamine base	2	MO
SUCRAID	5	MO
sulfasalazine oral tablet	2	MO
sulfasalazine oral tablet,delayed release (dr/ec)	2	MO
SYNDROS	5	B/D PA, MO
trilyte with flavor packets	2	MO
trimethobenzamide oral	2	B/D PA, MO
UCERIS RECTAL	4	MO
ursodiol	2	MO
VARUBI ORAL	3	B/D PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**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	3	MO

**GASTROENTEROLOGY: ULCER
THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>amoxicil-clarithromy- lansopraz</i>	2	MO
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	ST, MO, QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	ST, MO, QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	ST, MO
<i>esomeprazole sodium</i>	2	HI
<i>famotidine (pf)</i>	2	MO, HI
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO, HI
<i>famotidine intravenous solution</i>	2	MO, HI
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	ST, MO, QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	ST, MO, QL (60 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	ST, MO, QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	ST, MO, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>misoprostol</i>	2	MO
<i>nizatidine</i>	2	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	MO, QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	5	ST, MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	5	ST, MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	5	ST, MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	5	ST, MO, QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO, HI
<i>pantoprazole oral granules dr for susp in packet</i>	2	ST, MO, QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO, QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO, QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	ST, MO, QL (60 per 30 days)
<i>ranitidine hcl oral syrup</i>	2	MO

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	5	PA, MO
ARCALYST	5	MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	MO, QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	MO, QL (4 per 28 days)
EGRIFTA SV	5	PA, MO
FULPHILA	5	MO, QL (1.2 per 30 days)
GRANIX	5	MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA, MO, LA
INTRON A INJECTION RECON SOLN	5	PA, MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	PA, MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	PA, MO
LEUKINE INJECTION RECON SOLN	5	MO, HI
MOZOBIL	5	MO
OMNITROPE	5	PA, MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	QL (2 per 28 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION	5	MO, QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO, QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO, QL (5 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	MO, QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE	5	MO, QL (1 per 28 days)
PROLEUKIN	5	PA, MO, HI
REBIF (WITH ALBUMIN)	5	MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	MO, QL (4.2 per 180 days)
REBIF TITRATION PACK	5	MO, QL (4.2 per 180 days)
REBLOZYL	5	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA, MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA, MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA, MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	MO
UDENYCA	5	MO, QL (1.2 per 30 days)
ZARXIO	5	MO
ZIEXTENZO	5	MO, QL (1.2 per 28 days)
ZORBTIVE	5	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 2020-21 (3YR UP)(PF)	MB	MO
AFLURIA QD 2020-21 (6-35MO)(PF)	MB	
AFLURIA QUAD 2020-2021(6MO UP)	MB	
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	4	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DYSPORT	4	PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
FLUAD 2020-2021 (65 YR UP)(PF)	MB	MO
FLUAD QUAD 2020-21(65Y UP) (PF)	MB	MO
FLUARIX QUAD 2020-2021 (PF)	MB	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
FLUBLOK QUAD 2020-2021 (PF)	MB	MO
FLUCELVAX QUAD 2020-2021	MB	
FLUCELVAX QUAD 2020-2021 (PF)	MB	MO
FLULALVAL QUAD 2020-2021 (PF)	MB	MO
FLUMIST QUAD 2020-2021	MB	
FLUZONE HIGHDOSE QUAD 20-21 PF	MB	MO
FLUZONE QUAD 2020-2021	MB	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION	MB	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	MB	MO
fomepizole	2	HI
GAMASTAN	3	MO
GAMASTAN S/D	3	
GAMMAGARD LIQUID	5	PA, MO, HI
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	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 %)	5	PA, MO, HI
GARDASIL 9 (PF)	1	MO
GRASTEK	4	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	MO
HIBERIX (PF)	1	MO
IMOVAX RABIES VACCINE (PF)	1	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	1	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	MO
IPOL	1	MO
IXIARO (PF)	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</i>	1	
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	MO
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PNEUMOVAX-23	MB	MO
PREVNAR 13 (PF)	MB	MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	MO
RABAVERT (PF)	1	MO
RAGWITEK	4	MO

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

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

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
TRUMENBA	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	MO
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA, MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA, MO
YF-VAX (PF)	1	MO
ZINPLAVA	5	PA, MO, HI
ZOSTAVAX (PF)	1	MO

**MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	HI
<i>aloprim</i>	2	HI
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	2	MO
KRYSTEXXA	4	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOFOROSIS THERAPY

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

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
ACTEMRA ACTPEN	5	PA, MO, QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA, MO, HI, QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA, MO, QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS	5	MO, HI
BENLYSTA SUBCUTANEOUS	5	MO
ENBREL MINI	5	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA, MO, QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA, MO, QL (8 per 28 days)
ENBREL SURECLICK	5	PA, MO, QL (8 per 28 days)
HUMIRA PEN	5	PA, MO, QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA, MO, QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA, MO, QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA, MO, QL (2 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA, MO, QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	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	5	PA, MO, QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA, MO, QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA, MO, QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA, MO, QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA, MO, QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA, MO, QL (4 per 28 days)
KEVZARA	5	PA, MO, QL (2.28 per 28 days)
KINERET <i>leflunomide</i>	5 2	PA, MO MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
ORENCIA (WITH MALTOSA)	5	PA, MO, HI, QL (4 per 28 days)
ORENCIA CLICKJECT	5	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ ML	5	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA, MO, QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA, MO, QL (2.8 per 28 days)
OTEZLA	5	PA, MO, QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA, MO, QL (54 per 28 days)
<i>penicillamine</i>	5	MO
RIDAURA	5	MO
RINVOQ	5	PA, MO, QL (30 per 30 days)
SIMPONI ARIA	5	PA, MO, HI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ ML	5	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days)
XELJANZ	5	PA, MO, QL (60 per 30 days)
XELJANZ XR	5	PA, MO, QL (30 per 30 days)

**OBSTETRICS / GYNECOLOGY:
ESTROGENS / PROGESTINS**

Drug Name	Tier	Requirements/ Limits
<i>amabelz</i>	2	MO
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
<i>dotti</i>	2	MO
<i>errin</i>	2	MO
<i>estradiol</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	MO
<i>fyavolv</i>	2	MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	2	MO
<i>lopreeza oral tablet 1-0.5 mg</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
<i>mimvey</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MO
<i>norlyda</i>	2	MO
PREMARIN INJECTION	4	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
<i>yuvafem</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>eluryng</i>	2	MO
<i>etonogestrel-ethynodiol estradiol</i>	2	MO
GYZNAZOLE-1	4	MO
LUPANETA PACK (1 MONTH)	5	MO
LUPANETA PACK (3 MONTH)	5	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO

**OBSTETRICS / GYNECOLOGY:
ORAL CONTRACEPTIVES /
RELATED AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>afirmelle</i>	2	MO
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>amethia lo</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aurovela 1.5/30 (21)</i>	2	MO
<i>aurovela 1/20 (21)</i>	2	MO
<i>aurovela 24 fe</i>	2	MO
<i>aurovela fe 1.5/30 (28)</i>	2	MO
<i>aurovela fe 1-20 (28)</i>	2	MO
<i>aviane</i>	2	MO
<i>ayuna</i>	2	
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese</i>	2	MO
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>charlotte 24 fe</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>chateal</i> (28)	2	
<i>chateal eq</i> (28)	2	MO
<i>cryselle</i> (28)	2	MO
<i>cyclafem</i> 1/35 (28)	2	MO
<i>cyclafem</i> 7/7/7 (28)	2	MO
<i>cyred</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta</i> 1/35 (28)	2	MO
<i>dasetta</i> 7/7/7 (28)	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e. estradiol</i>	2	MO
<i>drospirenone-e. estradiol-lm.fa</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
<i>ELLA</i>	3	
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina</i> (28)	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>gianvi</i> (28)	2	MO
<i>hailey</i>	2	MO
<i>hailey 24 fe</i>	2	MO
<i>hailey fe 1.5/30 (28)</i>	2	MO
<i>hailey fe 1/20 (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jaimiess</i>	2	MO
<i>jasmiel</i> (28)	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel</i> 1.5/30 (21)	2	MO
<i>junel</i> 1/20 (21)	2	MO
<i>junel fe</i> 1.5/30 (28)	2	MO
<i>junel fe</i> 1/20 (28)	2	MO
<i>junel fe</i> 24	2	MO
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i> (28)	2	MO
<i>kelnor</i> 1/35 (28)	2	MO
<i>kelnor</i> 1-50	2	MO
<i>kurvelo</i> (28)	2	MO
<i>I norgest/e.estradiol-e. estradiol</i>	2	MO
<i>larin</i> 1.5/30 (21)	2	MO
<i>larin</i> 1/20 (21)	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe</i> 1.5/30 (28)	2	MO
<i>larin fe</i> 1/20 (28)	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena</i> 28	2	MO
<i>lessina</i>	2	MO
<i>levonest</i> (28)	2	MO
<i>levonorgestrel-ethinyl estradiol</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
levonorg-eth estrad triphasic	2	MO
levora-28	2	MO
lillow (28)	2	MO
lojaimiess	2	MO
loryna (28)	2	MO
low-ogestrel (28)	2	MO
lo-zumandimine (28)	2	MO
lutera (28)	2	MO
marlissa (28)	2	MO
melodetta 24 fe	2	MO
mibelas 24 fe	2	MO
microgestin 1.5/30 (21)	2	MO
microgestin 1/20 (21)	2	MO
microgestin fe 1.5/30 (28)	2	MO
microgestin fe 1/20 (28)	2	MO
milil	2	MO
mono-linyah	2	MO
necon 0.5/35 (28)	2	MO
nikki (28)	2	MO
noreth-ethinyl estradiol-iron	2	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	2	MO

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

Drug Name	Tier	Requirements/ Limits
norethindrone-e. estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	MO
norethindrone-e. estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
norethindrone-e. estradiol-iron oral tablet, chewable	2	MO
norgestimate-ethinyl estradiol	2	MO
nortrel 0.5/35 (28)	2	MO
nortrel 1/35 (21)	2	MO
nortrel 1/35 (28)	2	MO
nortrel 7/7/7 (28)	2	MO
ocella	2	MO
orsythia	2	MO
philith	2	MO
pimtrea (28)	2	MO
pirmella	2	MO
portia 28	2	MO
previfem	2	MO
reclipsen (28)	2	MO
rivelsa	2	MO
setlakin	2	MO
simliya (28)	2	MO
simpesse	2	MO
sprintec (28)	2	MO
sronyx	2	MO
syeda	2	MO
tarina 24 fe	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-mili</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>volnea (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>vylibra</i>	2	MO
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

OBSTETRICS / GYNECOLOGY: OXYTOCICS

Drug Name	Tier	Requirements/ Limits
<i>methergine</i>	2	
<i>methylergonovine injection</i>	2	
<i>methylergonovine oral</i>	2	MO
<i>oxytocin injection solution</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OPHTHALMOLOGY: ANTIBIOTICS

Drug Name	Tier	Requirements/ Limits
<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
<i>NATACYN</i>	3	MO
<i>neomycin-bacitracin- polymyxin</i>	2	MO
<i>neomycin-polymyxin- gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf- trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>trifluridine</i>	2	MO
<i>ZIRGAN</i>	4	MO

OPHTHALMOLOGY: BETA-BLOCKERS

Drug Name	Tier	Requirements/ Limits
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

Drug Name	Tier	Requirements/Limits
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
LACRISERT	3	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA, MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	3	MO, QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO, QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Drug Name	Tier	Requirements/Limits
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

Drug Name	Tier	Requirements/Limits
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium</i>	2	MO, HI
<i>methazolamide</i>	2	MO

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

Drug Name	Tier	Requirements/Limits
<i>bimatoprost ophthalmic (eye)</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	2	MO
<i>miostat</i>	2	
<i>travoprost</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

Drug Name	Tier	Requirements/ Limits
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO

OPHTHALMOLOGY: STEROIDS

Drug Name	Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>FML S.O.P.</i>	3	MO
<i>loteprednol etabonate</i>	2	MO
<i>PRED MILD</i>	3	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO

OPHTHALMOLOGY: SYMPATHOMIMETICS

Drug Name	Tier	Requirements/ Limits
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	1	MO

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Drug Name	Tier	Requirements/ Limits
<i>adrenalin injection</i>	2	MO
<i>carbinoxamine maleate</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	2	MO
<i>ciproheptadine</i>	2	MO
<i>desloratadine oral tablet</i>	2	MO
<i>desloratadine oral tablet,disintegrating</i>	2	MO
<i>dexchlorpheniramine maleate oral solution</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO, HI
<i>diphenhydramine hcl injection syringe</i>	2	MO, HI
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN)	2	MO
<i>epinephrine injection solution 1 mg/ml</i>	2	
EPIPEN	3	MO
EPIPEN 2-PAK	3	MO
EPIPEN JR	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**RESPIRATORY AND ALLERGY:
ANTIHISTAMINE / ANTIALLERGENIC
AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
EPIPEN JR 2-PAK	3	MO
<i>hydroxyzine hcl intramuscular</i>	2	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	PA, MO
<i>hydroxyzine hcl oral tablet</i>	2	PA, MO
<i>hydroxyzine pamoate</i>	2	PA, MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO
<i>phenadot rectal suppository 25 mg</i>	2	MO
<i>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	MO
<i>promethegan</i>	2	MO

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	2	B/D PA, MO
ADEMPAS	5	PA, MO, LA
<i>advair diskus</i>	2	MO, QL (60 per 30 days)
ADVAIR HFA	4	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation</i>	2	MO, QL (25.5 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020503)</i>	2	MO, QL (20.1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA, MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	MO
<i>alyq</i>	5	PA, MO
<i>ambrisentan</i>	5	PA, MO, LA
<i>aminophylline intravenous</i>	2	HI
ANORO ELLIPTA	3	MO, QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO, QL (30 per 30 days)
ARNUTITY ELLIPTA	3	MO, QL (30 per 30 days)
ATROVENT HFA	3	MO, QL (25.8 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>azelastine-fluticasone</i>	2	MO
BEVESPI AEROSPHERE	3	MO, QL (10.7 per 30 days)
<i>bosentan</i>	5	PA, MO, LA
BROVANA	3	B/D PA, MO
<i>budesonide inhalation</i>	2	B/D PA, MO
CINRYZE	5	MO, HI
COMBIVENT RESPIMAT	3	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA, MO
DALIRESP	3	MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ ACTUATION, 200-5 MCG/ACTUATION	3	MO, QL (17.6 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ ACTUATION	3	MO, QL (13 per 30 days)
ESBRIET	5	PA, MO
FASENRA	5	PA, MO
FASENRA PEN	5	PA, MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ACTUATION	3	MO, QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	3	MO, QL (240 per 30 days)

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ ACTUATION	3	MO, QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	3	MO, QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	3	MO, QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO, QL (16 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	2	PA, MO, QL (60 per 30 days)
<i>icatibant</i>	5	MO
INCRUSE ELLIPTA	3	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA, MO
<i>ipratropium-albuterol</i>	2	B/D PA, MO
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA, MO, QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA, MO, QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA, MO, QL (60 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA, MO
<i>metaproterenol oral syrup</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>mometasone nasal</i>	2	MO, QL (34 per 30 days)
<i>montelukast</i>	2	MO
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA	5	PA, MO, LA
OFEV	5	PA, MO
OPSUMIT	5	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA, MO, QL (112 per 28 days)
PROAIR RESPICLICK	3	MO, QL (2 per 30 days)
pulmosal	MB	MO
PULMOZYME	5	B/D PA, MO
RUCONEST	5	MO, HI
SEREVENT DISKUS	3	MO, QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	5	PA, HI
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	5	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA, MO
<i>sodium chloride inhalation</i>	MB	MO
SPIRIVA RESPIMAT	3	MO, QL (4 per 30 days)
SPIRIVA WITH HANIDHALER	3	MO, QL (30 per 30 days)
STIOLTO RESPIMAT	3	MO, QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO, QL (4 per 30 days)
SYMBICORT	3	MO, QL (13.8 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA, MO, QL (56 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	5	PA, MO, QL (60 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA, MO
TAKHZYRO	5	MO, LA
<i>terbutaline</i>	2	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA, MO, LA
TRELEGY ELLIPTA	3	MO, QL (60 per 30 days)
TRIKAFFTA	5	PA, MO, QL (84 per 28 days)
TYVASO	5	B/D PA, MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA, MO
TYVASO STARTER KIT	5	B/D PA, MO
VENTAVIS	5	B/D PA, MO
wixela inhub	2	PA, MO, QL (60 per 30 days)
XOLAIR	5	PA, MO, LA
YUPELRI	5	B/D PA, MO, QL (90 per 30 days)
zafirlukast	2	MO
zileuton oral tablet, extended release 12hr mphase	5	MO

UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	2	MO
<i>flavoxate</i>	2	MO
<i>MYRBETRIQ</i>	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacina</i>	2	MO
<i>tolterodine oral capsule,extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
<i>trospium oral capsule, extended release 24hr</i>	2	MO
<i>trospium oral tablet</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Drug Name	Tier	Requirements/ Limits
alfuzosin oral tablet extended release 24 hr	2	MO
dutasteride	2	MO
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	2	MO
finasteride oral tablet 5 mg	2	MO
silodosin	2	MO
tamsulosin oral capsule,extended release 24hr	1	MO

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

Drug Name	Tier	Requirements/ Limits
albumin, human 25 %	2	
albuminar 25 %	2	MO
alburx (human) 25 %	2	MO
alburx (human) 5 %	2	
albutein 25 %	2	
albutein 5 %	2	
plasbumin 25 %	2	
plasbumin 5 %	2	

UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
alprostadiol	2	MO
bethanechol chloride	2	MO
CYSTAGON	3	MO, LA
ELMIRON	3	MO
glycine urologic	2	
glycine urologic solution	2	
potassium citrate oral tablet extended release	2	MO
PROCYSB1	5	MO
tadalafil oral tablet 2.5 mg, 5 mg	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(s) 6 and 7.

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

Drug Name	Tier	Requirements/ Limits
calcium acetate (phosphat bind)	2	MO
calcium chloride	2	
calcium gluconate intravenous	2	
effer-k oral tablet, effervescent 25 meq	1	MO
GLYCOPHOS	3	
klor-con 10 oral tablet extended release	1	MO
klor-con 20 meq packet	1	MO
klor-con 8 oral tablet extended release	1	MO
klor-con m10 oral tablet,er particles/ crystals	1	MO
klor-con m15 oral tablet,er particles/ crystals	1	MO
klor-con m20 oral tablet,er particles/ crystals	1	MO
klor-con/ef	1	MO
k-tab oral tablet extended release 8 meq	1	MO
lactated ringers intravenous	2	MO, HI
magnesium chloride injection	2	MO
magnesium sulfate in water intravenous parenteral solution	2	

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES (continued)

Drug Name	Tier	Requirements/ Limits
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	2	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	2	MO
magnesium sulfate injection solution	2	MO, HI
magnesium sulfate injection syringe	2	HI
NORMOSOL-R	4	MO
potassium acetate intravenous solution 2 meq/ml	2	
potassium chlorid- d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	2	HI
potassium chlorid- d5-0.45%nacl intravenous parenteral solution 20 meq/l	2	MO, HI
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	2	HI
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO, HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	HI
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	MO, HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml</i>	2	HI
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	HI
<i>potassium chloride intravenous</i>	2	MO, HI
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	2	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO, HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	HI
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl</i>	2	HI
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2	
<i>ringer's intravenous sodium acetate</i>	2	HI
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
sodium bicarbonate <i>intravenous syringe</i> 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	2	MO
sodium bicarbonate <i>intravenous syringe</i> 8.4 % (1 meq/ml)	2	
sodium chloride 0.45 % <i>intravenous</i> <i>parenteral solution</i>	2	MO, HI
sodium chloride 3 %	2	MO, HI
sodium chloride 5 %	2	MO, HI
sodium chloride <i>intravenous</i>	2	MO, HI
sodium phosphate	2	MO

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

Drug Name	Tier	Requirements/ Limits
AMINOSYN II 10 %	4	B/D PA, HI
AMINOSYN II 15 %	4	B/D PA, HI
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA, HI
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA, HI
CLINIMIX 4.25%/ D10W SULF FREE	4	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	4	B/D PA, HI
CLINIMIX E 4.25%/ D10W SUL FREE	4	B/D PA, HI
CLINIMIX E 4.25%/ D5W SULF FREE	4	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PA, HI
CLINISOL SF 15 %	4	B/D PA, MO, HI
CLINOLIPID	4	B/D PA
DOJOLVI	5	PA, MO
<i>electrolyte-48 in d5w</i>	2	
FREAMINE HBC 6.9 %	4	B/D PA, HI
<i>freamine iii</i> 10 %	2	B/D PA, HI
HEPATAMINE 8%	4	B/D PA, HI
<i>intralipid intravenous</i> <i>emulsion 20 %</i>	2	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA, HI
NEPHRAMINE 5.4 %	4	B/D PA, HI
NORMOSOL-M IN 5 % DEXTROSE	4	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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

Drug Name	Tier	Requirements/ Limits
NORMOSOL-R PH 7.4	4	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA, HI
<i>premasol 10 %</i>	2	B/D PA, MO, HI
PROCALAMINE 3%	4	B/D PA, HI
PROSOL 20 %	4	B/D PA, MO, HI
SMOFLIPID	4	B/D PA, HI
<i>travasol 10 %</i>	2	B/D PA, MO, HI
TROPHAMINE 10 %	4	B/D PA, MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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exoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	53	ERLEADA	23
exoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	53	erlotinib	23
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		ertapenem	15
		ERWINAZE	23
		ery pads	60
		ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	14

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erythromycin ethylsuccinate oral tablet.....	14	everolimus (immunosuppressive).....	24
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erythromycin oral.....	14	EVRYSDI.....	34
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esomeprazole magnesium oral granules dr for susp in packet.....	77		
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		famotidine intravenous solution.....	77
		famotidine oral suspension.....	77
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		FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG.....	44
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		FASLODEX.....	24
		fayosim.....	88
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		felodipine oral tablet extended release 24 hr.	50
		femynor.....	88
		fenofibrate micronized.....	55
		fenofibrate nanocrystallized oral tablet 145 mg, 48 mg.....	55
		FENOFIBRATE ORAL CAPSULE (BRAND).....	55
		fenofibrate oral tablet 120 mg, 40 mg, 54 mg	55
		fenofibrate oral tablet 160 mg (generic).....	55

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fenofibric acid (choline) oral capsule,delayed release(dr/ec).....	55	fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml.....	9
fenoprofen oral tablet.....	41	fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml.....	9
fentanyl citrate (pf) injection solution.....	37	flucytosine.....	9
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml).	37	fludarabine intravenous recon soln.....	24
fentanyl citrate buccal lozenge on a handle.	37	fludarabine intravenous solution.....	24
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr.....	38	fludrocortisone.....	67
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FETROJA.....	14	flunisolide nasal spray,non-aerosol 25 mcg (0.025 %).	95
FETZIMA.....	44	fluocinolone.....	62
finasteride oral tablet 5 mg.....	98	fluocinolone acetonide oil.....	67
FINTEPLA.....	30	fluocinolone and shower cap.....	62
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.	24	fluocinonide.....	62
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flavoxate.....	97	fluoride (sodium) dental cream.....	66
flecainide.....	48	fluoride (sodium) dental gel.....	66
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.....	95	fluoride (sodium) dental paste.....	66
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.....	95	fluoride (sodium) oral tablet.....	102
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION.....	95	fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride).	102
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION.....	95	fluorometholone.....	93
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		fluphenazine hcl.	44
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		flurazepam.....	45
		flurbiprofen oral tablet 100 mg.....	41
		flurbiprofen sodium.....	92

flutamide	24
fluticasone propion-salmeterol inhalation blister with device	95
fluticasone propionate nasal	95
fluticasone propionate topical	62
fluvastatin	55
fluvoxamine oral capsule,extended release 24hr.	45
fluvoxamine oral tablet	45
FLUZONE HIGHDOSE QUAD 20-21 PF	81
FLUZONE QUAD 2020-2021	81
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION	81
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	81
FML S.O.P.	93
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	24
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	24
fomepizole	81
fondaparinux subcutaneous syringe 10 mg/0.8 ml	54
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	54
fondaparinux subcutaneous syringe 5 mg/0.4 ml	54
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	54
FORFIVO XL	45
FORTEO	84
fosamprenavir	10
fosaprepitant	75
fosfomycin tromethamine	21
fosinopril	50
fosinopril-hydrochlorothiazide	50
fosphenytoin	30
FREAMINE HBC 6.9 %	101
freamine iii 10 %	101
frovatriptan	33
FULPHILA	79
fulvestrant	24
furosemide injection	50
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	50
furosemide oral tablet	50
FUZEON SUBCUTANEOUS RECON SOLN	10
fyavolv	86
FYCOMPA ORAL SUSPENSION	30
FYCOMPA ORAL TABLET	30

G

gabapentin oral capsule	30
gabapentin oral solution 250 mg/5 ml	30
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	30
gabapentin oral tablet 600 mg, 800 mg	30
GALAFOLD	72
galantamine oral capsule,ext rel. pellets 24 hr	34
galantamine oral solution	34
galantamine oral tablet	34
GAMASTAN	81
GAMASTAN S/D	81
GAMMAGARD LIQUID	81
GAMMAGARD S-D (IGA < 1 MCG/ML)	81
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	81
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 %)	81
ganciclovir sodium intravenous	10
ganciclovir sodium intravenous recon soln	10
GARDASIL 9 (PF)	81
gatifloxacin	91
GATTEX 30-VIAL	75
GATTEX ONE-VIAL	75
GAUZE PADS 2X2	69
gavilyte-c	75
gavilyte-g	75
gavilyte-n	75
GAVRETO	24
GAZYVA	24
gemcitabine intravenous recon soln 1 gram, 200 mg	24

gemcitabine intravenous recon soln 2 gram.	24
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml).	24
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml).	24
gemfibrozil.	55
generlac.	75
gengraf oral capsule 100 mg, 25 mg.	24
gengraf oral solution.	24
gentak ophthalmic (eye) ointment.	91
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml.	15
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml.	15
gentamicin injection solution 40 mg/ml.	15
gentamicin ophthalmic (eye) drops.	91
gentamicin sulfate (ped) (pf).	15
gentamicin topical.	61
GENVOYA.	10
gianvi (28).	88
GILENYA ORAL CAPSULE 0.5 MG.	34
GILOTrif.	24
GIVLAARI.	64
GLASSIA.	64
glatiramer subcutaneous syringe 20 mg/ml.	34
glatiramer subcutaneous syringe 40 mg/ml.	34
glatopa subcutaneous syringe 20 mg/ml.	34
glatopa subcutaneous syringe 40 mg/ml.	34
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG.	24
glimepiride.	69
glipizide oral tablet.	69
glipizide oral tablet extended release 24hr.	69
glipizide-metformin.	69
GLUCAGEN HYPOKIT.	69
GLUCAGON (HCL) EMERGENCY KIT.	69
GLUCAGON EMERGENCY KIT (HUMAN).	69
glyburide.	69
glyburide micronized.	69
glyburide-metformin.	69
glycine urologic.	98
glycine urologic solution.	98
GLYCOPHOS.	99
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml).	74
glycopyrrolate injection.	74
glycopyrrolate oral tablet 1 mg, 2 mg.	74
glycopyrrolate oral tablet 1.5 mg.	74
glydo.	58
granisetron (pf) intravenous solution 1 mg/ml (1 ml).	75
granisetron hcl intravenous.	75
granisetron hcl oral.	75
GRANIX.	79
GRASTEK.	81
griseofulvin microsize.	9
griseofulvin ultramicrosize.	9
guanfacine oral tablet.	50
guanfacine oral tablet extended release 24 hr	45
guanidine.	45
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hailey.	88
hailey 24 fe.	88
hailey fe 1.5/30 (28).	88
hailey fe 1/20 (28).	88
HALAVEN.	24
halcinonide.	62
halobetasol propionate topical cream.	62
halobetasol propionate topical ointment.	62
haloperidol.	45
haloperidol decanoate.	45
haloperidol lactate injection.	45
haloperidol lactate intramuscular.	45
haloperidol lactate oral.	45
HARVONI.	11
HAVRIX (PF) INTRAMUSCULAR SUSPENSION.	81
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.	81
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.	81
heather.	86
hep flush-10 (pf).	54

heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).....	54	HUMIRA PEN PSOR-UVEITS-ADOL HS.	84
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml).	54	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML.	84
heparin (porcine) in nacl (pf).....	54	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.	85
heparin (porcine) injection cartridge.....	54	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML.	85
heparin (porcine) injection solution.....	54	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.	85
heparin (porcine) injection syringe 5,000 unit/ml.	54	HUMIRA(CF) PEN CROHNS-UC-HS.	85
heparin flush(porcine)-0.9nacl.	54	HUMIRA(CF) PEN PSOR-UV-ADOL HS.	85
heparin lock flush.	54	HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML.	85
heparin lock flush (porcine) intravenous solution.	54	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML.	85
heparin lockflush(porcine)(pf).	54	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML.	85
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml.	54	HUMULIN 70/30 U-100 INSULIN.	69
heparin, porcine (pf) injection solution.	54	HUMULIN 70/30 U-100 KWIKPEN.	69
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml.	54	HUMULIN N NPH INSULIN KWIKPEN.	69
heparin, porcine (pf) intravenous syringe 1 unit/ml.	54	HUMULIN N NPH U-100 INSULIN.	69
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml.	54	HUMULIN R REGULAR U-100 INSULN.	69
HEPATAMINE 8%.	101	HUMULIN R U-500 (CONC) INSULIN.	69
HERCEPTIN HYLECTA.	24	HYALGAN.	41
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG.	24	HYCAMTIN ORAL.	24
HERZUMA.	24	hydralazine injection.	50
HETLIOZ.	45	hydralazine oral.	50
HIBERIX (PF).	81	hydrochlorothiazide.	51
hidex.	67	hydrocodone bitartrate.	38
HORIZANT.	34	hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml).	38
HUMALOG JUNIOR KWIKPEN U-100.	69	hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	38
HUMALOG KWIKPEN INSULIN.	69	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND).	38
HUMALOG MIX 50-50 INSULN U-100.	69	hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg.	38
HUMALOG MIX 50-50 KWIKPEN.	69	hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg.	38
HUMALOG MIX 75-25 KWIKPEN.	69	hydrocortisone butyr-emollient.	62
HUMALOG MIX 75-25(U-100)INSULN.	69	hydrocortisone butyrate.	62
HUMALOG U-100 INSULIN.	69	hydrocortisone oral.	67
HUMIRA PEN.	84		
HUMIRA PEN CROHNS-UC-HS START.	84		

hydrocortisone rectal.	75	ibuprofen-oxycodone.	38
hydrocortisone topical cream 1 %, 2.5 %.	62	ibutilide fumarate.	48
hydrocortisone topical cream with perineal applicator.	75	icatibant.	95
hydrocortisone topical lotion 2.5 %.	62	ICLUSIG.	24
hydrocortisone topical ointment 1 %, 2.5 %.	62	icosapent ethyl.	55
hydrocortisone valerate.	62	idarubicin.	24
hydrocortisone-acetic acid.	67	IDHIFA.	24
hydrocortisone-pramoxine rectal cream 1-1 %.	75	ifosfamide intravenous recon soln.	25
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml.	38	ifosfamide intravenous solution 1 gram/20 ml	25
hydromorphone (pf) injection solution 2 mg/ml.	38	ifosfamide intravenous solution 3 gram/60 ml	25
hydromorphone injection solution 1 mg/ml.	38	ILARIS (PF) SUBCUTANEOUS SOLUTION.	79
hydromorphone injection solution 2 mg/ml.	38	imatinib.	25
hydromorphone injection syringe 1 mg/ml, 4 mg/ml.	38	IMBRUVICA.	25
hydromorphone injection syringe 2 mg/ml.	38	IMFINZI.	25
hydromorphone oral liquid.	38	imipenem-cilastatin.	15
hydromorphone oral tablet.	38	imipramine hcl.	45
hydromorphone oral tablet extended release hr 12 mg, 16 mg, 8 mg.	38	imipramine pamoate.	45
hydromorphone oral tablet extended release hr 32 mg.	38	imiquimod topical cream in packet.	58
hydroxychloroquine.	15	IMOVAZ RABIES VACCINE (PF).	81
hydroxyprogesterone caproate.	86	IMPAVIDO.	15
hydroxyurea.	24	INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE.	32
hydroxyzine hcl intramuscular.	94	incassia.	86
hydroxyzine hcl oral solution 10 mg/5 ml.	94	INCRELEX.	64
hydroxyzine hcl oral tablet.	94	INCRUSE ELLIPTA.	95
hydroxyzine pamoate.	94	indapamide.	51
HYMOVIS.	41	indomethacin oral capsule.	41
		indomethacin oral capsule, extended release	41
		indomethacin sodium.	41
		INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION.	81
		INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE.	81
		INFLECTRA.	75
		INFUGEM.	25
		INGREZZA.	34
		INGREZZA INITIATION PACK.	35
		INLYTA.	25
		INPEN (FOR HUMALOG).	69
		INQOVI.	25
		INREBIC.	25
		INSULIN PEN NEEDLE.	69

INSULIN SYRINGE (DISP) U-100 0.3 ML . . .	69
INSULIN SYRINGE (DISP) U-100 1 ML . . .	70
INSULIN SYRINGE (DISP) U-100 1/2 ML . . .	70
INTELENCE ORAL TABLET 100 MG, 200 MG	11
INTELENCE ORAL TABLET 25 MG	11
intralipid intravenous emulsion 20 %	101
INTRALIPID INTRAVENOUS EMULSION 30 %	101
INTRON A INJECTION RECON SOLN	79
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	79
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	79
introvale	88
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	45
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	45
INVEGA TRINZA	45
INVIRASE ORAL TABLET	11
INVOKAMET	70
INVOKAMET XR	70
INVOKANA	70
IPOL	81
ipratropium bromide inhalation	95
ipratropium bromide nasal spray,non-aerosol 0.03 %	66
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	66
ipratropium-albuterol	95
irbesartan	51
irbesartan-hydrochlorothiazide	51
IRESSA	25
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	25
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	25
ISENTRESS HD	11
ISENTRESS ORAL POWDER IN PACKET	11
ISENTRESS ORAL TABLET	11
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	11

ISENTRESS ORAL TABLET,CHEWABLE 25 MG	11
isibloom	88
isoniazid injection	16
isoniazid oral	16
isoproterenol hcl	57
isosorbide dinitrate oral tablet	57
isosorbide mononitrate oral tablet	57
isosorbide mononitrate oral tablet extended release 24 hr	57
isotretinoin	60
isradipine	51
ISTODAX	25
ISTURISA	72
itraconazole oral capsule	9
itraconazole oral solution	9
ivermectin oral	16
IXEMPRA	25
IXIARO (PF)	81

J

JADENU SPRINKLE	64
jaimiess	88
JAKAFI	25
jantoven	54
JANUMET	70
JANUMET XR	70
JANUVIA	70
JARDIANCE	70
jasmiel (28)	88
jencycla	86
JEVTANA	25
jintel	86
jolessa	88
juleber	88
JULUCA	11
junel 1.5/30 (21)	88
junel 1/20 (21)	88
junel fe 1.5/30 (28)	88
junel fe 1/20 (28)	88
junel fe 24	88
JUXTAPID	55

JYNARQUE ORAL TABLET	72	KINRIX (PF) INTRAMUSCULAR SUSPENSION	82	
JYNARQUE ORAL TABLETS, SEQUENTIAL	72	KINRIX (PF) INTRAMUSCULAR SYRINGE	82	
K				
k-tab oral tablet extended release 8 meq	99	kionex (with sorbitol) oral suspension	64	
KADCYLA	25	KISQALI	25	
kaitlib fe	88	KISQALI FEMARA CO-PACK	25	
KALETRA ORAL TABLET 100-25 MG	11	klor-con 10 oral tablet extended release	99	
KALETRA ORAL TABLET 200-50 MG	11	klor-con 20 meq packet	99	
kalliga	88	klor-con 8 oral tablet extended release	99	
KALYDECO ORAL GRANULES IN PACKET 25 MG	95	klor-con m10 oral tablet,er particles/crystals	99	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	95	klor-con m15 oral tablet,er particles/crystals	99	
KALYDECO ORAL TABLET	95	klor-con m20 oral tablet,er particles/crystals	99	
KANJINTI	25	klor-con/ef	99	
KANUMA	72	KORLYM	72	
kariva (28)	88	KOSELUGO	25	
kelnor 1-50	88	KRYSTEXXA	83	
kelnor 1/35 (28)	88	kurvelo (28)	88	
KEPIVANCE	21	KUVAN	72	
KESIMPTA PEN	35	KYPROLIS	25	
ketoconazole oral	9			
ketoconazole topical	61			
ketodan	61			
ketoprofen oral capsule 25 mg	41			
ketoprofen oral capsule 50 mg, 75 mg	41			
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	41			
ketorolac injection cartridge 30 mg/ml	41			
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	41			
ketorolac injection syringe 15 mg/ml	41			
ketorolac injection syringe 30 mg/ml	41			
ketorolac intramuscular cartridge	41			
ketorolac intramuscular solution	42			
ketorolac intramuscular syringe	42			
ketorolac ophthalmic (eye)	92			
ketorolac oral	42			
KEVEYIS	35			
KEVZARA	85			
KEYTRUDA INTRAVENOUS SOLUTION	25			
KINERET	85			
L				
I norgest/e.estradiol-e.estrad	88			
labetalol intravenous solution	51			
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	51			
labetalol oral	51			
LACRISERT	92			
lactated ringers intravenous	99			
lactated ringers irrigation	63			
lactulose oral packet	75			
lactulose oral solution	75			
lamivudine	11			
lamivudine-zidovudine	11			
lamotrigine oral tablet	30			
lamotrigine oral tablet disintegrating, dose pk	30			
lamotrigine oral tablet extended release 24hr	30			
lamotrigine oral tablet, chewable dispersible.	30			
lamotrigine oral tablet,disintegrating	30			
lamotrigine oral tablets,dose pack	30			
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	77			
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	77			

lansoprazole oral tablet,disintegrat, delay rel 15 mg.....	77	levetiracetam oral tablet extended release 24 hr.....	30
lansoprazole oral tablet,disintegrat, delay rel 30 mg.....	77	levo-t.....	73
lanthanum oral tablet,chewable.....	64	levobunolol ophthalmic (eye) drops 0.5 %.....	91
LANTUS SOLOSTAR U-100 INSULIN.....	70	levocarnitine (with sugar).....	64
LANTUS U-100 INSULIN.....	70	levocarnitine oral solution 100 mg/ml.....	64
lapatinib.....	25	levocarnitine oral tablet.....	64
larin 1.5/30 (21).....	88	levocetirizine oral solution.....	94
larin 1/20 (21).....	88	levocetirizine oral tablet.....	94
larin 24 fe.....	88	levofloxacin in d5w intravenous piggyback 250 mg/50 ml.....	19
larin fe 1.5/30 (28).....	88	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml.....	19
larin fe 1/20 (28).....	88	levofloxacin intravenous.....	19
larissia.....	88	levofloxacin ophthalmic (eye).....	91
latanoprost.....	92	levofloxacin oral.....	19
LATUDA.....	45	levoleucovorin calcium intravenous recon soln 50 mg.....	21
layolis fe.....	88	levoleucovorin calcium intravenous solution.....	21
leena 28.....	88	levonest (28).....	88
leflunomide.....	85	levonorg-eth estrad triphasic.....	89
LEMTRADA.....	35	levonorgestrel-ethinyl estrad.....	88
LENVIMA.....	25	levora-28.....	89
lessina.....	88	levorphanol tartrate oral tablet 2 mg.....	38
letrozole.....	25	LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND).....	38
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg.....	21	levothyroxine intravenous recon soln.....	73
leucovorin calcium injection recon soln 500 mg.....	21	levothyroxine oral.....	73
leucovorin calcium injection solution.....	21	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.....	73
leucovorin calcium oral.....	21	LEXIVA ORAL SUSPENSION.....	11
LEUKERAN.....	25	LIBTAYO.....	25
LEUKINE INJECTION RECON SOLN.....	79	lidocaine (pf) in d7.5w.....	48
leuprolide subcutaneous kit.....	25	lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %).....	58
levalbuterol hcl.....	95	lidocaine (pf) injection solution 15 mg/ml (1.5 %).....	58
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml.....	30	lidocaine (pf) intravenous solution.....	48
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml.....	30	lidocaine (pf) intravenous syringe.....	48
levetiracetam intravenous.....	30	lidocaine hcl injection solution.....	58
levetiracetam oral solution 100 mg/ml.....	30	lidocaine hcl laryngotracheal.....	58
levetiracetam oral solution 500 mg/5 ml (5 ml).....	30	lidocaine hcl mucous membrane jelly.....	59
levetiracetam oral tablet.....	30		

lidocaine hcl mucous membrane jelly in applicator	59	lorazepam intensol	45
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	59	lorazepam oral concentrate	45
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	48	lorazepam oral tablet	45
lidocaine topical adhesive patch,medicated 5 %	59	LORBRENA	25
lidocaine topical ointment	59	loracet hd	38
lidocaine viscous	59	loryna (28)	89
lidocaine-epinephrine (pf)	59	losartan	51
lidocaine-epinephrine injection solution 0.5 %-1:200,000	59	losartan-hydrochlorothiazide	51
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000	59	loteprednol etabonate	93
lidocaine-prilocaine topical cream	59	lovastatin	56
lillow (28)	89	low-ogestrel (28)	89
lincomycin	16	loxapine succinate	45
lindane topical shampoo	63	LUCEMYRA	42
linezolid in dextrose 5%	16	LULICONAZOLE	61
linezolid oral suspension for reconstitution	16	LUMOXITI	25
linezolid oral tablet	16	LUPANETA PACK (1 MONTH)	87
linezolid-0.9% sodium chloride	16	LUPANETA PACK (3 MONTH)	87
LINZESS	75	LUPRON DEPOT	25
liothyronine intravenous	73	LUPRON DEPOT (3 MONTH)	25
liothyronine oral	73	LUPRON DEPOT (4 MONTH)	25
lisinopril	51	LUPRON DEPOT (6 MONTH)	25
lisinopril-hydrochlorothiazide	51	LUPRON DEPOT-PED	25
lithium carbonate oral capsule	45	LUPRON DEPOT-PED (3 MONTH)	25
lithium carbonate oral tablet	45	lulera (28)	89
lithium carbonate oral tablet extended release	45	LUZU	61
lithium citrate oral solution 8 meq/5 ml	45	LYNPARZA ORAL TABLET	25
lo-zumandimine (28)	89	LYSODREN	25
lojaimiess	89	lyza	86
LONSURF	25		
loperamide oral capsule	74	M	
lopinavir-ritonavir	11	M-M-R II (PF)	82
lopreeza oral tablet 1-0.5 mg	86	mafenide acetate	61
lorazepam injection solution	45	magnesium chloride injection	99
lorazepam injection syringe 2 mg/ml	45	magnesium sulfate in water intravenous parenteral solution	99
lorazepam injection syringe 4 mg/ml	45	magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	99
		magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	99
		magnesium sulfate injection solution	99
		magnesium sulfate injection syringe	99
		malathion	63

mannitol 20 %.....	51	MEPSEVII.....	72
mannitol 25 % intravenous solution.....	51	mercaptopurine.....	26
maprotiline.....	45	meropenem.....	16
marlissa (28).....	89	mesalamine.....	75
MARPLAN.....	45	mesalamine oral tablet,delayed release (dr/ec).....	75
MATULANE.....	25	mesalamine rectal.....	75
matzim la oral tablet extended release 24 hr.	51	mesna.....	21
MAVENCLAD (10 TABLET PACK).....	35	MESNEX ORAL.....	21
MAVENCLAD (4 TABLET PACK).....	35	metaproterenol oral syrup.....	95
MAVENCLAD (5 TABLET PACK).....	35	metaxall.....	36
MAVENCLAD (6 TABLET PACK).....	35	metaxalone.....	36
MAVENCLAD (7 TABLET PACK).....	35	metformin oral solution.....	70
MAVENCLAD (8 TABLET PACK).....	35	metformin oral tablet.....	70
MAVENCLAD (9 TABLET PACK).....	35	metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR).....	70
MAVYRET.....	11	methadone injection solution.....	39
MAYZENT.....	35	methadone intensol.....	39
meclizine oral tablet 12.5 mg, 25 mg.....	75	methadone oral concentrate.....	39
meclofenamate.....	42	methadone oral solution.....	39
medroxyprogesterone.....	86	methadone oral tablet.....	39
mefenamic acid.....	42	methadose oral concentrate.....	39
mefloquine.....	16	methamphetamine.....	45
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml).....	25	methazolamide.....	92
megestrol oral tablet.....	25	methenamine hippurate.....	21
MEKINIST.....	25	methenamine mandelate.....	21
MEKTOVI.....	26	methergine.....	90
melodetta 24 fe.....	89	methimazole oral tablet 10 mg, 5 mg.....	68
meloxicam oral tablet.....	42	METHITEST.....	72
melphalan.....	26	methocarbamol injection.....	36
melphalan hcl.....	26	methocarbamol oral.....	36
memantine oral capsule,sprinkle,er 24hr.....	35	methotrexate sodium (pf) injection recon soln	26
memantine oral solution.....	35	methotrexate sodium (pf) injection solution..	26
memantine oral tablet.....	35	methotrexate sodium injection.....	26
MENACTRA (PF) INTRAMUSCULAR SOLUTION.....	82	methotrexate sodium oral.....	26
menquadfi (pf).....	82	methoxsalen.....	59
MENVEO A-C-Y-W-135-DIP (PF).....	82	methscopolamine.....	74
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml.....	38	methyldopa.....	51
meperidine (pf) injection solution 25 mg/ml..	39	methyldopa-hydrochlorothiazide.....	51
meperidine oral.....	39	methylergonovine injection.....	90
meprobamate.....	36	methylergonovine oral.....	90

methylphenidate hcl oral cap,er sprinkle, biphasic 40-60.....	45	metro i.v.....	16
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg.....	45	metronidazole in nacl (iso-os).....	16
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg.....	45	metronidazole oral.....	16
methylphenidate hcl oral capsule,er biphasic 50- 50.....	46	metronidazole topical.....	60
methylphenidate hcl oral solution.....	46	metronidazole vaginal.....	87
methylphenidate hcl oral tablet.....	46	metyrosine.....	51
methylphenidate hcl oral tablet extended release 10 mg.....	46	mexiletine.....	48
methylphenidate hcl oral tablet extended release 20 mg.....	46	MIACALCIN INJECTION.....	72
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating).....	46	mibelas 24 fe.....	89
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.....	46	micafungin.....	9
methylphenidate hcl oral tablet extended release 24hr 36 mg.....	46	miconazole-3 vaginal suppository.....	87
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating).....	46	microgestin 1.5/30 (21).....	89
methylphenidate hcl oral tablet,chewable... .	46	microgestin 1/20 (21).....	89
methylprednisolone acetate.....	67	microgestin fe 1.5/30 (28).....	89
methylprednisolone oral tablet.....	67	microgestin fe 1/20 (28).....	89
methylprednisolone oral tablets,dose pack.. .	67	midazolam (pf) injection.....	46
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.....	67	midazolam injection.....	46
methylprednisolone sodium succ intravenous recon soln 1,000 mg.....	68	midazolam oral syrup 2 mg/ml.....	46
methylprednisolone sodium succ intravenous recon soln 500 mg.....	68	midodrine.....	64
methyltestosterone oral capsule.....	72	migergot.....	33
metoclopramide hcl injection solution.....	75	milglitol.....	70
metoclopramide hcl injection syringe.....	75	milglustat.....	72
metoclopramide hcl oral solution.....	75	milli.....	89
metoclopramide hcl oral tablet.....	75	millipred oral tablet.....	68
metoclopramide hcl oral tablet,disintegrating	75	milrinone.....	57
metolazone.....	51	milrinone in 5 % dextrose.....	57
metoprolol succinate oral tablet extended release 24 hr.....	51	mimvey.....	86
metoprolol ta-hydrochlorothiaz.....	51	minocycline oral capsule.....	20
metoprolol tartrate intravenous solution.....	51	minocycline oral tablet.....	20
metoprolol tartrate oral tablet.....	51	minocycline oral tablet extended release 24 hr 105 mg, 55 mg, 65 mg, 80 mg.....	20
		minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 90 mg.....	20
		minoxidil oral.....	51
		miostat.....	92
		mirtazapine oral tablet.....	46
		mirtazapine oral tablet,disintegrating.....	46
		misoprostol.....	78
		mitomycin intravenous recon soln 20 mg, 5 mg.....	26
		mitomycin intravenous recon soln 40 mg... .	26
		mitoxantrone.....	26

modafinil.....	46	mupirocin.....	61
moexipril.....	51	mupirocin calcium.....	61
molindone.....	46	MVASI.....	26
mometasone nasal.....	96	MYALEPT.....	72
mometasone topical.....	62	MYCAPSSA.....	26
monodoxine nl oral capsule 100 mg, 75 mg..	20	mycophenolate mofetil (hcl).....	26
MONJUVI.....	26	mycophenolate mofetil oral capsule.....	26
mono-linyah.....	89	mycophenolate mofetil oral suspension for reconstitution.....	26
monoject 0.9% sodium chloride.....	64	mycophenolate mofetil oral tablet.....	26
monoject prefill advanced ns.....	64	mycophenolate sodium oral tablet,delayed release (dr/ec).....	26
montelukast.....	96	MYLERAN.....	26
morgidox.....	20	MYLOTARG.....	26
morphine (pf) injection solution 0.5 mg/ml..	39	myorisan.....	60
morphine (pf) injection solution 1 mg/ml..	39	MYRBETRIQ.....	97
morphine concentrate oral solution.....	39	MYTESI.....	74
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND).....	39		
morphine injection solution 8 mg/ml.....	39		
morphine injection syringe 10 mg/ml, 4 mg/ml.....	39		
MORPHINE INJECTION SYRINGE 2 MG/ML.....	39		
morphine injection syringe 5 mg/ml, 8 mg/ml	39		
morphine intravenous solution 10 mg/ml....	39		
MORPHINE INTRAVENOUS SOLUTION 4 MG/ ML, 8 MG/ML (BRAND).....	39		
MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND).....	39		
morphine intravenous syringe 2 mg/ml, 4 mg/ml.....	39		
morphine oral capsule, er multiphase 24 hr..	39		
morphine oral capsule,extend.release pellets	39		
morphine oral solution.....	39		
morphine oral tablet.....	39		
morphine oral tablet extended release.....	39		
MOTEGRITY.....	75		
moxifloxacin ophthalmic (eye).....	91		
moxifloxacin oral.....	19		
moxifloxacin-sod.chloride(iso).....	19		
MOZOBIL.....	79		
MULPLETA.....	54		
MULTAQ.....	48		
		N	
nabumetone.....	42		
nadolol.....	51		
nadolol-bendroflumethiazide oral tablet 80-5 mg.....	51		
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml.....	18		
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml.....	18		
nafcillin injection recon soln 1 gram, 2 gram.	18		
nafcillin injection recon soln 10 gram.....	18		
nafcillin intravenous.....	18		
naftifine.....	61		
NAGLAZYME.....	72		
nalbuphine.....	42		
naloxone injection solution.....	42		
naloxone injection syringe.....	42		
naltrexone.....	42		
naproxen oral suspension.....	42		
naproxen oral tablet.....	42		
naproxen oral tablet,delayed release (dr/ec).	42		
naproxen sodium oral tablet 275 mg, 550 mg	42		
naproxen sodium oral tablet, er multiphase 24 hr.....	42		
naratriptan.....	33		

NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	42	NICOTROL NS.	66
NATACYN	91	nifedipine oral capsule	51
nateglinide	70	nifedipine oral tablet extended release	51
NATPARA	72	nifedipine oral tablet extended release 24hr.	51
NAYZILAM	30	nikki (28)	89
NEBUPENT	16	nilutamide	26
nebusal inhalation solution for nebulization 3 %	96	nimodipine	51
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	96	NINLARO	26
necon 0.5/35 (28)	89	nisoldipine oral tablet extended release 24 hr	51
NEEDLES, INSULIN DISP., SAFETY	70	nitisinone	64
nefazodone	46	nitro-bid	57
neo-polycin	91	nitrofurantoin	21
neo-polycin hc	93	nitrofurantoin macrocrystal	21
neomycin	16	nitrofurantoin monohyd/m-cryst	21
neomycin-bacitracin-poly-hc	93	nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	57
neomycin-bacitracin-polymyxin	91	nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	57
neomycin-polymyxin b gu	63	nitroglycerin intravenous	57
neomycin-polymyxin b-dexameth	93	nitroglycerin sublingual	57
neomycin-polymyxin-gramicidin	91	nitroglycerin transdermal patch 24 hour	57
neomycin-polymyxin-hc ophthalmic (eye)	93	nitroglycerin translingual spray, non-aerosol	57
neomycin-polymyxin-hc otic (ear)	67	NITYR	64
neostigmine methylsulfate intravenous solution 0.5 mg/ml	36	nizatidine	78
neostigmine methylsulfate intravenous solution 1 mg/ml	36	nolix	62
NEPHRAMINE 5.4 %	101	nora-be	86
NERLYNX	26	norepinephrine bitartrate	57
neuac	60	noreth-ethinyl estradiol-iron	89
NEUPRO	32	norethindrone (contraceptive)	86
nevirapine oral suspension	11	norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	86
nevirapine oral tablet	11	norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	89
nevirapine oral tablet extended release 24 hr	11	norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	89
NEXAVAR	26	norethindrone acetate	86
NEXLETOL	56	norethindrone-e.estradol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	89
NEXLIZET	56	norethindrone-e.estradol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	89
niacin oral tablet 500 mg	56	norethindrone-e.estradol-iron oral tablet, chewable	89
niacin oral tablet extended release 24 hr	56	norgestimate-ethinyl estradiol	89
nicardipine intravenous solution	51		
nicardipine oral	51		
NICOTROL	66		

norlyda	86
normal saline flush	64
NORMOSOL-M IN 5 % DEXTROSE	101
NORMOSOL-R	99
NORMOSOL-R PH 7.4	102
NORTHERA	64
nortrel 0.5/35 (28)	89
nortrel 1/35 (21)	89
nortrel 1/35 (28)	89
nortrel 7/7/7 (28)	89
nortriptyline	46
NORVIR ORAL POWDER IN PACKET	11
NORVIR ORAL SOLUTION	11
NOURIANZ	32
NOVAREL	72
NOXAFIL INTRAVENOUS	9
NOXAFIL ORAL SUSPENSION	9
np thyroid	73
NPLATE	54
NUBEQA	26
NUCALA	96
NUEDEXTA	35
NULOJIX	26
NUPLAZID ORAL CAPSULE	46
NUPLAZID ORAL TABLET 10 MG	46
NURTEC ODT	33
NUZYRA INTRAVENOUS	21
NUZYRA ORAL	21
nyamyc	61
nystatin oral suspension	9
nystatin oral tablet	9
nystatin topical	61
nystatin-triamcinolone	61
nystop	61
O	
OCALIVA	75
ocella	89
OCREVUS	35
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	26
octreotide acetate injection 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	26
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	26
octreotide acetate injection syringe 500 mcg/ml (1 ml)	26
ODEFSEY	11
ODOMZO	26
OFEV	96
ofloxacin ophthalmic (eye)	91
ofloxacin oral tablet 300 mg	19
ofloxacin oral tablet 400 mg	19
ofloxacin otic (ear)	67
OGIVRI	26
olanzapine intramuscular recon soln	46
olanzapine oral tablet	46
olanzapine oral tablet,disintegrating	46
olanzapine-fluoxetine	46
olmesartan	51
olmesartan-amlodipin-hcthiazid	51
olmesartan-hydrochlorothiazide	51
olopatadine nasal	66
olopatadine ophthalmic (eye)	92
omega-3 acid ethyl esters	56
omeprazole oral capsule,delayed release(dr/ec) 10 mg	78
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	78
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	78
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	78
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	78
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	78
OMNITROPE	79
ONCASPAR	26
ondansetron hcl (pf)	75
ondansetron hcl intravenous	75
ondansetron hcl oral solution	75
ondansetron hcl oral tablet 24 mg	75
ondansetron hcl oral tablet 4 mg, 8 mg	75
ondansetron oral tablet,disintegrating	75

ONETOUCH BLOOD GLUCOSE METERS.	70	OTEZLA.	85
ONETOUCH ULTRA BLUE TEST STRIP.	70	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	85
ONETOUCH VERO TEST STRIP.	70	oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml.	18
ONIVYDE.	26	oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml.	18
ONPATTRO.	35	oxacillin injection recon soln 1 gram.	18
ONTRUZANT.	26	oxacillin injection recon soln 10 gram.	18
ONUREG.	26	oxacillin injection recon soln 2 gram.	18
OPDIVO.	26	oxaliplatin intravenous recon soln 100 mg.	26
opium tincture.	74	oxaliplatin intravenous recon soln 50 mg.	26
OPSUMIT.	96	oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml).	27
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY.	82	oxaliplatin intravenous solution 200 mg/40 ml	27
oralone.	66	oxandrolone oral tablet 10 mg.	72
ORBACTIV.	16	oxandrolone oral tablet 2.5 mg.	72
ORENCIA (WITH MALTOSE).	85	oxaprozin.	42
ORENCIA CLICKJECT.	85	oxazepam.	46
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML.	85	OXBRYTA.	64
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML.	85	oxcarbazepine.	30
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML.	85	OXERVATE.	92
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG.	51	oxiconazole.	61
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG.	52	OXTELLAR XR.	30
ORFADIN ORAL CAPSULE 20 MG.	64	oxybutynin chloride oral syrup.	97
ORFADIN ORAL SUSPENSION.	64	oxybutynin chloride oral tablet.	97
ORKAMBI ORAL GRANULES IN PACKET.	96	oxybutynin chloride oral tablet extended release 24hr.	97
ORKAMBI ORAL TABLET.	96	oxycodone oral capsule.	39
orphenadrine citrate injection.	36	oxycodone oral concentrate.	39
orphenadrine citrate oral tablet extended release.	36	oxycodone oral solution.	39
orphenadrine-asa-caffeine oral tablet 50-770-60 mg.	36	oxycodone oral tablet.	40
orphengesic forte.	36	OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND).	40
orsythia.	89	OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 15 MG, 30 MG, 60 MG (BRAND).	40
oseltamivir oral capsule 30 mg.	11	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.	40
oseltamivir oral capsule 45 mg, 75 mg.	11	oxycodone-acetaminophen oral tablet 2.5-300 mg.	40
oseltamivir oral suspension for reconstitution	11	oxycodone-aspirin.	40
osmitrol 15 %.	52		
osmitrol 20 %.	52		
OSMOPREP.	75		

OXYCONTIN ORAL TABLET,ORAL ONLY,EXT. REL.12 HR.....	40	paroxetine hcl oral tablet extended release 24 hr.....	46
oxymorphone oral tablet.....	40	paroxetine mesylate(menop.sym).....	46
oxymorphone oral tablet extended release 12 hr.....	40	PARSABIV.....	72
oxytocin injection solution.....	90	PASER.....	16
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML).....	70	PAXIL ORAL SUSPENSION.....	47
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML).....	70	PEDIARIX (PF).....	82
 P		PEDVAX HIB (PF).....	82
pacerone oral tablet 100 mg, 200 mg, 400 mg.....	48	peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram.....	76
paclitaxel.....	27	peg-electrolyte.....	76
PADCEV.....	27	peg3350-sod sul-nacl-kcl-asb-c.....	76
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg.....	46	PEGANONE.....	30
paliperidone oral tablet extended release 24hr 9 mg.....	46	PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML.....	79
palonosetron intravenous solution 0.25 mg/5 ml.....	76	PEGASYS SUBCUTANEOUS SOLUTION.....	79
palonosetron intravenous syringe.....	76	PEGASYS SUBCUTANEOUS SYRINGE.....	79
PALYNZIQ.....	72	PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML.....	79
pamidronate.....	72	PEMAZYRE.....	27
PANRETIN.....	59	penicillamine.....	85
pantoprazole intravenous.....	78	penicillin g potassium injection recon soln 20 million unit.....	19
pantoprazole oral granules dr for susp in packet.....	78	penicillin g potassium injection recon soln 5 million unit.....	19
pantoprazole oral tablet,delayed release (dr/ec) 20 mg.....	78	penicillin g procaine.....	19
pantoprazole oral tablet,delayed release (dr/ec) 40 mg.....	78	penicillin g sodium.....	19
paraplatin.....	27	penicillin v potassium.....	19
PARICALCITOL HEMODIALYSIS PORT INJECTION.....	72	PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML.....	82
paricalcitol intravenous.....	72	PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML.....	82
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML (BRAND).....	72	pentamidine inhalation.....	16
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (BRAND).....	72	pentamidine injection.....	16
paricalcitol oral.....	72	PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG.....	76
paroex oral rinse.....	66	PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG.....	76
paromomycin.....	16	pentazocine-naloxone.....	42
paroxetine hcl oral tablet.....	46	pentobarbital sodium injection solution.....	47

permethrin topical cream.....	63	plasbumin 5 %.....	98
perphenazine.....	47	plasmanate.....	102
perphenazine-amitriptyline.....	47	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML.....	79
PERSERIS.....	47	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.....	79
pfiberpen-g.....	19	PLEGRIDY SUBCUTANEOUS SYRINGE.....	79
phenadox rectal suppository 25 mg.....	94	plenamine.....	102
phenelzine.....	47	PNEUMOVAX-23.....	82
phenobarbital.....	30	podofilox.....	59
phenobarbital sodium injection solution 130 mg/ml.....	31	POLIVY.....	27
phenobarbital sodium injection solution 65 mg/ml.....	31	polocaine injection solution 1 % (10 mg/ml). .	59
phenoxybenzamine.....	52	polocaine-mpf.....	59
phentolamine injection recon soln.....	52	polycin.....	91
phenytoin oral suspension 100 mg/4 ml.....	31	Polyethylene glycol 3350 oral powder.....	76
phenytoin oral suspension 125 mg/5 ml.....	31	polymyxin b sulf-trimethoprim.....	91
phenytoin oral tablet,chewable.....	31	polymyxin b sulfate.....	16
phenytoin sodium extended.....	31	POMALYST.....	27
phenytoin sodium intravenous solution.....	31	portia 28.....	89
PHESGO.....	27	PORTRAZZA.....	27
philith.....	89	posaconazole oral tablet,delayed release (dr/ec).....	9
PHOSPHOLINE IODIDE.....	92	potassium acetate intravenous solution 2 meq/ml.....	99
PIFELTRO.....	11	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.....	99
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %.....	92	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l.....	99
pilocarpine hcl oral.....	64	potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.....	99
pimecrolimus.....	59	potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l.....	99
pimozide.....	47	potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l.....	100
pimtrea (28).....	89	potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l.....	100
pindolol.....	52	potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l.....	100
pioglitazone.....	70	potassium chloride in water intravenous piggyback 10 meq/100 ml.....	100
pioglitazone-glimepiride.....	70	potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml.....	100
pioglitazone-metformin.....	70		
piperacillin-tazobactam intravenous recon soln 13.5 gram.....	19		
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram.....	19		
piperacillin-tazobactam intravenous recon soln 40.5 gram.....	19		
PIQRAY.....	27		
pirmella.....	89		
piroxicam.....	42		
plasbumin 25 %.....	98		

potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml	100
potassium chloride intravenous.	100
potassium chloride oral capsule, extended release.	100
potassium chloride oral liquid.	100
potassium chloride oral packet.	100
potassium chloride oral tablet extended release.	100
potassium chloride oral tablet,er particles/crystals.	100
potassium chloride-0.45 % nacl.	100
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.	100
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l.	100
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l.	100
potassium chloride-d5-0.9%nacl.	100
potassium citrate oral tablet extended release.	98
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml.	100
POTELIGEO.	27
PRADAXA.	55
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.	56
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML.	56
pramipexole oral tablet.	32
pramipexole oral tablet extended release 24 hr.	32
prasugrel.	55
pravastatin.	56
PRAXBIND.	55
praziquantel.	16
prazosin.	52
PRED MILD.	93
prednicarbate.	62
prednisolone acetate.	93
prednisolone oral solution 15 mg/5 ml.	68
prednisolone sodium phosphate ophthalmic (eye).	93
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).	68
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml).	68
prednisolone sodium phosphate oral tablet,disintegrating.	68
prednisone intensol.	68
prednisone oral solution.	68
prednisone oral tablet.	68
prednisone oral tablets,dose pack.	68
pregabalin.	31
PREMARIN INJECTION.	86
premasol 10 %.	102
prenatal vitamin oral tablet.	102
PRETOMANID.	16
prevalite.	56
previfem.	89
PREVNAR 13 (PF).	82
PREVYMIS INTRAVENOUS.	11
PREVYMIS ORAL.	11
PREZCOBIX.	11
PREZISTA ORAL SUSPENSION.	11
PREZISTA ORAL TABLET 150 MG, 75 MG.	11
PREZISTA ORAL TABLET 600 MG, 800 MG	11
PRIFTIN.	16
PRIMAQUINE.	16
primaquine (generic).	16
primidone.	31
PROAIR RESPICLICK.	96
probenecid.	83
probenecid-colchicine.	83
procainamide injection solution 100 mg/ml.	48
procainamide injection solution 500 mg/ml.	48
PROCALAMINE 3%.	102
procentra.	47
prochlorperazine.	76
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml).	76
prochlorperazine edisylate injection solution 5 mg/ml.	76
prochlorperazine maleate oral.	76

procto-med hc.	76	pyridostigmine bromide oral tablet extended release.	36
procto-pak.	76	pyrimethamine.	16
proctosol hc topical.	76		
protozoze-hc.	76		
PROCYSB.	98		
progesterone.	87	Q	
progesterone micronized.	87	QINLOCK.	27
PROGRAF INTRAVENOUS.	27	QUADRACEL (PF).	82
PROGRAF ORAL GRANULES IN PACKET.	27	QUDEXY XR.	31
PROLASTIN-C INTRAVENOUS RECON SOLN.	64	quetiapine oral tablet.	47
PROLASTIN-C INTRAVENOUS SOLUTION	65	quetiapine oral tablet extended release 24 hr	47
prolate.	40	quinapril.	52
PROLEUKIN.	79	quinapril-hydrochlorothiazide.	52
PROLIA.	84	quinidine gluconate oral tablet extended release.	49
PROMACTA.	55	quinidine sulfate oral tablet.	49
promethazine injection solution.	94	quinine sulfate.	16
promethazine oral.	94		
promethazine rectal suppository 12.5 mg, 25 mg.	94		
promethegan.	94		
propafenone oral capsule,extended release 12 hr.	49	R	
propafenone oral tablet.	49	RABAVERT (PF).	82
propantheline.	74	rabeprazole oral tablet,delayed release (dr/ec).	78
propranolol intravenous.	52	RADICAVA.	35
propranolol oral capsule,extended release 24 hr.	52	RAGWITEK.	82
propranolol oral solution.	52	raloxifene.	84
propranolol oral tablet.	52	ramelteon.	47
propranolol-hydrochlorothiazid.	52	ramipril.	52
propylthiouracil.	68	ranitidine hcl oral syrup.	78
PROQUAD (PF).	82	ranitidine hcl oral tablet 150 mg, 300 mg.	78
PROSOL 20 %.	102	ranolazine.	57
protamine.	55	rasagiline.	32
protriptyline.	47	RAVICTI.	65
prudoxin.	59	REBIF (WITH ALBUMIN).	79
pulmosal.	96	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML.	79
PULMOZYME.	96	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6).	79
PURIXAN.	27	REBIF TITRATION PACK.	79
pyrazinamide.	16	REBLOZYL.	79
pyridostigmine bromide oral syrup.	36	RECARBRIO.	16
pyridostigmine bromide oral tablet.	36	recipsen (28).	89
		RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML.	82

RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	82	risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	84
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	82	risedronate oral tablet 5 mg	84
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	82	risedronate oral tablet,delayed release (dr/ec)	84
RECTIV	76	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	47
regionol	36	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	47
REGRANEX	59	risperidone oral solution	47
RELENZA DISKHALER	11	risperidone oral tablet	47
RELISTOR ORAL	76	risperidone oral tablet,disintegrating	47
RELISTOR SUBCUTANEOUS SOLUTION	76	ritonavir	12
RELISTOR SUBCUTANEOUS SYRINGE	76	RITUXAN	27
repaglinide	70	RITUXAN HYCELA	27
repaglinide-metformin	70	rivastigmine tartrate	35
RESTASIS	92	rivastigmine transdermal	35
RESTASIS MULTIDOSE	92	rivelsa	89
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	80	rizatriptan oral tablet	33
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	80	rizatriptan oral tablet,disintegrating	33
RETEVMO	27	ROMIDEPSIN INTRAVENOUS SOLUTION	27
RETROVIR INTRAVENOUS	11	ropinirole oral tablet	32
REVCovi	65	ropinirole oral tablet extended release 24 hr	32
REVLIMID	27	rosadan topical cream	60
revonto	36	rosadan topical gel	60
REXULTI	47	rosuvastatin	56
REYATAZ ORAL POWDER IN PACKET	11	ROTARIX	82
ribavirin oral capsule	12	ROTATEQ VACCINE	82
ribavirin oral tablet 200 mg	12	roweepra	31
RIDAURA	85	roweepra xr	31
rifabutin	16	ROZLYTREK	27
rifampin intravenous	16	RUBRACA	27
rifampin oral	16	RUCONEST	96
RIFATER	16	rufinamide	31
riluzole	65	RUKOBIA	12
rimantadine	12	RUXIENCE	27
ringer's intravenous	100	RUZURGI	35
ringer's irrigation	63	RYBELSUS	70
RINVOQ	85	RYDAPT	27
risedronate oral tablet 150 mg	84		
risedronate oral tablet 30 mg	65		
		S	
		salsalate	42

SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	27	SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	85
SANTYL	59	SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	85
SAPHRIS	47	SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	86
sapropterin	72	SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	86
SARCLISA	27	SIMULECT INTRAVENOUS RECON SOLN 10 MG	27
scopolamine base	76	SIMULECT INTRAVENOUS RECON SOLN 20 MG	27
seconal sodium	47	simvastatin oral tablet	56
SECUADO	47	sirolimus oral solution	27
selegiline hcl	32	sirolimus oral tablet 0.5 mg, 1 mg	27
selenium sulfide topical lotion	58	sirolimus oral tablet 2 mg	27
SELZENTRY ORAL SOLUTION	12	SIRTURO ORAL TABLET 100 MG	16
SELZENTRY ORAL TABLET 150 MG, 300 MG	12	SIRTURO ORAL TABLET 20 MG	16
SELZENTRY ORAL TABLET 25 MG, 75 MG	12	SIVEXTRO INTRAVENOUS	16
SEREVENT DISKUS	96	SIVEXTRO ORAL	16
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	80	SKYRIZI SUBCUTANEOUS SYRINGE KIT	58
sertraline oral concentrate	47	SMOFLIPID	102
sertraline oral tablet	47	sodium acetate	100
setlakin	89	sodium benzoate-sod phenylacet	65
sevelamer carbonate oral powder in packet	65	sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)	100
sevelamer carbonate oral tablet	65	sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	101
sevelamer hcl	65	sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)	101
sf	66	sodium chlor 0.9% bacteriostat	65
sf 5000 plus	66	sodium chloride 0.45 % intravenous parenteral solution	101
sharobel	87	sodium chloride 0.9 % (flush) injection syringe	65
SHINGRIX (PF)	82	sodium chloride 0.9 % injection	65
SIGNIFOR	27	sodium chloride 0.9 % intravenous parenteral solution	65
SIGNIFOR LAR	27	sodium chloride 0.9 % intravenous piggyback	65
SIKLOS	27	sodium chloride 3 %	101
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	96	sodium chloride 5 %	101
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	96	sodium chloride inhalation	96
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	96	sodium chloride injection	65
silodosin	98	sodium chloride intravenous	101
silver sulfadiazine	59		
simliya (28)	89		
simpesse	89		
SIMPONI ARIA	85		

sodium chloride irrigation.....	65	STRIVERDI RESPIMAT.....	96
sodium fluoride 5000 plus.....	66	subvenite.....	31
sodium fluoride-pot nitrate.....	66	subvenite starter (blue) kit.....	31
sodium nitroprusside.....	57	subvenite starter (green) kit.....	31
sodium phenylbutyrate.....	65	subvenite starter (orange) kit.....	31
sodium phosphate.....	101	SUCRAID.....	76
sodium polystyrene (sorb free).....	65	sucralfate.....	78
sodium polystyrene sulfonate oral powder.....	65	sulfacetamide sodium (acne).....	61
solifenacin.....	97	sulfacetamide sodium ophthalmic (eye) drops.....	92
SOLTAMOX.....	27	sulfacetamide sodium ophthalmic (eye) ointment.....	92
SOMATULINE DEPOT.....	27	sulfacetamide-prednisolone.....	92
SOMAVERT.....	72	sulfadiazine.....	20
SORBITOL IRRIGATION.....	63	sulfamethoxazole-trimethoprim intravenous.....	20
sorine oral tablet 120 mg, 160 mg, 80 mg.....	49	sulfamethoxazole-trimethoprim oral.....	20
sorine oral tablet 240 mg.....	49	SULFAMYLYON TOPICAL CREAM.....	61
sotalol af.....	49	sulfasalazine oral tablet.....	76
sotalol oral.....	49	sulfasalazine oral tablet,delayed release (dr/ec).....	76
SOVALDI ORAL PELLETS IN PACKET.....	12	sulfatrim.....	20
SOVALDI ORAL TABLET 200 MG.....	12	sulindac.....	42
SOVALDI ORAL TABLET 400 MG.....	12	sumatriptan nasal spray,non-aerosol 20 mg/actuation.....	34
spinosad.....	63	sumatriptan nasal spray,non-aerosol 5 mg/actuation.....	34
SPIRIVA RESPIMAT.....	96	sumatriptan succinate oral.....	34
SPIRIVA WITH HANDIHALER.....	96	sumatriptan succinate subcutaneous cartridge.....	34
spironolacton-hydrochlorothiaz.....	52	sumatriptan succinate subcutaneous pen injector.....	34
spironolactone.....	52	sumatriptan succinate subcutaneous solution.....	34
sprintec (28).....	89	sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml.....	34
SPRITAM.....	31	sumatriptan-naproxen.....	34
SPRYCEL.....	27	SUPRAX ORAL TABLET,CHEWABLE.....	14
sps (with sorbitol) oral.....	65	SUTENT.....	27
sps (with sorbitol) rectal.....	65	syeda.....	89
sronyx.....	89	SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG.....	80
ssd.....	59	SYLVANT.....	27
STAMARIL (PF).....	82	SYMBICORT.....	96
stavudine oral capsule.....	12	SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N).....	96
STELARA INTRAVENOUS.....	58		
STELARA SUBCUTANEOUS.....	58		
STIMATE.....	72		
STIOLTO RESPIMAT.....	96		
STIVARGA.....	27		
STRENSIQ.....	72		
STREPTOMYCIN.....	16		
STRIBILD.....	12		

SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N).....	96	tazicef injection recon soln 1 gram.....	14
SYMFY.....	12	tazicef injection recon soln 2 gram, 6 gram..	14
SYMFY LO.....	12	tazicef intravenous.....	14
SYMLINPEN 120.....	70	TAZORAC TOPICAL CREAM 0.05 %.....	60
SYMLINPEN 60.....	70	TAZORAC TOPICAL GEL.....	60
SYMPAZAN ORAL FILM 10 MG, 20 MG....	31	taztia xt oral capsule, extended release....	52
SYMPAZAN ORAL FILM 5 MG.....	31	TAZVERIK.....	28
SYMTUZA.....	12	TDVAX.....	82
SYNAGIS.....	12	TECENTRIQ.....	28
SYNAREL.....	72	TECFIDERA.....	35
SYNDROS.....	76	TEFLARO.....	14
SYNERCID.....	16	TEGSEDI.....	35
SYNJARDY.....	70	TEKTURNA HCT.....	52
SYNJARDY XR.....	70	telmisartan.....	52
SYNRIBO.....	27	telmisartanamlodipine.....	52
SYNVISC.....	42	telmisartanhydrochlorothiazid.....	52
SYNVISC-ONE.....	42	temazepam.....	47
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TABLOID.....	27	TEMIXYS.....	12
TABRECTA.....	28	TEMODAR INTRAVENOUS.....	28
tacrolimus oral.....	28	temozolomide.....	28
tacrolimus topical.....	59	temsirolimus.....	28
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.....	96	tencon oral tablet 50-325 mg.....	40
tadalafil oral tablet 2.5 mg, 5 mg.....	98	TENIVAC (PF) INTRAMUSCULAR SUSPENSION.....	82
TAFINLAR.....	28	TENIVAC (PF) INTRAMUSCULAR SYRINGE.....	82
TAGRISSO.....	28	tenofovir disoproxil fumarate.....	12
TAKHZYRO.....	96	TEPEZZA.....	72
TALZENNA.....	28	terazosin.....	52
tamoxifen.....	28	terbinafine hcl oral.....	9
tamsulosin oral capsule,extended release 24hr.....	98	terbutaline.....	96
TARGRETIN 1% GEL.....	28	terconazole.....	87
tarina 24 fe.....	89	testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml.....	72
tarina fe 1-20 eq (28).....	90	testosterone cypionate intramuscular oil 200 mg/ml (1 ml).....	72
tarina fe 1/20 (28).....	90	testosterone enanthate.....	72
TASIGNA.....	28	testosterone transdermal gel (generic).....	72
tavaborole.....	61	testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic) ..	72
TAVALISSE.....	55	testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic).....	73
tazarotene.....	60		

testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic).....	73	tobramycin in 0.225 % nacl.....	16
testosterone transdermal gel in packet (Androgel generic).....	73	tobramycin inhalation.....	16
testosterone transdermal solution in metered pump w/app (Axiron generic).....	73	tobramycin ophthalmic (eye).....	91
TETANUS,DIPHTHERIA TOX PED(PF).....	82	tobramycin sulfate injection recon soln.....	16
tetrabenazine.....	35	tobramycin sulfate injection solution.....	16
tetracycline.....	21	tobramycin-dexamethasone.....	93
THALOMID.....	28	tolcapone.....	32
theophylline oral elixir.....	96	tolmetin.....	42
theophylline oral solution.....	96	tolterodine oral capsule,extended release 24hr.....	97
theophylline oral tablet extended release 12 hr 300 mg, 450 mg.....	96	tolterodine oral tablet.....	97
theophylline oral tablet extended release 24 hr.....	96	tolvaptan oral tablet 30 mg.....	73
THIOLA.....	65	topiramate oral capsule, sprinkle.....	31
THIOLA EC.....	65	topiramate oral tablet.....	31
thioridazine.....	47	toposar.....	28
thiotepa injection recon soln 100 mg.....	28	topotecan intravenous recon soln.....	28
thiotepa injection recon soln 15 mg.....	28	topotecan intravenous solution 4 mg/4 ml (1 mg/ml).....	28
thiothixene.....	47	toremifene.....	28
tiadylt er.....	52	torsemide oral.....	52
tiagabine.....	31	TOUJEO MAX U-300 SOLOSTAR.....	70
TIBSOVO.....	28	TOUJEO SOLOSTAR U-300 INSULIN.....	70
TICE BCG.....	82	tovet emollient.....	62
tigecycline.....	16	TRACLEER ORAL TABLET FOR SUSPENSION.....	97
TIGLUTIK.....	65	tramadol oral tablet 50 mg.....	42
tilia fe.....	90	tramadol oral tablet extended release 24 hr.....	42
timolol maleate ophthalmic (eye) drops.....	91	tramadol oral tablet, er multiphase 24 hr.....	42
timolol maleate ophthalmic (eye) drops, once daily.....	91	tramadol-acetaminophen.....	42
timolol maleate ophthalmic (eye) gel forming solution.....	91	trandolapril.....	52
timolol maleate oral.....	52	trandolapril-verapamil oral tablet, ir - er, biphasic 24hr.....	52
tinidazole.....	16	tranexamic acid oral.....	87
tis-u-sol pentalyte.....	63	tranylcyromine.....	47
TIVICAY ORAL TABLET 10 MG.....	12	travasol 10 %.....	102
TIVICAY ORAL TABLET 25 MG, 50 MG.....	12	travoprost.....	92
TIVICAY PD.....	12	TRAZIMERA.....	28
tizanidine.....	36	trazodone.....	47
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE.....	16	TREANDA INTRAVENOUS RECON SOLN.....	28
		TRECATOR.....	16
		TRELEGY ELLIPTA.....	97
		TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION.....	28

treprostinil sodium.	52	TRODELVY.	28
tretinoin (antineoplastic).	28	TROGARZO.	12
tretinoin microspheres.	60	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG..	31
tretinoin topical.	60	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG.	31
tri femynor.	90	TROPHAMINE 10 %.	102
tri-estarrylla.	90	trospium oral capsule,extended release 24hr	97
tri-legest fe.	90	trospium oral tablet.	97
tri-linyah.	90	TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML.	70
tri-lo-estarrylla.	90	TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML.	70
tri-lo-marzia.	90	TRUMENBA.	83
tri-lo-mili.	90	TRUVADA.	12
tri-lo-sprintec.	90	TRUXIMA.	28
tri-mili.	90	TUKYSA.	28
tri-previfem (28).	90	tulana.	87
tri-sprintec (28).	90	TURALIO.	28
tri-vylibra.	90	TWINRIX (PF) INTRAMUSCULAR SYRINGE.	83
tri-vylibra lo.	90	TYBOST.	12
triamcinolone acetonide dental.	66	tydemy.	90
triamcinolone acetonide injection.	68	TYKERB.	28
triamcinolone acetonide topical.	62	TYMLOS.	84
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

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

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

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

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

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

Complaint forms are available at www.hhs.gov.

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-200-4255 (TTY: 711).

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

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

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

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

Vietnamese/Tiếng Việt: CHÚ Ý: 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/ ខ្មែរ: បុរាណ៖ ពីសិទ្ធិភាសាអូន្តិច, ឈរតំបន់យ៉ាងធម្មោគ នៅក្នុងបណ្តុះបណ្តាល និងអាជីវកម្ម 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/λατινικά: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-200-4255 (TTY: 711).

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

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

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



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

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

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

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

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

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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al **1-800-200-4255** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

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



MASSACHUSETTS

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit www.bluecrossma.com/medicare-options.

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

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