



MASSACHUSETTS

Medicare PPO Blue PlusRx (PPO)  
Medicare HMO Blue PlusRx (HMO)  
Medicare HMO Blue FlexRx (HMO-POS)



## 2021 FORMULARY—5 TIER (LIST OF COVERED DRUGS)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**  
21155, Version 21

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

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

When this formulary (drug list) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare PPO Blue PlusRx, 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 12/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2022, and from time to time during the year.

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

A formulary is a list of covered drugs selected by Medicare PPO Blue PlusRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx in consultation with a team of health care providers, that represents the prescription therapies believed to be a necessary part of a quality treatment program. Medicare PPO Blue PlusRx, 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 PPO Blue PlusRx, 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare PPO Blue PlusRx (PPO), 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 2021 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

Our contact information appears on the front and back cover pages. The enclosed formulary is current as of 12/01/2021. 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, [bluecrossma.com/medicare-options](http://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 107. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the index that begins on page 107. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

## What are generic drugs?

Medicare PPO Blue PlusRx (PPO), 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 edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other, similar medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

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

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

## How do I request an exception to the Medicare PPO Blue PlusRx (PPO), 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 PPO Blue PlusRx , 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 should I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

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

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

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

## For more information

For more detailed information about your Medicare Medicare PPO Blue PlusRx, 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 [medicare.gov](https://www.medicare.gov).

## Medicare PPO Blue PlusRx, 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 PPO Blue PlusRx, 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 Service 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.

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

**Limited Pharmacy Availability (LA):** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Service 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.

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

## 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 PPO Blue PlusRx (PPO)	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		29%	29%	N/A
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		29%	29%	N/A
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		28%	28%	N/A

## ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	5	B/D PA, MO, HI, NEDS
<i>amphotericin b</i>	2	B/D PA, MO, HI
<i>caspofungin</i>	5	B/D PA, HI, NEDS
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	HI, NEDS
CRESEMBA ORAL	5	NEDS
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	2	
<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, NEDS
<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	MO, HI, NEDS
NOXAFIL INTRAVENOUS	3	HI

## ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
NOXAFIL ORAL SUSPENSION	5	MO, NEDS
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO, NEDS
<i>terbinafine hcl oral</i>	2	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	5	MO, HI, NEDS
<i>voriconazole oral suspension for reconstitution</i>	5	MO, NEDS
<i>voriconazole oral tablet 200 mg</i>	5	MO, NEDS
<i>voriconazole oral tablet 50 mg</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.

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

## ANTI - INFECTIVES: ANTIVIRALS

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

## ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO, NEDS
<i>efavirenz-emtricitabine-tenofovir</i>	5	MO, NEDS
<i>efavirenz-lamivudine-tenofovir disop</i>	5	MO, NEDS
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO, NEDS
EMTRIVA	3	MO
<i>entecavir</i>	2	MO
EPCLUSA ORAL TABLET	5	PA, MO, QL (28 per 28 days), NEDS
EPIVIR HBV ORAL SOLUTION	3	MO
<i>etravirine</i>	5	MO, NEDS
EVOTAZ	5	MO, NEDS
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO, NEDS
<i>foscarnet</i>	2	B/D PA, MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO, NEDS
<i>ganciclovir sodium intravenous</i>	2	B/D PA, MO, HI
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA, MO, HI
GENVOYA	5	MO, NEDS
HARVONI	5	PA, MO, QL (28 per 28 days), NEDS

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
INTELENCE	5	MO, NEDS
INVIRASE ORAL TABLET	5	MO, NEDS
ISENTRESS HD	5	MO, NEDS
ISENTRESS ORAL POWDER IN PACKET	5	MO, NEDS
ISENTRESS ORAL TABLET	5	MO, NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO, NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO, NEDS
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO, NEDS
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>lopinavir-ritonavir</i>	2	MO
MAVYRET ORAL TABLET	5	PA, MO, QL (84 per 28 days), NEDS
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO, NEDS
<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, NEDS
PREVYMIS INTRAVENOUS	5	HI, NEDS
PREVYMIS ORAL	5	MO, NEDS
PREZCOBIX	5	MO, NEDS
PREZISTA ORAL SUSPENSION	5	MO, NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO, NEDS
RELENZA DISKHALER	3	MO, QL (60 per 180 days)
RETROVIR INTRAVENOUS	3	MO, HI
REYATAZ ORAL POWDER IN PACKET	5	MO, NEDS
<i>ribavirin oral capsule</i>	2	

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

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

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
<i>ribavirin oral tablet</i> 200 mg	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
RUKOBIA	5	MO, NEDS
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO, NEDS
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
SOVALDI	5	PA, MO, QL (28 per 28 days), NEDS
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO, NEDS
SYMFI	5	MO, NEDS
SYMFI LO	5	MO, NEDS
SYMTUZA	5	MO, NEDS
SYNAGIS	5	MO, LA, NEDS
TEMIXYS	5	MO, NEDS
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO, NEDS
TIVICAY PD	5	MO, NEDS
TRIUMEQ	5	MO, NEDS
TROGARZO	5	MO, NEDS

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
TRUVADA	5	MO, NEDS
TYBOST	3	MO
<i>valacyclovir</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO, NEDS
<i>valganciclovir oral tablet</i>	5	MO, NEDS
VEMLIDY	5	MO, NEDS
VIEKIRA PAK	5	PA, MO, QL (112 per 28 days), NEDS
VIRACEPT ORAL TABLET	5	MO, NEDS
VIREAD ORAL POWDER	5	MO, NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO, NEDS
VOSEVI	5	PA, MO, QL (28 per 28 days), NEDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	MO, QL (1 per 180 days)
ZEPATIER	5	PA, MO, QL (28 per 28 days), NEDS
<i>zidovudine</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.

## ANTI - INFECTIVES: CEPHALOSPORINS

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

## ANTI - INFECTIVES: CEPHALOSPORINS (continued)

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO, HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO, HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin</i>	2	MO
FETROJA	5	NEDS
SUPRAX ORAL TABLET,CHEWABLE	3	MO
<i>tazicef injection</i>	2	MO, HI
<i>tazicef intravenous</i>	2	
TEFLARO	5	MO, HI, NEDS
ZERBAXA	5	HI, NEDS

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

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	2	MO, HI
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	2	MO
DIFICID ORAL TABLET	5	MO, NEDS
<i>e.e.s. 400 oral tablet</i>	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	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:  
ERYTHROMYCINS / OTHER  
MACROLIDES (continued)**

Drug Name	Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral</i>	2	MO

**ANTI - INFECTIVES:  
MISCELLANEOUS ANTIINFECTIVES**

Drug Name	Tier	Requirements/ Limits
<i>albendazole</i>	5	MO, NEDS
<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, LA, NEDS
<i>atovaquone</i>	5	MO, NEDS
<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, NEDS
CAYSTON	5	MO, LA, NEDS
<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 solution 150 (mg/ml) (6 ml)</i>	2	HI
<i>clindamycin phosphate injection solution 150 mg/ml</i>	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.

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

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

Drug Name	Tier	Requirements/ Limits
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	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
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	5	MO, HI, NEDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO, HI, NEDS
EMVERM	5	MO, NEDS
<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

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

Drug Name	Tier	Requirements/ Limits
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO, HI
IMPAVIDO	3	MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
KIMYRSA	5	NEDS
LAMPIT	3	
<i>lincomycin</i>	2	HI
<i>linezolid in dextrose 5%</i>	5	HI, NEDS
<i>linezolid oral suspension for reconstitution</i>	5	MO, NEDS
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	NEDS
<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
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO, NEDS
ORBACTIV	5	MO, HI, NEDS
<i>paromomycin</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.

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

Drug Name	Tier	Requirements/ Limits
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
<i>pyrimethamine</i>	5	PA, MO, NEDS
<i>quinine sulfate</i>	2	MO
RECARBRIO	5	NEDS
<i>rifabutin</i>	2	MO
<i>rifampin intravenous</i>	2	MO, HI
<i>rifampin oral</i>	2	MO
SIRTURO	5	LA, NEDS
SIVEXTRO INTRAVENOUS	5	HI, NEDS
SIVEXTRO ORAL	5	MO, NEDS
STREPTOMYCIN	3	MO
SYNERCID	5	HI, NEDS
<i>tigecycline</i>	5	MO, HI, NEDS
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	MO, NEDS
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA, MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
<i>tobramycin inhalation</i>	5	B/D PA, MO, NEDS
<i>tobramycin sulfate injection recon soln</i>	2	HI
<i>tobramycin sulfate injection solution</i>	2	MO, HI
TRECTOR	3	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	3	
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, 500 mg, 750 mg</i>	2	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	3	HI
<i>vancomycin intravenous recon soln 10 gram</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.

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

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

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

**ANTI - INFECTIVES: PENICILLINS**

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

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

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

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

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

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

## ANTI - INFECTIVES: QUINOLONES

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

## ANTI - INFECTIVES: SULFA'S / RELATED AGENTS

Drug Name	Tier	Requirements/ Limits
<i>sulfadiazine</i>	2	MO
<i>sulfamethoxazole- trimethoprim intravenous</i>	2	MO, HI
<i>sulfamethoxazole- trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole- trimethoprim oral tablet</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.

## ANTI - INFECTIVES: TETRACYCLINES

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

## ANTI - INFECTIVES: TETRACYCLINES (continued)

Drug Name	Tier	Requirements/ Limits
NUZYRA INTRAVENOUS	5	HI, NEDS
NUZYRA ORAL	5	NEDS
<i>tetracycline</i>	2	MO

## ANTI - INFECTIVES: URINARY TRACT AGENTS

Drug Name	Tier	Requirements/ Limits
<i>fosfomycin tromethamine</i>	2	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</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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## ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

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

## ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
<i>abiraterone</i> ABRAXANE	5	PA, MO, NEDS
ADAKVEO	5	PA, MO, HI, NEDS
ADAKVEO	5	PA, NEDS
<i>adriamycin intravenous recon soln 10 mg</i>	2	MO, HI
<i>adriamycin intravenous solution 10 mg/5 ml</i>	2	MO, HI
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	HI
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA, HI
AFINITOR DISPERZ	5	PA, MO, NEDS
AFINITOR ORAL TABLET 10 MG	5	PA, MO, NEDS
ALECENSA	5	PA, MO, NEDS
ALIMTA	5	PA, MO, NEDS
ALIQOPA	5	MO, HI, NEDS
ALIQOPA	5	HI, LA, NEDS
ALUNBRIG	5	PA, NEDS
<i>anastrozole</i>	2	MO
ARRANON	5	PA, NEDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	2	HI, NEDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	2	MO
ARZERRA	5	B/D PA, MO, HI, NEDS

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
ASTAGRAF XL	4	B/D PA, MO
AVASTIN	5	PA, MO, HI, NEDS
AYVAKIT	5	PA, LA, NEDS
<i>azacitidine</i>	5	MO, HI, NEDS
<i>azathioprine oral tablet 100 mg, 75 mg</i>	2	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA, MO
<i>azathioprine sodium</i>	2	B/D PA, HI
BALVERSA	5	PA, LA, NEDS
BAVENCIO	5	PA, HI, LA, NEDS
BELEODAQ	5	HI, NEDS
BENDEKA	5	MO, NEDS
BESPONSA	5	MO, HI, NEDS
<i>bexarotene</i>	5	PA, MO, NEDS
<i>bicalutamide</i>	2	MO
BLENREP	5	B/D PA, NEDS
<i>bleomycin</i>	2	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	3	B/D PA
BORTEZOMIB	5	HI, NEDS
BOSULIF	5	PA, MO, NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA, MO, LA, NEDS
BRUKINSA	5	PA, LA, NEDS
<i>busulfan</i>	5	HI, NEDS
CABOMETYX	5	PA, MO, LA, NEDS
CALQUENCE	5	PA, LA, NEDS

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>capecitabine</i>	MB	MO
CAPRELSA	5	PA, LA, NEDS
<i>carboplatin intravenous solution</i>	2	MO, HI
<i>carmustine</i>	5	MO, NEDS
<i>cisplatin intravenous solution</i>	2	MO, HI
<i>cladribine</i>	5	B/D PA, MO, HI, NEDS
<i>clofarabine</i>	5	HI, NEDS
COMETRIQ	5	PA, MO, NEDS
COPIKTRA	5	PA, LA, NEDS
COTELLIC	5	PA, MO, LA, NEDS
<i>cyclophosphamide intravenous recon soln</i>	2	MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA, MO
<i>cyclosporine intravenous</i>	2	B/D PA, HI
<i>cyclosporine modified oral capsule</i>	2	B/D PA, MO
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA, MO
CYRAMZA	5	B/D PA, MO, HI, NEDS
<i>cytarabine</i>	2	B/D PA, MO, HI

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

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA, HI
<i>dacarbazine</i>	2	MO, HI
<i>dactinomycin</i>	5	HI, NEDS
DANYELZA	5	PA, NEDS
DARZALEX	5	PA, MO, HI, LA, NEDS
DARZALEX FASPRO	5	PA, MO, LA, NEDS
<i>daunorubicin intravenous solution</i>	2	HI
DAURISMO	5	PA, MO, NEDS
<i>decitabine</i>	5	MO, HI, NEDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ ml)</i>	5	HI, NEDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	MO, HI, NEDS
<i>doxorubicin intravenous recon soln 10 mg</i>	2	
<i>doxorubicin intravenous recon soln 50 mg</i>	2	MO, HI

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	MO, HI
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	HI
<i>doxorubicin, peg- liposomal</i>	5	MO, HI, NEDS
ELIGARD	3	MO
ELIGARD (3 MONTH)	3	MO
ELIGARD (4 MONTH)	3	MO
ELIGARD (6 MONTH)	3	MO
ELZONRIS	5	B/D PA, NEDS
EMCYT	5	MO, NEDS
EMPLICITI	5	B/D PA, MO, HI, NEDS
ENHERTU	5	PA, MO, NEDS
ENSPRYNG	5	PA, MO, NEDS
ENVARBUS XR	4	B/D PA, MO
<i>epirubicin intravenous solution</i>	2	MO, HI
ERBITUX	5	PA, MO, HI, NEDS
ERIVEDGE	5	PA, MO, NEDS
ERLEADA	5	PA, MO, NEDS
<i>erlotinib</i>	5	PA, MO, NEDS
ETOPOPHOS	3	MO, HI
<i>etoposide intravenous</i>	2	MO, HI
<i>etoposide oral</i>	MB	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
<i>everolimus</i> (antineoplastic) oral tablet 10 mg	5	PA, NEDS
<i>everolimus</i> (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	5	PA, MO, NEDS
<i>everolimus</i> (antineoplastic) oral tablet for suspension	5	PA, NEDS
<i>everolimus</i> (immunosuppressive)	5	B/D PA, MO, NEDS
<i>exemestane</i>	2	MO
EXKIVITY	5	PA, LA, NEDS
FARYDAK	5	PA, MO, NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	MO, NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine</i> intravenous recon soln	2	MO, HI
<i>fludarabine</i> intravenous solution	2	HI
<i>fluorouracil</i> intravenous solution 1 gram/20 ml, 500 mg/10 ml	2	B/D PA, MO, HI

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>fluorouracil</i> intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	2	B/D PA, HI
<i>flutamide</i>	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, NEDS
FOTIVDA	5	PA, QL (21 per 28 days), NEDS
<i>fulvestrant</i>	5	MO, NEDS
GAMIFANT	5	PA, LA, NEDS
GAVRETO	5	PA, MO, LA, NEDS
GAZYVA	3	PA, MO
<i>gemcitabine</i> intravenous recon soln 1 gram, 200 mg	2	MO, HI
<i>gemcitabine</i> intravenous recon soln 2 gram	2	HI
<i>gemcitabine</i> intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ ml)	2	MO, HI
<i>gengraf</i>	2	B/D PA, MO
GILOTRIF	5	PA, MO, NEDS

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

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
HALAVEN	5	PA, MO, HI, NEDS
HERCEPTIN HYLECTA	5	PA, MO, NEDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA, MO, HI, NEDS
HERZUMA	5	PA, MO, NEDS
HYCAMTIN ORAL	MB	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA, MO, NEDS
ICLUSIG	5	PA, NEDS
<i>idarubicin</i>	2	MO, HI
IDHIFA	5	PA, MO, LA, NEDS
<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	PA, MO, NEDS
IMBRUVICA	5	PA, NEDS
IMFINZI	5	PA, MO, HI, LA, NEDS
INFUGEM	5	HI, NEDS
INLYTA	5	PA, MO, NEDS
INQOVI	5	PA, MO, NEDS
INREBIC	5	PA, MO, LA, NEDS
IRESSA	5	PA, MO, NEDS

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
<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, NEDS
IXEMPRA	5	PA, MO, HI, NEDS
JAKAFI	5	PA, MO, NEDS
JEMPERLI	5	PA, MO, NEDS
JEVTANA	5	PA, MO, HI, NEDS
KADCYLA	5	PA, MO, HI, NEDS
KANJINTI	5	PA, MO, NEDS
KEYTRUDA	5	PA, HI, NEDS
KISQALI	5	PA, MO, NEDS
KISQALI FEMARA CO-PACK	5	PA, MO, NEDS
KLISYRI	5	MO, QL (5 per 30 days), NEDS
KOSELUGO	5	PA, NEDS
KYPROLIS	5	PA, HI, NEDS
<i>lapatinib</i>	5	PA, MO, NEDS
LENVIMA	5	PA, MO, NEDS
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	MO, NEDS
LIBTAYO	5	PA, HI, NEDS

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
LONSURF	5	PA, MO, NEDS
LORBRENA	5	PA, MO, NEDS
LUMAKRAS	5	PA, MO, QL (240 per 30 days), NEDS
LUMOXITI	5	PA, HI, LA, NEDS
LUPKYNIS	5	PA, LA, NEDS
LUPRON DEPOT	5	MO, NEDS
LUPRON DEPOT (3 MONTH)	5	MO, NEDS
LUPRON DEPOT (4 MONTH)	5	MO, NEDS
LUPRON DEPOT (6 MONTH)	5	MO, NEDS
LUPRON DEPOT- PED	5	MO, NEDS
LUPRON DEPOT- PED (3 MONTH)	5	MO, NEDS
LYNPARZA	5	PA, MO, NEDS
LYSODREN	3	
MATULANE	5	NEDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 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, NEDS

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
MEKTOVI	5	PA, MO, LA, NEDS
<i>melphalan</i>	2	B/D PA, MO
<i>melphalan hcl</i>	5	HI, NEDS
<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, NEDS
<i>mitoxantrone</i>	2	MO, HI
MONJUVI	5	PA, NEDS
MVASI	5	PA, MO, NEDS
MYCAPSSA	5	PA, LA, NEDS
<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, NEDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA, MO

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**ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA, MO
MYLERAN	MB	MO
MYLOTARG	5	MO, HI, LA, NEDS
NERLYNX	5	PA, MO, LA, NEDS
NEXAVAR	5	PA, MO, LA, NEDS
<i>nilutamide</i>	5	PA, MO, NEDS
NINLARO	5	PA, MO, NEDS
NUBEQA	5	PA, MO, LA, NEDS
NULOJIX	5	B/D PA, MO, HI, NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO, NEDS
<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, NEDS
ODOMZO	5	PA, MO, LA, NEDS
OGIVRI	5	PA, MO, NEDS

**ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
ONCASPAR	5	NEDS
ONIVYDE	5	PA, NEDS
ONTRUZANT	5	PA, NEDS
ONUREG	5	PA, MO, NEDS
OPDIVO	5	PA, MO, HI, NEDS
ORGOVYX	5	PA, NEDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	HI
<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	PA, MO, NEDS
<i>paraplatin</i>	2	HI
PEMAZYRE	5	PA, LA, NEDS
PERJETA	5	PA, MO, HI, NEDS
PHESGO	5	PA, MO, NEDS
PIQRAY	5	PA, MO, NEDS
POLIVY	5	PA, MO, NEDS
POMALYST	5	PA, MO, LA, NEDS
PORTRAZZA	5	B/D PA, MO, NEDS
POTELIGEO	5	PA, NEDS

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
PROGRAF INTRAVENOUS	3	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA, MO
PURIXAN	5	NEDS
QINLOCK	5	PA, LA, NEDS
RETEVMO	5	PA, MO, LA, NEDS
REVLIMID	5	PA, MO, LA, NEDS
REZUROCK	5	PA, LA, NEDS
RIABNI	5	PA, MO, NEDS
RITUXAN	5	PA, MO, HI, NEDS
RITUXAN HYCELA	5	PA, MO, NEDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	NEDS
ROZLYTREK	5	PA, MO, NEDS
RUBRACA	5	PA, MO, LA, NEDS
RUXIENCE	5	PA, MO, NEDS
RYBREVANT	5	PA, MO, NEDS
RYDAPT	5	PA, MO, NEDS
RYLAZE	5	PA, NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO, NEDS
SARCLISA	5	PA, NEDS

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
SIGNIFOR	5	NEDS
SIGNIFOR LAR	5	NEDS
SIKLOS ORAL TABLET 1,000 MG	5	MO, NEDS
SIKLOS ORAL TABLET 100 MG	3	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, NEDS
<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, NEDS
SOLTAMOX	5	MO, NEDS
SOMATULINE DEPOT	5	MO, NEDS
SPRYCEL	5	PA, MO, NEDS
STIVARGA	5	PA, MO, NEDS
<i>sunitinib</i>	5	PA, MO, NEDS
SUTENT	5	PA, MO, NEDS
SYNRIBO	5	NEDS
TABLOID	3	MO
TABRECTA	5	PA, MO, NEDS
<i>tacrolimus oral</i>	2	B/D PA, MO
TAFINLAR	5	PA, MO, NEDS

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
TAGRISSO	5	PA, MO, LA, NEDS
TALZENNA	5	PA, MO, NEDS
<i>tamoxifen</i>	2	MO
TARGRETIN 1% GEL	5	PA, MO, NEDS
TASIGNA	5	PA, MO, NEDS
TAZVERIK	5	PA, LA, NEDS
TECENTRIQ	5	PA, MO, HI, LA, NEDS
TEMODAR INTRAVENOUS	3	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	5	MO, NEDS
TEPMETKO	5	PA, LA, NEDS
THALOMID	5	PA, MO, NEDS
<i>thiotepa injection recon soln 100 mg</i>	5	NEDS
<i>thiotepa injection recon soln 15 mg</i>	5	MO, NEDS
TIBSOVO	5	PA, NEDS
TIVDAK	5	PA, MO, NEDS
<i>toposar</i>	2	MO, HI
<i>topotecan intravenous recon soln</i>	5	MO, HI, NEDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	MO, HI, NEDS
<i>toremifene</i>	5	MO, NEDS
TRAZIMERA	5	PA, MO, NEDS
TREANDA	5	MO, HI, NEDS

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO, NEDS
<i>tretinoin (antineoplastic)</i>	5	MO, NEDS
TRODELVY	5	PA, NEDS
TRUSELTIQ ORAL CAPSULE 100 MG/ DAY (100 MG X 1)	5	PA, LA, QL (21 per 28 days), NEDS
TRUSELTIQ ORAL CAPSULE 125 MG/ DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA, LA, QL (42 per 28 days), NEDS
TRUSELTIQ ORAL CAPSULE 75 MG/ DAY (25 MG X 3)	5	PA, LA, QL (63 per 28 days), NEDS
TRUXIMA	5	PA, MO, NEDS
TUKYSA	5	PA, LA, NEDS
TURALIO	5	LA, NEDS
TYKERB	5	PA, MO, LA, NEDS
UKONIQ	5	PA, LA, NEDS
UNITUXIN	5	NEDS
UPLIZNA	5	B/D PA, MO, NEDS
<i>valrubicin</i>	2	MO
VANTAS	3	MO
VECTIBIX	5	B/D PA, MO, HI, NEDS
VELCADE	5	MO, HI, NEDS

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
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA, LA
VENCLEXTA ORAL TABLET 100 MG	5	PA, LA, NEDS
VENCLEXTA STARTING PACK	5	PA, LA, NEDS
VERZENIO	5	PA, MO, LA, NEDS
<i>vinblastine</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, NEDS
VIZIMPRO	5	PA, MO, NEDS
VOTRIENT	5	PA, MO, NEDS
VYXEOS	5	B/D PA, HI, NEDS
WELIREG	5	PA, LA, NEDS
XALKORI	5	PA, MO, NEDS
XATMEP	3	B/D PA, MO
XERMELO	5	LA, NEDS
XOSPATA	5	PA, LA, NEDS

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
XPOVIO ORAL TABLET 100 MG/ WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/ WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/ WEEK)	5	PA, LA, NEDS
XTANDI	5	PA, MO, NEDS
YERVOY	5	PA, MO, HI, NEDS
YONDELIS	5	HI, NEDS
YONSA	5	PA, MO, NEDS
ZALTRAP	5	MO, HI, NEDS
ZANOSAR	3	MO, HI
ZEJULA	5	PA, LA, NEDS
ZELBORAF	5	PA, MO, NEDS
ZEPZELCA	5	B/D PA, NEDS
ZIRABEV	5	PA, MO, NEDS
ZOLADEX	3	MO
ZOLINZA	5	PA, MO, NEDS
ZORTRESS ORAL TABLET 1 MG	5	B/D PA, MO, NEDS
ZYDELIG	5	PA, MO, NEDS
ZYKADIA ORAL TABLET	5	PA, MO, NEDS
ZYNLONTA	5	PA, NEDS

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**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
ZYTIGA ORAL TABLET 500 MG	5	PA, MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
APTIOM	5	MO, NEDS
BANZEL	5	MO, NEDS
BRIVIACT INTRAVENOUS	4	HI
BRIVIACT ORAL	5	MO, NEDS
<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 suspension 200 mg/10 ml</i>	2	
<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	4	MO
<i>clobazam</i>	2	MO
<i>clonazepam oral tablet</i>	2	MO
<i>clonazepam oral tablet, disintegrating</i>	2	MO
DIACOMIT	5	PA, NEDS
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	

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 tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	5	PA, MO, LA, NEDS
<i>epitol</i>	1	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO, NEDS
<i>felbamate oral tablet</i>	2	MO
FINTEPLA	5	LA, NEDS
<i>fosphenytoin</i>	2	MO, HI
FYCOMPA ORAL SUSPENSION	5	MO, NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	MO, NEDS
FYCOMPA ORAL TABLET 2 MG	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

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

Drug Name	Tier	Requirements/ Limits
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<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, 500 mg/100 ml</i>	2	MO, HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	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, NEDS
<i>oxcarbazepine</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
OXTELLAR XR	4	MO
<i>phenobarbital oral elixir</i>	2	PA, MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA, MO
<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
QUDEXY XR	4	PA, MO
<i>roweepra oral tablet 1,000 mg, 750 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>rufinamide</i>	5	MO, NEDS
SPRITAM	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
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	MO, NEDS
SYMPAZAN ORAL FILM 5 MG	4	MO
<i>tiagabine</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA, MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	2	MO
<i>topiramate oral tablet</i>	1	PA, MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA, MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	5	PA, MO, NEDS
<i>valproate sodium</i>	2	MO, HI
<i>valproic acid</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:  
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	5	MO, NEDS
<i>vigabatrin</i>	5	MO, LA, NEDS
<i>vigadrone</i>	5	LA, NEDS
VIMPAT INTRAVENOUS	4	MO, HI
VIMPAT ORAL SOLUTION	4	MO
VIMPAT ORAL TABLET	4	MO
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO, NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	MO
XCOPRI ORAL TABLET 200 MG	5	MO, NEDS
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, NEDS
<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, NEDS
NEUPRO	4	MO
NOURIANZ	5	PA, MO, LA, NEDS
ONGENTYS	4	PA, MO
<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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>ropinirole oral tablet extended release 24 hr</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	NEDS
<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>dihydroergotamine injection</i>	2	
<i>dihydroergotamine nasal</i>	5	QL (8 per 30 days), NEDS
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), NEDS
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO, QL (18 per 30 days)
NURTEC ODT	5	PA, QL (15 per 30 days), NEDS
<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)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO, QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO, QL (36 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO, QL (18 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO, QL (8 per 30 days)
<i>sumatriptan-naproxen</i>	2	MO, QL (18 per 30 days)
UBRELVY ORAL TABLET 100 MG	5	PA, QL (16 per 30 days), NEDS
UBRELVY ORAL TABLET 50 MG	4	PA, QL (16 per 30 days)
ZOLMITRIPTAN NASAL	3	MO, QL (18 per 30 days)
<i>zolmitriptan oral</i>	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, NEDS
AUSTEDO	5	PA, MO, LA, NEDS
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA, MO, QL (60 per 30 days), NEDS
<i>dimethyl fumarate</i>	5	PA, MO, NEDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	2	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EVRYSDI	5	PA, MO, NEDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	2	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA, MO, NEDS
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	QL (30 per 30 days), NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	QL (12 per 28 days), NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	MO, QL (30 per 30 days), NEDS

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	MO, QL (12 per 28 days), NEDS
INGREZZA INITIATION PACK	5	LA, NEDS
INGREZZA ORAL CAPSULE 40 MG, 80 MG	5	LA, NEDS
INGREZZA ORAL CAPSULE 60 MG	5	NEDS
KESIMPTA PEN	5	PA, MO, NEDS
KEVEYIS	5	NEDS
LEMTRADA	3	MO
MAVENCLAD (10 TABLET PACK)	5	PA, MO, LA, NEDS
MAVENCLAD (4 TABLET PACK)	5	PA, MO, LA, NEDS
MAVENCLAD (5 TABLET PACK)	5	PA, MO, LA, NEDS
MAVENCLAD (6 TABLET PACK)	5	PA, MO, LA, NEDS
MAVENCLAD (7 TABLET PACK)	5	PA, MO, LA, NEDS
MAVENCLAD (8 TABLET PACK)	5	PA, MO, LA, NEDS
MAVENCLAD (9 TABLET PACK)	5	PA, MO, LA, NEDS
MAYZENT	5	PA, MO, NEDS
MAYZENT STARTER PACK	5	PA, MO, NEDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>memantine oral solution</i>	2	MO
<i>memantine oral tablet</i>	2	MO
NUDEXTA	5	PA, MO, NEDS
NULIBRY	5	B/D PA, NEDS
OCREVUS	5	MO, NEDS
ONPATTRO	5	PA, HI, LA, NEDS
PONVORY	5	PA, MO, QL (30 per 30 days), NEDS
PONVORY 14-DAY STARTER PACK	5	PA, MO, QL (1 per 180 days), NEDS
RADICAVA	5	HI, NEDS
<i>rivastigmine tartrate</i>	2	MO
<i>rivastigmine transdermal</i>	2	MO
RUZURGI	5	NEDS
TECFIDERA	5	PA, MO, LA, NEDS
TEGSEDI	5	PA, MO, LA, NEDS
<i>tetrabenazine</i>	5	PA, MO, NEDS
TYSABRI	5	PA, MO, HI, LA, NEDS
ZEPOSIA	5	PA, MO, NEDS
ZEPOSIA STARTER KIT	5	PA, MO, NEDS
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 375 mg, 500 mg, 750 mg</i>	2	PA, MO
<i>cyclobenzaprine oral tablet</i>	2	PA, MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
<i>meprobamate</i>	2	MO
<i>metaxalone</i>	2	PA, MO
<i>methocarbamol</i>	2	PA, MO, HI
<i>methocarbamol oral tablet</i>	2	PA, MO
<i>neostigmine methylsulfate intravenous solution</i>	2	
<i>orphenadrine citrate injection</i>	2	MO
<i>orphenadrine citrate oral tablet extended release</i>	2	PA, MO
<i>orphenadrine-asa- caffeine</i>	2	PA, MO
<i>orphengesic forte</i>	2	PA, MO
<i>pyridostigmine bromide oral syrup</i>	5	MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
<i>pyridostigmine bromide oral tablet 60 mg</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

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

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

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen-caff-dihydrocod</i>	2	MO
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO
<i>acetaminophen-codeine oral tablet</i>	2	MO
<i>ascomp with codeine</i>	2	PA, MO
<i>buprenorphine</i>	2	PA, MO
<i>buprenorphine hcl injection solution</i>	2	MO, HI
<i>buprenorphine hcl injection syringe</i>	2	HI
<i>buprenorphine hcl sublingual</i>	2	MO
<i>butalbital compound w/codeine</i>	2	PA
<i>butalbital-acetaminop-caf-cod</i>	2	PA, MO
<i>butalbital-acetaminophen oral capsule</i>	2	PA, MO
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	2	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caff</i>	2	PA, MO
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA, MO
<i>butalbital-aspirin-caffeine oral tablet</i>	2	PA
<i>codeine sulfate</i>	2	MO
<i>codeine-butalbital-asa-caff</i>	2	PA, MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	
<i>dvorah</i>	2	
<i>endocet</i>	2	MO
<i>fentanyl citrate (pf) injection solution</i>	2	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA, MO, NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 75 mcg/hr</i>	2	MO
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hour, 87.5 mcg/hour</i>	5	MO, NEDS

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>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA, MO
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 80 mg</i>	5	PA, MO, NEDS
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg</i>	2	PA, MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO
<b>HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)</b>	3	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO
<i>hydrocodone-ibuprofen</i>	2	MO
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	2	
<i>hydromorphone injection solution 1 mg/ml</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	2	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	2	
<i>hydromorphone oral liquid</i>	2	MO
<i>hydromorphone oral tablet</i>	2	MO
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA, MO
<i>levorphanol tartrate oral tablet 2 mg</i>	5	MO, NEDS
<i>levorphanol tartrate oral tablet 3mg</i>	5	MO, NEDS
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	2	PA, MO
<i>meperidine oral</i>	2	MO
<i>methadone injection solution</i>	2	HI
<i>methadone intensol</i>	2	PA, MO
<i>methadone oral concentrate</i>	2	PA
<i>methadone oral solution</i>	2	PA, MO
<i>methadone oral tablet</i>	2	PA, MO
<i>methadose oral concentrate</i>	2	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO
<i>morphine concentrate oral solution</i>	2	MO
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	3	
<i>morphine injection solution 8 mg/ml</i>	2	
<i>morphine injection syringe 10 mg/ml, 4 mg/ml</i>	2	MO
<i>morphine injection syringe 8 mg/ml</i>	2	
<i>morphine intravenous solution 10 mg/ml</i>	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	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA, MO
<i>morphine oral capsule, extend. release pellets</i>	2	PA, MO
<i>morphine oral solution</i>	2	MO
<i>morphine oral tablet</i>	2	MO
<i>morphine oral tablet extended release</i>	2	PA, MO
<i>oxycodone oral capsule</i>	2	MO
<i>oxycodone oral concentrate</i>	2	MO
<i>oxycodone oral solution</i>	2	MO
<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
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG (BRAND)	3	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</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: NARCOTIC  
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR	3	PA, MO
<i>oxymorphone oral tablet</i>	2	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA, MO
<i>prolata oral tablet</i>	2	MO
<i>tencon</i>	2	PA, MO
<i>vtol lq</i>	2	PA, MO
<i>zebutal</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml)</i>	2	MO
<i>buprenorphine- naloxone</i>	2	MO
<i>butorphanol tartrate injection</i>	2	MO, HI
<i>butorphanol tartrate nasal</i>	2	MO
<i>cataflam</i>	2	
<i>celecoxib</i>	2	MO, QL (60 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	2	MO
<i>diflunisal</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	2	
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-famotidine</i>	2	MO
<i>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO
<i>indomethacin sodium</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	
<i>ketorolac injection syringe</i>	2	
<i>ketorolac intramuscular solution</i>	2	
<i>ketorolac intramuscular syringe</i>	2	
<i>ketorolac oral</i>	2	
LUCEMYRA	5	MO, QL (224 per 180 days), NEDS
<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) 375 mg</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.

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

Drug Name	Tier	Requirements/ Limits
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	MO
<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
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</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

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	5	ST, MO, NEDS
ADASUVE	4	ST
<i>alprazolam intensol</i>	2	MO
<i>alprazolam oral tablet</i>	2	MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	MO
<i>alprazolam oral tablet, disintegrating</i>	2	MO
<i>amitriptyline</i>	2	PA, MO
<i>amitriptyline-chlordiazepoxide</i>	2	MO
<i>amoxapine</i>	2	MO
<i>amphetamine sulfate</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO, NEDS
<i>aripiprazole oral tablet</i>	2	MO
<i>aripiprazole oral tablet, disintegrating</i>	5	MO, NEDS
ARISTADA	5	ST, MO, NEDS
ARISTADA INITIO	5	ST, MO, NEDS
<i>armodafinil</i>	2	PA, MO
<i>asenapine maleate</i>	2	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

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

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

Drug Name	Tier	Requirements/ Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO
<i>bupirone</i>	2	MO
CAPLYTA	5	ST, MO, QL (30 per 30 days), NEDS
<i>chlordiazepoxide hcl</i>	2	MO
<i>chlorpromazine injection</i>	2	MO, HI
<i>chlorpromazine oral</i>	2	MO
<i>chlorpromazine oral concentrate</i>	2	
<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	MO
<i>clozapine</i>	2	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	2	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg</i>	2	MO, QL (60 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	MO, QL (30 per 30 days)
<i>dexmethylphenidate 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 oral tablet 15 mg, 20 mg, 30 mg</i>	2	
<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</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam oral concentrate</i>	2	MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</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
<i>diazepam oral tablet</i>	2	MO
<i>doxepin oral capsule</i>	2	PA, MO
<i>doxepin oral concentrate</i>	2	PA, MO
<i>doxepin oral tablet</i>	2	MO
DRIZALMA SPRINKLE	4	MO
<i>duloxetine oral capsule, delayed release (dr/ec)</i>	2	MO
EMSAM	5	MO, NEDS
<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	MO
<i>eszopiclone</i>	2	MO, QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST, MO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST, MO, NEDS
FANAPT ORAL TABLETS, DOSE PACK	4	ST, MO
FETZIMA	4	MO
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>flurazepam</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO
<i>fluvoxamine oral tablet</i>	2	MO
FORFIVO XL	4	MO
<i>guanfacine oral tablet extended release 24 hr</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA, MO, QL (30 per 30 days), NEDS

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

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

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

Drug Name	Tier	Requirements/ Limits
HETLIOZ LQ	5	PA, MO, QL (150 per 30 days), NEDS
<i>imipramine hcl</i>	2	PA, MO
<i>imipramine pamoate</i>	2	PA, MO
INVEGA HAFYERA	5	ST, NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	ST, MO, NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	ST, MO
INVEGA TRINZA	5	ST, MO, NEDS
LATUDA	5	ST, MO, NEDS
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lorazepam injection solution</i>	2	MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	MO
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	MO
<i>lorazepam oral tablet</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>loxapine succinate</i>	2	MO
LYBALVI	5	ST, NEDS
<i>maprotiline</i>	2	MO
MARPLAN	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)
<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)

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 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 solution</i>	2	
<i>midazolam (pf) injection syringe</i>	2	
<i>midazolam injection</i>	2	
<i>midazolam oral syrup 2 mg/ml</i>	2	MO
<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

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

Drug Name	Tier	Requirements/ Limits
NUPLAZID ORAL CAPSULE	5	ST, MO, NEDS
NUPLAZID ORAL TABLET 10 MG	5	ST, MO, NEDS
<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	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, NEDS
<i>paroxetine hcl oral suspension</i>	2	
<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
PAXIL ORAL SUSPENSION	4	MO
<i>pentobarbital sodium injection solution</i>	2	
<i>perphenazine</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>perphenazine-amitriptyline</i>	2	PA, MO
PERSERIS	5	ST, MO, NEDS
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</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	ST, MO, NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	ST, MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	ST, MO, NEDS
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet, disintegrating</i>	2	MO
SAPHRIS	5	ST, MO, NEDS
<i>seconal sodium</i>	2	PA
SECUADO	5	ST, MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam</i>	2	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	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
VERSACLOZ	5	ST, NEDS
VIIBRYD ORAL TABLET	4	MO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	MO
VRAYLAR ORAL CAPSULE	5	ST, MO, NEDS
VRAYLAR ORAL CAPSULE, DOSE PACK	4	ST, MO
XYREM	5	PA, LA, NEDS
<i>zaleplon</i>	2	MO, QL (30 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	4	MO
<i>ziprasidone hcl</i>	2	MO
<i>ziprasidone mesylate</i>	2	
<i>zolpidem oral tablet</i>	2	MO, QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	2	MO, QL (30 per 30 days)
ZYPREXA RELPREVV	4	ST, MO

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

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

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

Drug Name	Tier	Requirements/ Limits
<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	
<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-hcthiiazid</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

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>carvedilol</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
<i>chlorothiazide sodium</i>	2	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal</i>	2	MO
DEMSER	5	MO, NEDS
<i>diltiazem hcl intravenous</i>	2	HI
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	

**CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>dilt-xr oral capsule, ext release degradable</i>	1	MO
<i>doxazosin</i>	1	MO
<i>enalapril maleate oral solution</i>	2	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol</i>	2	B/D PA, MO
<i>epoprostenol (glycine)</i>	2	B/D PA, MO
<i>esmolol in nacl (iso-osm)</i>	2	
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	HI, NEDS
<i>ethacrynic acid</i>	2	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	2	MO, HI
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>guanfacine oral tablet</i>	1	MO

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**CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)**

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

**CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	2	HI
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metyrosine</i>	5	MO, NEDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>nebivolol</i>	2	
<i>nicardipine intravenous solution</i>	2	HI
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd</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
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA, MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA, MO, NEDS
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	MO, NEDS
<i>phentolamine</i>	2	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	2	HI
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO

**CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>taztia xt oral capsule, extended release</i>	1	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium</i>	5	B/D PA, MO, NEDS
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI INTRAVENOUS	5	PA, LA, NEDS
UPTRAVI ORAL	5	PA, MO, LA, NEDS
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	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.

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

**CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>verapamil intravenous</i>	2	HI
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>aminocaproic acid</i>	2	MO
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	5	NEDS
<i>argatroban in 0.9 % sod chlor</i>	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
BRILINTA	4	MO
CABLIVI INJECTION KIT	5	LA, NEDS
<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 (60 per 30 days), NEDS
DOPTELET (15 TAB PACK)	5	MO, LA, QL (60 per 30 days), NEDS
DOPTELET (30 TAB PACK)	5	MO, LA, QL (60 per 30 days), NEDS
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO, QL (180 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.

**CARDIOVASCULAR, HYPERTENSION  
/ LIPIDS: COAGULATION THERAPY  
(continued)**

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

**CARDIOVASCULAR, HYPERTENSION  
/ LIPIDS: COAGULATION THERAPY  
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO, HI
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO, HI
<i>heparin (porcine) injection solution</i>	2	MO, HI
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO, HI
<i>heparin flush (porcine)-0.9nacl</i>	MB	MO
<i>heparin lock flush (porcine)</i>	MB	MO
<i>heparin lockflush (porcine)(pf)</i>	MB	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO

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

**CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY**  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	MB	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	MB	MO
<i>jantoven</i>	1	MO
MULPLETA	5	MO, QL (7 per 180 days), NEDS
NPLATE	5	MO, NEDS
<i>pentoxifylline oral tablet extended release</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PRAXBIND	5	NEDS
PROMACTA	5	MO, LA, NEDS
<i>protamine</i>	2	
TAVALISSE	5	LA, NEDS
<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 oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	MO
<i>colestipol</i>	1	MO
EVKEEZA	5	PA, NEDS
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</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	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</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: LIPID/CHOLESTEROL  
LOWERING AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>fluvastatin oral capsule</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	PA, MO
JUXTAPID	5	PA, MO, LA, NEDS
<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 1,000 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA, QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	3	PA, QL (4 per 28 days)
<i>pravastatin</i>	1	MO
<i>prevalite</i>	1	MO
<i>rosuvastatin</i>	1	MO
<i>simvastatin oral tablet</i>	1	MO
VASCEPA	4	PA, 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	HI
<i>digoxin oral solution</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), 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

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

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

Drug Name	Tier	Requirements/ Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA, MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA, MO
ENTRESTO	3	MO, QL (60 per 30 days)
<i>isoproterenol hcl</i>	2	
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	NEDS
VERQUVO	4	MO, QL (30 per 30 days)
VYNDAMAX	5	PA, MO, NEDS
VYNDAQEL	5	PA, MO, NEDS

**CARDIOVASCULAR,  
HYPERTENSION / LIPIDS: NITRATES**

Drug Name	Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA, HI
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</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/TOPIICAL  
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, NEDS
<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	
COSENTYX (2 SYRINGES)	5	PA, MO, QL (2 per 28 days), NEDS
COSENTYX PEN	5	PA, MO, QL (2 per 28 days), NEDS
COSENTYX PEN (2 PENS)	5	PA, MO, QL (2 per 28 days), NEDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ ML	5	PA, MO, QL (2 per 28 days), NEDS
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA, MO, QL (1 per 28 days), NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ ML	5	PA, MO, QL (1 per 28 days), NEDS

**DERMATOLOGICALS/TOPIICAL  
THERAPY: ANTIPSORIATIC /  
ANTISEBORRHEIC (continued)**

Drug Name	Tier	Requirements/ Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA, MO, QL (1 per 28 days), NEDS
STELARA INTRAVENOUS	5	PA, MO, HI, NEDS
STELARA SUBCUTANEOUS	5	PA, MO, NEDS

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

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

## 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>chlorprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	2	MO
<i>doxepin topical</i>	5	MO, NEDS
DUPIXENT PEN	5	PA, MO, NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA, MO, NEDS
FLUOROURACIL TOPICAL CREAM 0.5 %	5	MO, NEDS
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	2	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	2	MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution</i>	2	HI
<i>lidocaine hcl injection solution</i>	2	HI

## DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>lidocaine hcl laryngotracheal</i>	2	MO
<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 2 %</i>	2	
<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</i>	2	
<i>lidocaine-epinephrine (pf)</i>	2	
<i>lidocaine-prilocaine topical cream</i>	2	MO
<i>methoxsalen</i>	5	MO, NEDS
OPZELURA	5	PA, MO, NEDS
PANRETIN	5	PA, MO, NEDS
<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	

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>pradoxin</i>	2	MO
REGRANEX	5	MO, NEDS
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA, MO
UVADEX	3	
VALCHLOR	5	MO, NEDS
<i>xylocaine dental-epinephrine</i>	2	

**DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE**

Drug Name	Tier	Requirements/ Limits
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	2	
<i>adapalene topical cream</i>	2	PA, MO
<i>adapalene topical gel</i>	2	PA, MO
<i>adapalene topical gel with pump</i>	2	PA, MO
<i>adapalene topical solution</i>	2	PA
<i>adapalene topical swab</i>	2	PA
<i>adapalene-benzoyl peroxide</i>	2	PA, MO
<i>amneesteem</i>	2	
<i>avita topical cream</i>	2	PA, MO
<i>azelaic acid</i>	2	MO
<i>claravis</i>	2	
<i>clindacin etz topical swab</i>	2	MO
<i>clindacin p</i>	2	MO
<i>clindamycin phosphate topical foam</i>	2	
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical gel, once daily</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO

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

**DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE**  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	2	MO
<i>clindamycin-tretinoin</i>	2	PA, MO
<i>dapsone topical</i>	2	MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
FABIOR	4	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	5	NEDS
<i>ivermectin topical cream</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	
<i>neuac</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene topical cream</i>	2	PA, MO

**DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE**  
(continued)

Drug Name	Tier	Requirements/ Limits
TAZAROTENE TOPICAL FOAM	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA, MO
TAZORAC TOPICAL GEL	4	PA, MO
<i>tretinoin microspheres</i>	2	PA, MO
<i>tretinoin topical</i>	2	PA, MO
<i>zenatane</i>	2	

**DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS**

Drug Name	Tier	Requirements/ Limits
<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin ointment</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	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 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>ketconazole 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 cream</i>	2	MO
<i>nystatin topical ointment</i>	2	MO
<i>nystatin topical powder</i>	2	
<i>nystatin-triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO
<i>tavaborole</i>	5	MO, NEDS

## DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>acyclovir topical</i>	2	MO
DENAVIR	5	MO, NEDS

## DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

Drug Name	Tier	Requirements/ Limits
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>apexicon e</i>	2	MO
<i>beser</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>clobetasol</i>	2	MO
<i>clobetasol-emollient</i>	2	MO
<i>clodan</i>	2	MO
<i>desonide</i>	2	MO
<i>desoximetasone</i>	2	MO
<i>desrx</i>	2	
<i>diflorasone topical cream</i>	2	MO
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO
<i>fluocinonide-e</i>	2	

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**DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>fluocinonide-emollient</i>	2	MO
<i>flurandrenolide</i>	2	MO
<i>fluticasone propionate topical</i>	2	MO
<i>halcinonide</i>	2	MO
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>tovet emollient</i>	2	MO
<i>triamcinolone acetonide topical</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
<i>tritocin</i>	2	

**DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES**

Drug Name	Tier	Requirements/ Limits
<i>crotan</i>	2	MO
<i>ivermectin topical lotion</i>	2	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin</i>	2	MO
<i>spinosad</i>	2	MO

**DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES**

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine intravenous</i>	2	

**DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS**

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

## DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

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

## DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>d5 %-0.45 % sodium chloride</i>	2	MO, HI
<i>deferasirox</i>	5	MO, NEDS
<i>deferiprone</i>	5	MO, NEDS
<i>deferoxamine</i>	2	MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	HI
<i>dextrose 10 % in water (d10w)</i>	2	HI
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO, HI
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO, HI
<i>dextrose 5%-0.2 % sod chloride</i>	2	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	2	HI
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	5	MO, NEDS

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

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

**DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)**

Drug Name	Tier	Requirements/Limits
EMPAVELI	5	PA, LA, NEDS
FERRIPROX	5	NEDS
FERRIPROX (2 TIMES A DAY)	5	NEDS
GIVLAARI	5	PA, MO, NEDS
GLASSIA	5	PA, MO, HI, LA, NEDS
INCRELEX	5	PA, MO, LA, NEDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG	5	MO, NEDS
<i>lanthanum oral tablet, chewable</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>midodrine</i>	2	MO
<i>monoject 0.9% sodium chloride</i>	MB	
<i>monoject prefill advanced ns</i>	MB	MO
<i>nitisinone</i>	5	MO, NEDS
NITYR	3	MO, LA
<i>normal saline flush</i>	MB	MO
NORTHERA	5	MO, NEDS
ORFADIN ORAL CAPSULE 20 MG	5	LA, NEDS
ORFADIN ORAL SUSPENSION	5	LA, NEDS

**DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)**

Drug Name	Tier	Requirements/Limits
OXBRYTA	5	PA, MO, LA, QL (90 per 30 days), NEDS
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA, HI, LA, NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA, HI, LA, NEDS
RAVICTI	5	MO, NEDS
REVCОВI	5	NEDS
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO, QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO, NEDS
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl oral tablet 400 mg</i>	2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	2	
<i>sodium benzoate-sod phenylacet</i>	2	
<i>sodium chlor 0.9% bacteriostat</i>	MB	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	MB	MO
<i>sodium chloride 0.9 % injection</i>	MB	

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
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO, HI
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO, HI
<i>sodium chloride injection</i>	MB	
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	MO, NEDS
<i>sodium phenylbutyrate oral tablet</i>	5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	NEDS
THIOLA EC	5	NEDS
TIGLUTIK	5	NEDS
<i>tiopronin</i>	5	MO, NEDS
<i>trientine</i>	5	MO, NEDS
VELTASSA	4	MO
<i>water for inject, bacteriostat</i>	MB	
<i>water for irrigation, sterile</i>	2	MO
XURIDEN	5	NEDS
ZOKINVY	5	PA, NEDS

**DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	MO, HI

**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
<i>varenicline</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.

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

## 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>	1	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	MO
<i>fluoride (sodium) dental paste</i>	2	MO
<i>fluoride (sodium) dental solution</i>	2	MO
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (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>	1	MO
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO

## EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

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

## EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear)</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: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
<i>betamethasone acet, sod phos</i>	2	MO
<i>decadron oral tablet 0.5 mg</i>	2	
<i>dexabliss</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	1	MO
<i>hidex</i>	2	
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA, MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO, HI

## ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>methylprednisolone sodium succ intravenous</i>	2	MO, HI
<i>millipred oral tablet</i>	1	B/D PA, MO
<i>prednisolone oral solution</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 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO

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

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

## ENDOCRINE/DIABETES: ANTITHYROID AGENTS

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

## ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acarbose</i>	1	MO
ALCOHOL PADS	3	
BAQSIMI	3	MO
BYDUREON BCISE	3	MO, QL (3.4 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
DEXCOM RECEIVER	MB	QL (1 per 365 days)
DEXCOM SENSOR	MB	
DEXCOM TRANSMITTER	MB	
<i>diazoxide</i>	2	MO
GAUZE PADS 2X2	3	
<i>glimepiride</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin</i>	1	MO
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	

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
<i>glucagon emergency kit (human)</i>	2	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide-metformin</i>	1	MO
GUARDIAN REAL-TIME GLUCOSE MONITORING SYSTEM	MB	QL (1 per 365 days)
GUARDIAN SENSOR	MB	
GUARDIAN TRANSMITTER	MB	
HUMALOG JUNIOR KWIKPEN U-100	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

**ENDOCRINE/DIABETES: DIABETES THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
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	
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
INVOKAMET	3	MO
INVOKAMET XR	3	MO
INVOKANA	3	MO
JANUMET	3	MO
JANUMET XR	3	MO
JANUVIA	3	MO
JARDIANCE	3	MO
KOMBIGLYZE XR	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

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

**ENDOCRINE/DIABETES: DIABETES THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>migliitol</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 TEST	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 28 days)
ONGLYZA	3	MO
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, QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 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
RYBELSUS	4	ST, MO, QL (30 per 30 days)
SYMLINPEN 120	5	MO, NEDS

**ENDOCRINE/DIABETES: DIABETES THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
SYMLINPEN 60	5	MO, NEDS
SYNJARDY	3	MO
SYNJARDY XR	3	MO
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRULICITY	3	MO, QL (2 per 28 days)
VGO	3	

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

Drug Name	Tier	Requirements/ Limits
ALDURAZYME	5	MO, HI, NEDS
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon) injection</i>	5	MO, NEDS
<i>calcitonin (salmon) nasal</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	HI
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	2	
CERDELGA	5	MO, NEDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA, MO, HI, NEDS
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, NEDS
<i>clomiphene citrate</i>	2	PA, MO
CRYSVITA	5	MO, NEDS
<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 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral</i>	2	MO

## ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELELYSO	5	MO, HI, NEDS
FABRAZYME	5	MO, HI, NEDS
GALAFOLD	5	PA, MO, LA, NEDS
ISTURISA	5	PA, LA, NEDS
JYNARQUE	5	LA, NEDS
KANUMA	5	MO, HI, NEDS
KORLYM	5	PA, NEDS
KUVAN	5	MO, NEDS
MEPSEVII	5	MO, NEDS
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	5	MO, NEDS
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO, LA, NEDS
MYALEPT	5	MO, LA, NEDS
NAGLAZYME	5	MO, HI, LA, NEDS
NATPARA	5	PA, MO, LA, NEDS
NOVAREL	3	PA, MO
<i>oxandrolone oral tablet 10 mg</i>	5	PA, MO, NEDS
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA, MO
PALYNZIQ	5	MO, LA, NEDS
<i>pamidronate intravenous solution</i>	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.

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

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

Drug Name	Tier	Requirements/ Limits
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
<i>paricalcitol</i> <i>intravenous</i>	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML (BRAND)	3	
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML (BRAND)	3	MO
<i>paricalcitol oral</i>	2	MO
PARSABIV	5	MO, NEDS
SAMSCA ORAL TABLET 15 MG	5	MO, NEDS
<i>sapropterin</i>	5	MO, NEDS
SOMAVERT	5	MO, NEDS
STRENSIQ	5	LA, NEDS
SYNAREL	5	MO, NEDS
TEPEZZA	5	PA, MO, NEDS
<i>testosterone cypionate</i> <i>intramuscular oil 100</i> <i>mg/ml, 200 mg/ml</i>	2	MO
<i>testosterone cypionate</i> <i>intramuscular oil 200</i> <i>mg/ml (1 ml)</i>	2	
<i>testosterone</i> <i>enanthate</i>	2	MO
<i>testosterone</i> <i>transdermal gel</i> <i>(generic)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>10 mg/0.5 gram</i> <i>(Fortesta generic)</i>	2	MO
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>12.5 mg/ 1.25 gram</i> <i>(1 %) (Androgel</i> <i>generic)</i>	2	MO
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>20.25 mg/1.25 gram</i> <i>(1.62 %) (Androgel</i> <i>generic)</i>	2	MO
<i>testosterone</i> <i>transdermal gel in</i> <i>packet (Androgel</i> <i>generic)</i>	2	MO
<i>testosterone</i> <i>transdermal solution</i> <i>in metered pump w/</i> <i>app (Axiron generic)</i>	2	MO
<i>tolvaptan oral tablet</i> <i>30 mg</i>	5	MO, NEDS
VIMIZIM	3	MO
<i>zoledronic acid</i> <i>intravenous solution</i>	2	MO, HI
<i>zoledronic acid-</i> <i>mannitol-water</i> <i>intravenous</i> <i>piggyback 4 mg/100</i> <i>ml</i>	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: 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 tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous</i>	2	MO, HI
<i>liothyronine oral</i>	2	MO
<i>np thyroid</i>	2	MO
<i>unithroid</i>	1	MO

## GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

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

## GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

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

## GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO	3	PA, MO
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA, MO, NEDS
GATTEX ONE-VIAL	5	PA, MO, NEDS
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO, HI
<i>granisetron hcl intravenous</i>	2	MO, HI
<i>granisetron 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, NEDS
<i>lactulose oral packet</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</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.

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

Drug Name	Tier	Requirements/ Limits
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS	3	MO, QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</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), NEDS
<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

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

Drug Name	Tier	Requirements/ Limits
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA, MO
OSMOPREP	4	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg3350-sod sul-nacl- kcl-asb-c</i>	2	MO
<i>peg-electrolyte</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO, NEDS
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	2	

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	4	MO
RELISTOR ORAL	5	MO, NEDS
RELISTOR SUBCUTANEOUS SOLUTION	5	MO, NEDS
RELISTOR SUBCUTANEOUS SYRINGE	5	MO, NEDS
<i>scopolamine base</i>	2	MO
SUCRAID	5	NEDS
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	MO
SYNDROS	5	B/D PA, NEDS
<i>trimethobenzamide oral</i>	2	B/D PA, MO
UCERIS RECTAL	4	MO
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL	3	B/D PA

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

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

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

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 10 mg, 20 mg</i>	2	ST, MO, QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST, MO, QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO, 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)

## GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<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)
<i>misoprostol</i>	2	MO
<i>nizatidine oral capsule</i>	2	
<i>nizatidine oral solution</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>pantoprazole intravenous</i>	2	MO, HI
<i>pantoprazole oral granules dr for susp in packet</i>	2	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>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.

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

**IMMUNOLOGY, VACCINES /  
BIOTECHNOLOGY:  
BIOTECHNOLOGY DRUGS**

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	5	PA, MO, NEDS
ARCALYST	5	MO, NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	MO, QL (4 per 28 days), NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	MO, QL (4 per 28 days), NEDS
EGRIFTA SV	5	PA, MO, NEDS
FULPHILA	5	MO, QL (1.2 per 30 days), NEDS
GRANIX	5	MO, NEDS
ILARIS (PF)	5	PA, MO, LA, NEDS
INTRON A INJECTION	5	PA, MO, NEDS
LEUKINE INJECTION RECON SOLN	5	MO, HI, NEDS
MOZOBIL	5	MO, NEDS
NEULASTA	5	PA, MO, NEDS
NEULASTA ONPRO	5	PA, MO, NEDS
NEUPOGEN	5	PA, MO, NEDS
NIVESTYM	5	PA, MO, NEDS
NYVEPRIA	5	PA, MO, NEDS
OMNITROPE	5	PA, MO, NEDS
PEGASYS SUBCUTANEOUS SOLUTION	5	MO, QL (4 per 28 days), NEDS
PEGASYS SUBCUTANEOUS SYRINGE	5	MO, QL (2 per 28 days), NEDS

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

Drug Name	Tier	Requirements/ Limits
PLEGRIDY INTRAMUSCULAR	5	MO, QL (1 per 28 days), NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	MO, QL (1 per 28 days), NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	MO, QL (1 per 180 days), NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE	5	MO, QL (1 per 28 days), NEDS
REBIF (WITH ALBUMIN)	5	MO, QL (6 per 28 days), NEDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	MO, QL (6 per 28 days), NEDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	MO, QL (4.2 per 180 days), NEDS
REBIF TITRATION PACK	5	MO, QL (4.2 per 180 days), NEDS
REBLOZYL	5	PA, NEDS

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, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA, MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA, MO, NEDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA, MO, NEDS
UDENYCA	5	MO, QL (1.2 per 30 days), NEDS
ZARXIO	5	MO, NEDS
ZIEXTENZO	5	MO, QL (1.2 per 28 days), NEDS
ZORBIVE	5	PA, MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	1	MO
AFLURIA QD 2021-22 (3YR UP)(PF)	MB	MO
AFLURIA QD 2021-22 (6-35MO)(PF)	MB	
AFLURIA QUAD 2021-2022(6MO UP)	MB	
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	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 QUAD 2021-22(65Y UP) (PF)	MB	MO
FLUARIX QUAD 2021-2022 (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.

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

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

Drug Name	Tier	Requirements/ Limits
FLUBLOK QUAD 2021-2022 (PF)	MB	MO
FLUCELVAX QUAD 2021-2022	MB	
FLUCELVAX QUAD 2021-2022 (PF)	MB	MO
FLULAVAL QUAD 2021-2022 (PF)	MB	
FLUMIST QUAD 2021-2022	MB	
FLUZONE HIGHDOSE QUAD 21-22 PF	MB	MO
FLUZONE QUAD 2021-2022	MB	
FLUZONE QUAD 2021-2022 (PF)	MB	MO
<i>fomepizole</i>	2	HI
GAMASTAN	3	MO
GAMASTAN S/D	3	
GAMMAGARD LIQUID	5	PA, MO, HI, NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA, MO, HI, NEDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA, MO, HI, NEDS

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	B/D PA, MO, HI, NEDS
GARDASIL 9 (PF)	1	MO
GRASTEK	4	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	MO
HIBERIX (PF)	1	MO
IMOVAX RABIES VACCINE (PF)	1	
<i>infanrix (dtap) (pf) intramuscular syringe</i>	1	MO
IPOL	1	
IXIARO (PF)	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</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.

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

Drug Name	Tier	Requirements/ Limits
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	
PENTACEL (PF)	1	
PNEUMOVAX-23	MB	MO
PREVNAR 13 (PF)	MB	MO
PREVNAR 20 (PF)	MB	
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	MO
RAGWITEK	4	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ ML	1	B/D PA, MO

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

Drug Name	Tier	Requirements/ Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA
ROTARIX	1	
ROTATEQ VACCINE	1	MO
SHINGRIX (PF)	1	MO
STAMARIL (PF)	1	
TDVAX	1	MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO
TETANUS, DIPHTHERIA TOX PED(PF)	1	MO
TICE BCG	1	MO
TICOVAC	1	
TRUMENBA	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	

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

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

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

Drug Name	Tier	Requirements/ Limits
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
VAXNEUVANCE	MB	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA, MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA, MO, NEDS
YF-VAX (PF)	1	
ZINPLAVA	5	PA, MO, HI, NEDS
ZOSTAVAX (PF)	1	

**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

**MUSCULOSKELETAL /  
RHEUMATOLOGY: OSTEOPOROSIS  
THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>alendronate oral solution</i>	2	MO, QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO, QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO, QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	5	PA, QL (2.34 per 30 days), NEDS
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2)	5	PA, MO, QL (2.34 per 30 days), NEDS
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5	PA, MO, QL (2.4 per 28 days), NEDS
<i>ibandronate intravenous</i>	2	MO
<i>ibandronate oral</i>	2	MO, QL (1 per 30 days)
PROLIA	4	PA, MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO, QL (1 per 30 days)
<i>risedronate oral tablet 35 mg</i>	2	MO, QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO, QL (30 per 30 days)

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

**MUSCULOSKELETAL /  
RHEUMATOLOGY: OSTEOPOROSIS  
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>risedronate oral tablet, delayed release (dr/ ec)</i>	2	MO, QL (4 per 28 days)
TYMLOS	5	PA, MO, QL (1.56 per 30 days), NEDS

**MUSCULOSKELETAL /  
RHEUMATOLOGY: OTHER  
RHEUMATOLOGICALS**

Drug Name	Tier	Requirements/ Limits
ACTEMRA ACTPEN	5	PA, MO, QL (3.6 per 28 days), NEDS
ACTEMRA INTRAVENOUS	5	PA, MO, HI, QL (40 per 28 days), NEDS
ACTEMRA SUBCUTANEOUS	5	PA, MO, QL (3.6 per 28 days), NEDS
BENLYSTA INTRAVENOUS	5	MO, HI, NEDS
BENLYSTA SUBCUTANEOUS	5	MO, NEDS
ENBREL MINI	5	PA, MO, QL (8 per 28 days), NEDS
ENBREL SUBCUTANEOUS RECON SOLN	5	PA, MO, QL (16 per 28 days), NEDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA, MO, QL (8 per 28 days), NEDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA, MO, QL (8 per 28 days), NEDS
ENBREL SURECLICK	5	PA, MO, QL (8 per 28 days), NEDS
HUMIRA PEN	5	PA, MO, QL (4 per 28 days), NEDS
HUMIRA PEN CROHNS-UC-HS START	5	PA, MO, QL (6 per 180 days), NEDS

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

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

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

Drug Name	Tier	Requirements/ Limits
HUMIRA PEN PSOR- UVEITS-ADOL HS	5	PA, MO, QL (4 per 180 days), NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA, MO, QL (4 per 28 days), NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA, MO, QL (3 per 180 days), NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA, MO, QL (2 per 180 days), NEDS
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA, MO, QL (3 per 180 days), NEDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA, MO, QL (3 per 180 days), NEDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA, MO, QL (3 per 180 days), NEDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA, MO, QL (4 per 28 days), NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA, MO, QL (3 per 180 days), NEDS

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

Drug Name	Tier	Requirements/ Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA, MO, QL (2 per 28 days), NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA, MO, QL (4 per 28 days), NEDS
KEVZARA	5	PA, MO, QL (2.28 per 28 days), NEDS
KINERET	5	PA, NEDS
<i>leflunomide</i>	2	MO, QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	5	PA, MO, HI, QL (4 per 28 days), NEDS
ORENCIA CLICKJECT	5	PA, MO, QL (4 per 28 days), NEDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ ML	5	PA, MO, QL (4 per 28 days), NEDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA, MO, QL (1.6 per 28 days), NEDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA, MO, QL (2.8 per 28 days), NEDS
OTEZLA	5	PA, MO, QL (60 per 30 days), NEDS

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
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA, MO, QL (54 per 28 days), NEDS
<i>penicillamine</i>	5	MO, NEDS
RIDAURA	5	MO, NEDS
RINVOQ	5	PA, MO, QL (30 per 30 days), NEDS
SIMPONI ARIA	5	PA, MO, HI, NEDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA, MO, QL (1 per 28 days), NEDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days), NEDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA, MO, QL (1 per 28 days), NEDS
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days), NEDS
XELJANZ ORAL SOLUTION	5	PA, MO, QL (150 per 30 days), NEDS
XELJANZ ORAL TABLET	5	PA, MO, QL (60 per 30 days), NEDS

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

Drug Name	Tier	Requirements/ Limits
XELJANZ XR	5	PA, MO, QL (30 per 30 days), NEDS

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

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

## 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 oral</i>	2	MO
<i>estradiol transdermal patch semiweekly</i>	2	MO
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal</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	NEDS
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	2	MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	2	MO
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
<i>mimvey</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	2	MO
<i>norlyda</i>	2	MO
PREMARIN INJECTION	4	HI
<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

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

## 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-ethinyl estradiol</i>	2	
GYNAZOLE-1	4	MO
LUPANETA PACK (1 MONTH)	5	NEDS
LUPANETA PACK (3 MONTH)	5	NEDS
<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
<i>zafemy</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>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	
<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	MO
<i>azurette (28)</i>	2	MO
<i>balziva (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
<i>chateal (28)</i>	2	

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

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

Drug Name	Tier	Requirements/ Limits
<i>chateal eq (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	MO
<i>drospirenone-e.estradiol-lm.fa</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<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 (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>femynor</i>	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
<i>iclevia</i>	2	
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jaimiess</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e. estrad oral tablets, dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	

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>l norgest/e.estradiol-e. estrad oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>lojaimiess</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lo-zumandimine (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>merzee</i>	2	MO
<i>mibelas 24 fe</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-lynyah</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</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.

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

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

Drug Name	Tier	Requirements/ Limits
<i>norethindrone-e. estradiol-iron oral capsule</i>	2	
<i>norethindrone-e. estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>norethindrone-e. estradiol-iron oral tablet, chewable</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>nylia 7/7/7 (28)</i>	2	MO
<i>nymyo</i>	2	MO
<i>ocella</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	2	MO
<i>setlakin</i>	2	MO
<i>simliya (28)</i>	2	MO
<i>simpesse</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>taysofy</i>	2	
<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-nymyo</i>	2	
<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

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>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</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	
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

**OBSTETRICS / GYNECOLOGY: OXYTOCICS**

Drug Name	Tier	Requirements/ Limits
<i>methergine</i>	2	
<i>methylergonovine oral</i>	2	

**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) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
NATACYN	3	
<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

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

## OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>trifluridine</i>	2	MO
ZIRGAN	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 (pf)</i>	2	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

## 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	
<i>bepotastine besilate</i>	2	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	NEDS
<i>epinastine</i>	2	MO
LACRISERT	3	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA, MO, NEDS
<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

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

## 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>brinzolamide</i>	2	MO
COMBIGAN	3	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
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
<i>travoprost</i>	2	MO

## 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

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

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

## OPHTHALMOLOGY: STEROIDS

Drug Name	Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>difluprednate</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>loteprednol etabonate</i>	2	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO

## OPHTHALMOLOGY: SYMPATHOMIMETICS

Drug Name	Tier	Requirements/ Limits
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

## RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Drug Name	Tier	Requirements/ Limits
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>carbinoxamine maleate</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral syrup</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	MO
<i>cyproheptadine</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

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
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	
<i>epinephrine injection syringe 0.1 mg/ml</i>	2	
<i>hydroxyzine hcl intramuscular</i>	2	MO
<i>hydroxyzine hcl oral</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>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<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, NEDS
ADVAIR DISKUS	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	QL (25.5 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	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, NEDS
<i>ambrisentan</i>	5	PA, MO, LA, NEDS
<i>aminophylline intravenous</i>	2	HI
ANORO ELLIPTA	3	MO, QL (60 per 30 days)
<i>arformoterol</i>	2	B/D PA, MO
ARNUIITY ELLIPTA	3	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.

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

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

Drug Name	Tier	Requirements/ Limits
ATROVENT HFA	3	MO, QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	2	MO
BEVESPI AEROSPHERE	3	MO, QL (10.7 per 30 days)
<i>bosentan</i>	5	PA, MO, LA, NEDS
BREO ELLIPTA	3	MO, QL (60 per 30 days)
BRONCHITOL	5	PA, MO, QL (560 per 28 days), NEDS
BROVANA	3	B/D PA, MO
<i>budesonide inhalation</i>	2	B/D PA, MO
CINRYZE	5	PA, MO, HI, NEDS
COMBIVENT RESPIMAT	3	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA, MO
DALIRESP	3	MO
DULERA	3	MO, QL (13 per 30 days)
ESBRIET	5	PA, MO, NEDS
FASENRA	5	PA, MO, NEDS
FASENRA PEN	5	PA, MO, NEDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO, QL (60 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO, QL (240 per 30 days)
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</i>	2	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO, QL (16 per 30 days)
<i>formoterol fumarate</i>	2	B/D PA, MO
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	MB	MO
<i>icatibant</i>	5	MO, NEDS
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	5	PA, MO, QL (56 per 28 days), NEDS

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
KALYDECO ORAL TABLET	5	PA, MO, QL (60 per 30 days), NEDS
<i>levalbuterol hcl</i>	2	B/D PA, MO
<i>metaproterenol oral syrup</i>	2	MO
<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, NEDS
OFEV	5	PA, MO, NEDS
OPSUMIT	5	PA, MO, LA, NEDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA, MO, QL (56 per 28 days), NEDS
ORKAMBI ORAL TABLET	5	PA, MO, QL (112 per 28 days), NEDS
ORLADEYO	5	PA, NEDS
PERFOROMIST	3	B/D PA, MO
<i>pulmosal</i>	MB	MO
PULMOZYME	5	B/D PA, MO, NEDS
RUCONEST	5	MO, HI, NEDS
<i>sajazir</i>	5	NEDS
SEREVENT DISKUS	3	MO, QL (60 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA, HI, NEDS
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA, MO, NEDS
<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 HANDIHALER	3	MO, QL (30 per 30 days)
STIOLTO 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), NEDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	5	PA, MO, QL (60 per 30 days), NEDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA, NEDS
TAKHZYRO	5	MO, LA, NEDS
<i>terbutaline</i>	2	MO
<i>theophylline oral elixir</i>	2	

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

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

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

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

**UROLOGICALS:  
ANTICHOLINERGICS /  
ANTISPASMODICS**

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	2	MO
<i>flavoxate</i>	2	MO
GEMTESA	4	PA, MO, QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	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>solifenacin</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
<i>tropium oral capsule, extended release 24hr</i>	2	MO
<i>tropium 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
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin</i>	2	MO
<i>tamsulosin oral capsule, extended release 24hr</i>	1	MO

## VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

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

## UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
OXLUMO	5	PA, NEDS
<i>potassium citrate oral tablet extended release</i>	2	MO
PROCYSBI	5	MO, NEDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	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.

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

## VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

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

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

Drug Name	Tier	Requirements/ Limits
<i>magnesium sulfate injection syringe</i>	2	HI
<i>potassium acetate</i>	2	
<i>potassium chlorid-d5-0.45%nacl</i>	2	HI
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	2	HI
<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	HI
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	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 intravenous</i>	2	HI
<i>potassium chloride oral capsule, extended release</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.

VITAMINS, HEMATINICS /  
ELECTROLYTES: ELECTROLYTES  
(continued)

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	2	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	HI
<i>potassium chloride-d5-0.9%nacl</i>	2	HI
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2	

VITAMINS, HEMATINICS /  
ELECTROLYTES: ELECTROLYTES  
(continued)

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

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

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

## VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

Drug Name	Tier	Requirements/ Limits
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 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W (SULFITE-FREE)	4	B/D PA
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
CLINIMIX E 8%- D10W SULFITEFREE	4	B/D PA
CLINIMIX E 8%- D14W SULFITEFREE	4	B/D PA
CLINISOL SF 15 %	4	B/D PA, HI
CLINOLIPID	4	B/D PA
DOJOLVI	5	PA, MO, NEDS
<i>electrolyte-48 in d5w</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA, HI
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA, HI
<i>premasol 10 %</i>	2	B/D PA, HI
PROCALAMINE 3%	4	B/D PA, HI
PROSOL 20 %	4	B/D PA, HI
SMOFLIPID	4	B/D PA, HI
<i>travasol 10 %</i>	2	B/D PA, HI
TROPHAMINE 10 %	4	B/D PA, HI

## VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

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

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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ALCOHOL PADS. . . . .	72	aminophylline intravenous. . . . .	99
ALDURAZYME. . . . .	75	AMINOSYN II 15 %. . . . .	106
ALECENSA. . . . .	22	AMINOSYN-PF 7 % (SULFITE-FREE). . . . .	106
alendronate oral solution. . . . .	86	amiodarone intravenous solution. . . . .	51
alendronate oral tablet 10 mg, 5 mg. . . . .	86	amiodarone intravenous syringe. . . . .	51
alendronate oral tablet 35 mg, 70 mg. . . . .	86	amiodarone oral tablet 100 mg, 400 mg. . . .	51
alfuzosin oral tablet extended release 24 hr	103	amiodarone oral tablet 200 mg. . . . .	51
ALIMTA. . . . .	22	amitriptyline. . . . .	45
ALIQOPA. . . . .	22	amitriptyline-chlordiazepoxide. . . . .	45
aliskiren. . . . .	52	amlodipine. . . . .	52
allopurinol. . . . .	86	amlodipine-atorvastatin. . . . .	58
allopurinol sodium. . . . .	86	amlodipine-benazepril. . . . .	52
aloprim. . . . .	86	amlodipine-olmesartan. . . . .	52
alosetron. . . . .	78	amlodipine-valsartan. . . . .	52
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %. . . . .	98	amlodipine-valsartan-hcthiaqid. . . . .	52
alprazolam intensol. . . . .	45	ammonium lactate. . . . .	62
alprazolam oral tablet. . . . .	45	amnesteem. . . . .	63
alprazolam oral tablet extended release 24 hr	45	amoxapine. . . . .	45
alprazolam oral tablet, disintegrating. . . . .	45	amoxicil-clarithromy-lansopraz. . . . .	81
alprostadi. . . . .	103	amoxicillin oral capsule. . . . .	18
altavera (28). . . . .	91	amoxicillin oral suspension for reconstitution	18
ALUNBRIG. . . . .	22	amoxicillin oral tablet. . . . .	18
alyacen 1/35 (28). . . . .	91	amoxicillin oral tablet, chewable 125 mg, 250 mg. . . . .	18
alyacen 7/7/7 (28). . . . .	91	amoxicillin-pot clavulanate oral suspension for reconstitution. . . . .	18
alyq. . . . .	99	amoxicillin-pot clavulanate oral tablet. . . . .	18
amabelz. . . . .	90	amoxicillin-pot clavulanate oral tablet extended release 12 hr. . . . .	18
amantadine hcl. . . . .	10	amoxicillin-pot clavulanate oral tablet, chewable. . . . .	18
AMBISOME. . . . .	9	amphetamine sulfate. . . . .	45
ambrisentan. . . . .	99	amphotericin b. . . . .	9
amcinonide topical cream. . . . .	65	ampicillin oral capsule 500 mg. . . . .	18
amcinonide topical lotion. . . . .	65	ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg. . . . .	18
amcinonide topical ointment. . . . .	65	ampicillin sodium injection recon soln 2 gram, 500 mg. . . . .	18
amethia. . . . .	91		
amethyst (28). . . . .	91		

ampicillin sodium injection recon soln 250 mg	18	aspirin-dipyridamole oral capsule, er multiphase	56
ampicillin sodium intravenous.	18	12 hr.	56
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram.	19	ASTAGRAF XL.	23
ampicillin-sulbactam injection recon soln 15 gram.	19	atazanavir.	10
ampicillin-sulbactam intravenous.	19	atenolol.	52
anagrelide.	67	atenolol-chlorthalidone.	52
anastrozole.	22	atomoxetine.	45
ANDEXXA INTRAVENOUS RECON SOLN 200 MG.	56	atorvastatin.	58
ANORO ELLIPTA.	99	atovaquone.	15
apexicon e.	65	atovaquone-proguanil.	15
APOKYN.	35	ATRIPLA.	10
apraclonidine.	98	atropine injection solution 0.4 mg/ml.	77
aprepitant.	78	atropine injection syringe 0.05 mg/ml, 0.1 mg/ml.	77
apri.	91	atropine ophthalmic (eye) drops.	96
APTIOM.	32	ATROVENT HFA.	100
APTIVUS.	10	AUBAGIO.	37
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG.	67	aubra.	91
ARALAST NP INTRAVENOUS RECON SOLN 500 MG.	67	aubra eq.	91
aranelle (28).	91	aurovela 1.5/30 (21).	91
ARCALYST.	82	aurovela 1/20 (21).	91
arformoterol.	99	aurovela 24 fe.	91
argatroban in 0.9 % sod chlor.	56	aurovela fe 1-20 (28).	91
ARIKAYCE.	15	aurovela fe 1.5/30 (28).	91
aripiprazole oral solution.	45	AUSTEDO.	37
aripiprazole oral tablet.	45	AVASTIN.	23
aripiprazole oral tablet, disintegrating.	45	aviane.	91
ARISTADA.	45	avita topical cream.	63
ARISTADA INITIO.	45	AVONEX INTRAMUSCULAR PEN INJECTOR KIT.	82
armodafinil.	45	AVONEX INTRAMUSCULAR SYRINGE KIT.	82
ARNUITY ELLIPTA.	99	ayuna.	91
ARRANON.	22	AYVAKIT.	23
arsenic trioxide intravenous solution 1 mg/ml	22	azacitidine.	23
arsenic trioxide intravenous solution 2 mg/ml	22	azathioprine oral tablet 100 mg, 75 mg.	23
ARZERRA.	22	azathioprine oral tablet 50 mg.	23
ascomp with codeine.	40	azathioprine sodium.	23
asenapine maleate.	45	azelaic acid.	63
ashlyna.	91	azelastine nasal.	70
		azelastine ophthalmic (eye).	96
		azelastine-fluticasone.	100
		azithromycin intravenous.	14

azithromycin oral packet. . . . .	14
azithromycin oral suspension for reconstitution. . . . .	14
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack). . . . .	14
azithromycin oral tablet 250 mg, 500 mg, 600 mg. . . . .	14
aztreonam injection recon soln 1 gram. . . . .	15
aztreonam injection recon soln 2 gram. . . . .	15
azurette (28). . . . .	91

**B**

bacitracin intramuscular. . . . .	15
bacitracin ophthalmic (eye). . . . .	95
bacitracin-polymyxin b ophthalmic (eye). . . . .	95
baclofen intrathecal. . . . .	39
baclofen oral. . . . .	39
bacteriostatic water(parabens). . . . .	67
balanced salt. . . . .	96
balsalazide. . . . .	78
BALVERSA. . . . .	23
balziva (28). . . . .	91
BANZEL. . . . .	32
BAQSIMI. . . . .	72
BARACLUDGE ORAL SOLUTION. . . . .	10
BAVENCIO. . . . .	23
BAXDELA INTRAVENOUS. . . . .	20
BAXDELA ORAL. . . . .	20
BCG VACCINE, LIVE (PF). . . . .	83
bd pre-filled normal saline. . . . .	67
BELEODAQ. . . . .	23
benazepril. . . . .	52
benazepril-hydrochlorothiazide. . . . .	52
BENDEKA. . . . .	23
BENLYSTA INTRAVENOUS. . . . .	87
BENLYSTA SUBCUTANEOUS. . . . .	87
BENZNIDAZOLE. . . . .	15
benztropine injection. . . . .	35
benztropine oral. . . . .	35
bepotastine besilate. . . . .	96
beser. . . . .	65
BESPONSA. . . . .	23

betamethasone acet,sod phos. . . . .	71
betamethasone dipropionate. . . . .	65
betamethasone valerate. . . . .	65
betamethasone, augmented. . . . .	65
betaxolol ophthalmic (eye). . . . .	96
betaxolol oral. . . . .	52
bethanechol chloride. . . . .	103
BETHKIS. . . . .	15
BEVESPI AEROSPHERE. . . . .	100
bexarotene. . . . .	23
BEXSERO. . . . .	83
bicalutamide. . . . .	23
BICILLIN L-A. . . . .	19
BIKTARVY. . . . .	10
bimatoprost ophthalmic (eye). . . . .	97
bisoprolol fumarate. . . . .	52
bisoprolol-hydrochlorothiazide. . . . .	52
BLENREP. . . . .	23
bleomycin. . . . .	23
BLEPHAMIDE. . . . .	96
BLEPHAMIDE S.O.P.. . . . .	96
BLINCYTO INTRAVENOUS KIT. . . . .	23
blisovi 24 fe. . . . .	91
blisovi fe 1.5/30 (28). . . . .	91
blisovi fe 1/20 (28). . . . .	91
BOOSTRIX TDAP. . . . .	83
BORTEZOMIB. . . . .	23
bosentan. . . . .	100
BOSULIF. . . . .	23
BOTOX. . . . .	83
BRAFTOVI ORAL CAPSULE 75 MG. . . . .	23
BREO ELLIPTA. . . . .	100
bretylum tosylate. . . . .	51
briellyn. . . . .	91
BRILINTA. . . . .	56
brimonidine ophthalmic (eye) drops 0.15 %. . . . .	98
brimonidine ophthalmic (eye) drops 0.2 %. . . . .	98
brinzolamide. . . . .	97
BRIVIACT INTRAVENOUS. . . . .	32
BRIVIACT ORAL. . . . .	32
bromfenac. . . . .	97
bromocriptine. . . . .	35

BRONCHITOL. . . . .	100
BROVANA. . . . .	100
BRUKINSA. . . . .	23
bss. . . . .	96
budesonide inhalation. . . . .	100
budesonide oral capsule, delayed, extend. release. . . . .	78
budesonide oral tablet, delayed and ext. release. . . . .	78
bumetanide injection. . . . .	52
bumetanide oral. . . . .	52
buprenorphine. . . . .	40
buprenorphine hcl injection solution. . . . .	40
buprenorphine hcl injection syringe. . . . .	40
buprenorphine hcl sublingual. . . . .	40
buprenorphine-naloxone. . . . .	43
bupropion hcl (smoking deter) oral tablet extended release. . . . .	69
bupropion hcl oral tablet. . . . .	45
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg. . . . .	45
bupropion hcl oral tablet sustained-release 12 hr. . . . .	46
bupirone. . . . .	46
busulfan. . . . .	23
butalbital compound w/codeine. . . . .	40
butalbital-acetaminop-caf-cod. . . . .	40
butalbital-acetaminophen oral capsule. . . . .	40
butalbital-acetaminophen oral tablet 25-325 mg. . . . .	40
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg. . . . .	40
butalbital-acetaminophen-caff. . . . .	40
butalbital-aspirin-caffeine oral capsule. . . . .	40
butalbital-aspirin-caffeine oral tablet. . . . .	40
butorphanol tartrate injection. . . . .	43
butorphanol tartrate nasal. . . . .	43
BYDUREON BCISE. . . . .	72
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML. . . . .	72
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML. . . . .	72
BYLVAY. . . . .	78

## C

CABENUVA. . . . .	10
cabergoline. . . . .	75
CABLIVI INJECTION KIT. . . . .	56
CABOMETYX. . . . .	23
caffeine citrate intravenous. . . . .	67
caffeine citrate oral. . . . .	67
calcipotriene scalp. . . . .	61
calcipotriene topical cream. . . . .	61
calcipotriene topical ointment. . . . .	61
calcipotriene-betamethasone. . . . .	61
calcitonin (salmon) injection. . . . .	75
calcitonin (salmon) nasal. . . . .	75
calcitriol intravenous solution 1 mcg/ml. . . . .	75
calcitriol oral capsule. . . . .	75
calcitriol oral solution. . . . .	75
calcitriol topical. . . . .	61
calcium acetate(phosphat bind). . . . .	104
calcium chloride. . . . .	104
calcium gluconate intravenous. . . . .	104
CALQUENCE. . . . .	23
camila. . . . .	90
camrese. . . . .	91
camrese lo. . . . .	91
candesartan. . . . .	52
candesartan-hydrochlorothiazid. . . . .	52
capecitabine. . . . .	23
CAPLYTA. . . . .	46
CAPRELSA. . . . .	23
captopril. . . . .	52
captopril-hydrochlorothiazide. . . . .	52
CARBAGLU. . . . .	67
carbamazepine oral capsule, er multiphase 12 hr. . . . .	32
carbamazepine oral suspension 100 mg/5 ml 32	
carbamazepine oral suspension 200 mg/10 ml. . . . .	32
carbamazepine oral tablet. . . . .	32
carbamazepine oral tablet extended release 12 hr. . . . .	32
carbamazepine oral tablet, chewable. . . . .	32

carbidopa. . . . .	35	cefepime injection. . . . .	13
carbidopa-levodopa oral tablet. . . . .	35	cefixime. . . . .	13
carbidopa-levodopa oral tablet extended release. . . . .	35	cefotetan injection. . . . .	13
carbidopa-levodopa oral tablet,disintegrating	35	cefoxitin in dextrose, iso-osm. . . . .	13
carbidopa-levodopa-entacapone. . . . .	35	cefoxitin intravenous recon soln 1 gram, 2 gram. . . . .	13
carbinoxamine maleate. . . . .	98	cefoxitin intravenous recon soln 10 gram. . .	13
carbocaine (pf) injection solution 15 mg/ml (1.5 %). . . . .	62	cefpodoxime oral suspension for reconstitution 100 mg/5 ml. . . . .	13
carboplatin intravenous solution. . . . .	23	cefpodoxime oral suspension for reconstitution 50 mg/5 ml. . . . .	13
cardioplegic soln. . . . .	59	cefpodoxime oral tablet. . . . .	13
carisoprodol. . . . .	39	cefprozil. . . . .	13
carisoprodol-aspirin. . . . .	39	ceftazidime injection recon soln 1 gram, 2 gram. . . . .	13
carisoprodol-aspirin-codeine. . . . .	39	ceftazidime injection recon soln 6 gram. . . .	13
carmustine. . . . .	23	ceftriaxone in dextrose,iso-os. . . . .	13
carteolol. . . . .	96	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg. . . . .	13
cartia xt oral capsule,extended release 24hr.	52	ceftriaxone injection recon soln 10 gram. . . .	13
carvedilol. . . . .	53	ceftriaxone intravenous. . . . .	13
carvedilol phosphate oral capsule, er multiphase 24 hr. . . . .	53	cefuroxime axetil oral tablet. . . . .	13
caspofungin. . . . .	9	cefuroxime sodium injection recon soln 750 mg. . . . .	14
cataflam. . . . .	43	cefuroxime sodium intravenous recon soln 1.5 gram. . . . .	14
CAYSTON. . . . .	15	cefuroxime sodium intravenous recon soln 7.5 gram. . . . .	14
caziant (28). . . . .	91	celecoxib. . . . .	43
cefaclor oral capsule. . . . .	13	CELONTIN ORAL CAPSULE 300 MG. . . . .	32
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml. . . . .	13	cephalexin. . . . .	14
cefaclor oral suspension for reconstitution 375 mg/5 ml. . . . .	13	CERDELGA. . . . .	75
cefaclor oral tablet extended release 12 hr. .	13	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT. . . . .	75
cefadroxil oral capsule. . . . .	13	cetirizine oral solution 1 mg/ml. . . . .	98
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml. . . . .	13	cevimeline. . . . .	67
cefadroxil oral tablet. . . . .	13	CHANTIX. . . . .	69
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml. . . .	13	CHANTIX CONTINUING MONTH BOX. . . . .	69
cefazolin injection recon soln 1 gram, 500 mg	13	CHANTIX STARTING MONTH BOX. . . . .	69
cefazolin injection recon soln 10 gram. . . . .	13	charlotte 24 fe. . . . .	91
cefazolin injection recon soln 100 gram, 300 g. . . . .	13	chateal (28). . . . .	91
cefazolin intravenous. . . . .	13	chateal eq (28). . . . .	92
cefdinir. . . . .	13	CHEMET. . . . .	67
cefepime in dextrose,iso-osm. . . . .	13	chloramphenicol sod succinate. . . . .	15

chlordiazepoxide hcl. . . . .	46	citalopram oral tablet. . . . .	46
chlordiazepoxide-clidinium. . . . .	77	cladribine. . . . .	23
chlorhexidine gluconate mucous membrane. . . . .	70	claravis. . . . .	63
chloroprocaine (pf). . . . .	62	clarithromycin oral suspension for reconstitution. . . . .	14
chloroquine phosphate. . . . .	15	clarithromycin oral tablet. . . . .	14
chlorothiazide sodium. . . . .	53	clarithromycin oral tablet extended release 24 hr. . . . .	14
chlorpromazine injection. . . . .	46	clemastine oral syrup. . . . .	98
chlorpromazine oral. . . . .	46	clemastine oral tablet 2.68 mg. . . . .	98
chlorpromazine oral concentrate. . . . .	46	CLEOCIN VAGINAL SUPPOSITORY. . . . .	91
chlorthalidone oral tablet 25 mg, 50 mg. . . . .	53	clindacin etz topical swab. . . . .	63
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg. . . . .	39	clindacin p. . . . .	63
CHOLBAM. . . . .	78	clindamycin hcl. . . . .	15
cholestyramine (with sugar). . . . .	58	clindamycin in 5 % dextrose. . . . .	15
cholestyramine light oral powder. . . . .	58	clindamycin pediatric. . . . .	15
cholestyramine light oral powder in packet. . . . .	58	clindamycin phosphate injection solution 150 (mg/ml) (6 ml). . . . .	15
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR. . . . .	75	clindamycin phosphate injection solution 150 mg/ml. . . . .	15
ciclodan topical solution. . . . .	65	clindamycin phosphate intravenous solution 600 mg/4 ml. . . . .	16
ciclopirox. . . . .	65	clindamycin phosphate topical foam. . . . .	63
cidofovir. . . . .	10	clindamycin phosphate topical gel. . . . .	63
cilostazol. . . . .	56	clindamycin phosphate topical gel, once daily . . . . .	63
CIMDUO. . . . .	10	clindamycin phosphate topical lotion. . . . .	63
cimetidine. . . . .	81	clindamycin phosphate topical solution. . . . .	63
cimetidine hcl oral. . . . .	81	clindamycin phosphate topical swab. . . . .	64
CIMZIA. . . . .	78	clindamycin phosphate vaginal. . . . .	91
CIMZIA POWDER FOR RECONST. . . . .	78	clindamycin-benzoyl peroxide. . . . .	64
CIMZIA STARTER KIT. . . . .	78	clindamycin-tretinoin. . . . .	64
cinacalcet oral tablet 30 mg. . . . .	75	CLINIMIX 5%/D15W SULFITE FREE. . . . .	106
cinacalcet oral tablet 60 mg, 90 mg. . . . .	75	CLINIMIX 4.25%/D10W SULF FREE. . . . .	106
CINRYZE. . . . .	100	CLINIMIX 4.25%/D5W SULFIT FREE. . . . .	67
CINVANTI. . . . .	78	CLINIMIX 5%-D20W(SULFITE-FREE). . . . .	106
ciprofloxacin hcl ophthalmic (eye). . . . .	95	CLINIMIX 6%-D5W (SULFITE-FREE). . . . .	106
ciprofloxacin hcl oral tablet 100 mg, 750 mg. . . . .	20	CLINIMIX 8%-D10W(SULFITE-FREE). . . . .	106
ciprofloxacin hcl oral tablet 250 mg, 500 mg. . . . .	20	CLINIMIX 8%-D14W(SULFITE-FREE). . . . .	106
ciprofloxacin hcl otic (ear). . . . .	70	CLINIMIX E 2.75%/D5W SULF FREE. . . . .	67
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml. . . . .	20	CLINIMIX E 4.25%/D10W SUL FREE. . . . .	106
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml. . . . .	20	CLINIMIX E 4.25%/D5W SULF FREE. . . . .	106
ciprofloxacin-dexamethasone. . . . .	70	CLINIMIX E 5%/D15W SULFIT FREE. . . . .	106
cisplatin intravenous solution. . . . .	23	CLINIMIX E 5%/D20W SULFIT FREE. . . . .	106
citalopram oral solution. . . . .	46		

CLINIMIX E 8%-D10W SULFITEFREE. . . . .	106	CORLANOR ORAL SOLUTION. . . . .	59
CLINIMIX E 8%-D14W SULFITEFREE. . . . .	106	CORLANOR ORAL TABLET. . . . .	59
CLINISOL SF 15 %. . . . .	106	COSENTYX (2 SYRINGES). . . . .	61
CLINOLIPID. . . . .	106	COSENTYX PEN. . . . .	61
clobazam. . . . .	32	COSENTYX PEN (2 PENS). . . . .	61
clobetasol. . . . .	65	COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML. . . . .	61
clobetasol-emollient. . . . .	65	COTELLIC. . . . .	23
clodan. . . . .	65	CREON. . . . .	78
clofarabine. . . . .	23	CRESEMBA INTRAVENOUS. . . . .	9
clomiphene citrate. . . . .	75	CRESEMBA ORAL. . . . .	9
clomipramine. . . . .	46	cromolyn inhalation. . . . .	100
clonazepam oral tablet. . . . .	32	cromolyn ophthalmic (eye). . . . .	96
clonazepam oral tablet,disintegrating. . . . .	32	cromolyn oral. . . . .	78
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml). . . . .	53	crotan. . . . .	66
clonidine (pf) epidural solution 5,000 mcg/10 ml. . . . .	43	cryselle (28). . . . .	92
clonidine hcl oral tablet. . . . .	53	CRYSVITA. . . . .	75
clonidine hcl oral tablet extended release 12 hr. . . . .	46	CUVPOSA. . . . .	77
clonidine transdermal. . . . .	53	cyclafem 1/35 (28). . . . .	92
clopidogrel. . . . .	56	cyclafem 7/7/7 (28). . . . .	92
clorazepate dipotassium. . . . .	46	cyclobenzaprine oral tablet. . . . .	39
clotrimazole mucous membrane. . . . .	9	cyclophosphamide intravenous recon soln. . . . .	23
clotrimazole topical. . . . .	65	cyclophosphamide oral capsule. . . . .	23
clotrimazole-betamethasone. . . . .	65	CYCLOSERINE. . . . .	16
clozapine. . . . .	46	CYCLOSET. . . . .	72
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND). . . . .	46	cyclosporine intravenous. . . . .	23
COARTEM. . . . .	16	cyclosporine modified oral capsule. . . . .	23
codeine sulfate. . . . .	40	cyclosporine modified oral solution. . . . .	23
codeine-butalbital-asa-caff. . . . .	40	cyclosporine oral capsule. . . . .	23
colchicine oral tablet . . . . .	86	cyproheptadine. . . . .	98
colestipol. . . . .	58	CYRAMZA. . . . .	23
colistin (colistimethate na). . . . .	16	cyred. . . . .	92
COMBIGAN. . . . .	97	cyred eq. . . . .	92
COMBIVENT RESPIMAT. . . . .	100	CYSTADANE. . . . .	78
COMETRIQ. . . . .	23	CYSTAGON. . . . .	103
COMPLERA. . . . .	10	CYSTARAN. . . . .	96
compro. . . . .	78	cytarabine. . . . .	23
CONDYLOX TOPICAL GEL. . . . .	62	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml). . . . .	24
constulose. . . . .	78	cytarabine (pf) injection solution 20 mg/ml. . . . .	24
COPIKTRA. . . . .	23		
		<b>D</b>	
		d10 %-0.45 % sodium chloride. . . . .	67

d2.5 %-0.45 % sodium chloride. . . . .	67	desloratadine oral tablet. . . . .	98
d5 % and 0.9 % sodium chloride. . . . .	67	desloratadine oral tablet,disintegrating. . . . .	98
d5 %-0.45 % sodium chloride. . . . .	67	desmopressin injection. . . . .	75
dacarbazine. . . . .	24	desmopressin nasal spray with pump. . . . .	75
dactinomycin. . . . .	24	desmopressin nasal spray,non-aerosol 10 mcg/ spray (0.1 ml). . . . .	75
dalfampridine oral tablet extended release 12 hr. . . . .	37	desmopressin oral. . . . .	75
DALIRESP. . . . .	100	desog-e.estradiol/e.estradiol. . . . .	92
DALVANCE. . . . .	16	desogestrel-ethinyl estradiol. . . . .	92
danazol. . . . .	75	desonide. . . . .	65
dantrolene intravenous. . . . .	39	desoximetasone. . . . .	65
dantrolene oral. . . . .	39	desrx. . . . .	65
DANYELZA. . . . .	24	desvenlafaxine succinate oral tablet extended release 24 hr. . . . .	46
dapsone oral. . . . .	16	dexabliss. . . . .	71
dapsone topical. . . . .	64	dexamethasone intensol. . . . .	71
DAPTACEL (DTAP PEDIATRIC) (PF). . . . .	83	dexamethasone oral elixir. . . . .	71
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND). . . . .	16	dexamethasone oral solution. . . . .	71
daptomycin intravenous recon soln 500 mg. . . . .	16	dexamethasone oral tablet. . . . .	71
darifenacin oral tablet extended release 24 hr. . . . .	102	dexamethasone oral tablets,dose pack. . . . .	71
DARZALEX. . . . .	24	dexamethasone sodium phos (pf) injection solution. . . . .	71
DARZALEX FASPRO. . . . .	24	dexamethasone sodium phosphate injection. . . . .	71
dasetta 1/35 (28). . . . .	92	dexamethasone sodium phosphate ophthalmic (eye). . . . .	98
dasetta 7/7/7 (28). . . . .	92	dexchlorpheniramine maleate oral solution. . . . .	98
daunorubicin intravenous solution. . . . .	24	DEXCOM RECEIVER. . . . .	72
DAURISMO. . . . .	24	DEXCOM SENSOR. . . . .	72
daysee. . . . .	92	DEXCOM TRANSMITTER . . . . .	72
deblitane. . . . .	90	dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg. . . . .	46
decadron oral tablet 0.5 mg. . . . .	71	dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg. . . . .	46
decitabine. . . . .	24	dexmethylphenidate oral tablet. . . . .	46
deferasirox. . . . .	67	dextrazoxane hcl. . . . .	22
deferiprone. . . . .	67	dextroamphetamine oral capsule, extended release. . . . .	46
deferoxamine. . . . .	67	dextroamphetamine oral solution. . . . .	46
DELSTRIGO. . . . .	10	dextroamphetamine oral tablet. . . . .	46
demeclocycline. . . . .	21	dextroamphetamine oral tablet 15 mg, 20 mg, 30 mg. . . . .	46
DEMSE. . . . .	53	dextroamphetamine-amphetamine oral capsule, extended release 24hr. . . . .	46
DENAVIR. . . . .	65		
denta 5000 plus. . . . .	70		
dentagel. . . . .	70		
DESCOVY. . . . .	10		
desipramine. . . . .	46		

dextroamphetamine-amphetamine oral tablet	46	difluprednate. . . . .	98
dextrose 10 % and 0.2 % nacl. . . . .	67	digitek. . . . .	59
dextrose 10 % in water (d10w). . . . .	67	digox. . . . .	59
dextrose 25 % in water (d25w). . . . .	67	digoxin injection solution. . . . .	59
dextrose 30 % in water (d30w). . . . .	67	digoxin oral solution. . . . .	59
dextrose 5 % in water (d5w) intravenous parenteral solution. . . . .	67	digoxin oral tablet. . . . .	59
dextrose 5 % in water (d5w) intravenous piggyback. . . . .	67	dihydroergotamine injection. . . . .	36
dextrose 5 %-lactated ringers. . . . .	67	dihydroergotamine nasal. . . . .	36
dextrose 5%-0.2 % sod chloride. . . . .	67	DILANTIN 30 MG. . . . .	32
dextrose 5%-0.3 % sod.chloride. . . . .	67	dilt-xr oral capsule,ext release degradable. . . . .	53
dextrose 50 % in water (d50w). . . . .	67	diltiazem hcl intravenous. . . . .	53
dextrose 70 % in water (d70w). . . . .	67	diltiazem hcl oral capsule,ext.rel 24h degradable. . . . .	53
DIACOMIT. . . . .	32	diltiazem hcl oral capsule,extended release 12 hr. . . . .	53
diazepam injection. . . . .	46	diltiazem hcl oral capsule,extended release 24 hr. . . . .	53
diazepam intensol. . . . .	46	diltiazem hcl oral capsule,extended release 24hr. . . . .	53
diazepam oral concentrate. . . . .	46	diltiazem hcl oral tablet. . . . .	53
diazepam oral solution 5 mg/5 ml (1 mg/ml). . . . .	46	diltiazem hcl oral tablet extended release 24 hr. . . . .	53
diazepam oral tablet. . . . .	47	dimenhydrinate injection solution. . . . .	78
diazepam rectal. . . . .	32	dimethyl fumarate. . . . .	37
diazoxide. . . . .	72	diphenhydramine hcl injection solution 50 mg/ml. . . . .	98
diclofenac potassium oral tablet 50 mg. . . . .	43	diphenhydramine hcl injection syringe. . . . .	98
diclofenac sodium ophthalmic (eye). . . . .	97	diphenhydramine hcl oral elixir. . . . .	98
diclofenac sodium oral tablet extended release 24 hr. . . . .	43	diphenoxylate-atropine. . . . .	77
diclofenac sodium oral tablet,delayed release (dr/ec). . . . .	43	dipyridamole intravenous. . . . .	56
diclofenac sodium topical drops. . . . .	43	dipyridamole oral. . . . .	56
diclofenac sodium topical gel 1 %. . . . .	43	disopyramide phosphate oral capsule. . . . .	51
diclofenac sodium topical gel 3 %. . . . .	62	disulfiram oral tablet 250 mg. . . . .	67
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic. . . . .	43	disulfiram oral tablet 500 mg. . . . .	67
dicloxacillin. . . . .	19	divalproex oral capsule, delayed rel sprinkle. . . . .	32
dicyclomine intramuscular. . . . .	77	divalproex oral tablet extended release 24 hr . . . . .	33
dicyclomine oral capsule. . . . .	77	divalproex oral tablet,delayed release (dr/ec) . . . . .	33
dicyclomine oral solution. . . . .	77	dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml). . . . .	59
dicyclomine oral tablet. . . . .	77	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml). . . . .	59
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg. . . . .	10		
DIFICID ORAL TABLET. . . . .	14		
diflorasone topical cream. . . . .	65		
diflunisal. . . . .	43		

docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml). . . . .	24	doxy-100. . . . .	21
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml). . . . .	24	doxycycline hyclate intravenous. . . . .	21
dofetilide. . . . .	51	doxycycline hyclate oral capsule. . . . .	21
DOJOLVI. . . . .	106	doxycycline hyclate oral tablet. . . . .	21
dolishale. . . . .	92	doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg. . . . .	21
donepezil oral tablet 10 mg, 5 mg. . . . .	37	doxycycline monohydrate oral capsule. . . . .	21
donepezil oral tablet 23 mg. . . . .	37	doxycycline monohydrate oral suspension for reconstitution. . . . .	21
donepezil oral tablet, disintegrating. . . . .	37	doxycycline monohydrate oral tablet. . . . .	21
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). . . . .	59	doxylamine-pyridoxine (vit b6). . . . .	78
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml). . . . .	60	DRIZALMA SPRINKLE. . . . .	47
dopamine intravenous solution 200 mg/5 ml (40 mg/ml). . . . .	60	dronabinol. . . . .	78
dopamine intravenous solution 400 mg/10 ml (40 mg/ml). . . . .	60	droperidol injection solution. . . . .	78
DOPTELET (10 TAB PACK). . . . .	56	drospirenone-e.estradiol-lm.fa. . . . .	92
DOPTELET (15 TAB PACK). . . . .	56	drospirenone-ethinyl estradiol oral tablet 3-0.02 mg. . . . .	92
DOPTELET (30 TAB PACK). . . . .	56	drospirenone-ethinyl estradiol oral tablet 3-0.03 mg. . . . .	92
dorzolamide. . . . .	97	droxidopa. . . . .	67
dorzolamide-timolol. . . . .	97	DULERA. . . . .	100
dorzolamide-timolol (pf) ophthalmic (eye) dropperette. . . . .	97	duloxetine oral capsule, delayed release (dr/ec). . . . .	47
dotti. . . . .	90	DUPIXENT PEN. . . . .	62
DOVATO. . . . .	10	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML. . . . .	62
doxazosin. . . . .	53	duramorph (pf) injection solution 0.5 mg/ml. . . . .	40
doxepin oral capsule. . . . .	47	duramorph (pf) injection solution 1 mg/ml. . . . .	40
doxepin oral concentrate. . . . .	47	dutasteride. . . . .	103
doxepin oral tablet. . . . .	47	dutasteride-tamsulosin oral capsule, er multiphase 24 hr. . . . .	103
doxepin topical. . . . .	62	dvorah. . . . .	40
doxercalciferol intravenous. . . . .	75	DYSPORT. . . . .	83
doxercalciferol oral. . . . .	75		
doxorubicin intravenous recon soln 10 mg. . . . .	24	<b>E</b>	
doxorubicin intravenous recon soln 50 mg. . . . .	24	e.e.s. 400 oral tablet. . . . .	14
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml. . . . .	24	ec-naproxen oral tablet, delayed release (dr/ec) 375 mg. . . . .	44
doxorubicin intravenous solution 2 mg/ml. . . . .	24	ec-naproxen oral tablet, delayed release (dr/ec) 500 mg. . . . .	44
doxorubicin, peg-liposomal. . . . .	24	econazole. . . . .	65
		EDURANT. . . . .	10
		efavirenz oral capsule 200 mg. . . . .	10

efavirenz oral capsule 50 mg. . . . .	10	ENBREL SUBCUTANEOUS SOLUTION. . . . .	87
efavirenz oral tablet. . . . .	10	ENBREL SUBCUTANEOUS SYRINGE. . . . .	87
efavirenz-emtricitabin-tenofov. . . . .	10	ENBREL SURECLICK. . . . .	87
efavirenz-lamivu-tenofov disop. . . . .	10	endocet. . . . .	40
effer-k oral tablet, effervescent 25 meq. . . . .	104	ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION. . . . .	83
EGRIFTA SV. . . . .	82	ENGERIX-B (PF) INTRAMUSCULAR SYRINGE. . . . .	83
electrolyte-48 in d5w. . . . .	106	ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE. . . . .	83
ELELYSO. . . . .	75	ENHERTU. . . . .	24
ELIGARD. . . . .	24	enoxaparin subcutaneous solution. . . . .	56
ELIGARD (3 MONTH). . . . .	24	enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml. . . . .	57
ELIGARD (4 MONTH). . . . .	24	enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml. . . . .	57
ELIGARD (6 MONTH). . . . .	24	enoxaparin subcutaneous syringe 30 mg/0.3 ml. . . . .	57
elinest. . . . .	92	enoxaparin subcutaneous syringe 40 mg/0.4 ml. . . . .	57
ELIQUIS. . . . .	56	enoxaparin subcutaneous syringe 60 mg/0.6 ml. . . . .	57
ELIQUIS DVT-PE TREAT 30D START. . . . .	56	enpresse. . . . .	92
ELITEK. . . . .	22	enskyce. . . . .	92
ELLA. . . . .	92	ENSPRYNG. . . . .	24
ELMIRON. . . . .	103	entacapone. . . . .	35
eluryng. . . . .	91	entecavir. . . . .	10
ELZONRIS. . . . .	24	ENTRESTO. . . . .	60
EMCYT. . . . .	24	ENTYVIO. . . . .	78
EMEND ORAL SUSPENSION FOR RECONSTITUTION. . . . .	78	enulose. . . . .	78
EMGALITY PEN. . . . .	36	ENVARBUS XR. . . . .	24
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML. . . . .	36	EPCLUSA ORAL TABLET. . . . .	10
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3). . . . .	36	EPIDIOLEX. . . . .	33
emoquette. . . . .	92	epinastine. . . . .	96
EMPAVELI. . . . .	68	epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml. . . . .	98
EMPLICITI. . . . .	24	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN). . . . .	99
EMSAM. . . . .	47	epinephrine injection solution 1 mg/ml. . . . .	99
emtricitabine. . . . .	10	epinephrine injection syringe 0.1 mg/ml. . . . .	99
emtricitabine-tenofovir (tdf). . . . .	10	epirubicin intravenous solution. . . . .	24
EMTRIVA. . . . .	10	epitol. . . . .	33
EMVERM. . . . .	16	EPIVIR HBV ORAL SOLUTION. . . . .	10
enalapril maleate oral solution. . . . .	53		
enalapril maleate oral tablet. . . . .	53		
enalapril-hydrochlorothiazide. . . . .	53		
enalaprilat intravenous solution. . . . .	53		
ENBREL MINI. . . . .	87		
ENBREL SUBCUTANEOUS RECON SOLN. . . . .	87		

eplerenone. . . . .	53	estradiol oral. . . . .	90
epoprostenol. . . . .	53	estradiol transdermal patch semiweekly. . . . .	90
epoprostenol (glycine). . . . .	53	estradiol transdermal patch weekly. . . . .	90
ERBITUX. . . . .	24	estradiol vaginal. . . . .	90
ergoloid. . . . .	47	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml. . . . .	90
ergotamine-caffeine. . . . .	36	estradiol-norethindrone acet. . . . .	90
ERIVEDGE. . . . .	24	eszopiclone. . . . .	47
ERLEADA. . . . .	24	ethacrynate sodium. . . . .	53
erlotinib. . . . .	24	ethacrynic acid. . . . .	53
errin. . . . .	90	ethambutol. . . . .	16
ertapenem. . . . .	16	ethosuximide. . . . .	33
ery pads. . . . .	64	ethynodiol diac-eth estradiol. . . . .	92
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg. . . . .	14	etodolac oral capsule. . . . .	44
erygel. . . . .	64	etodolac oral tablet. . . . .	44
erythrocin (as stearate) oral tablet 250 mg. . . . .	14	etonogestrel-ethinyl estradiol. . . . .	91
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG. . . . .	14	ETOPOPHOS. . . . .	24
erythromycin ethylsuccinate oral suspension for reconstitution. . . . .	15	etoposide intravenous. . . . .	24
erythromycin ethylsuccinate oral tablet. . . . .	15	etoposide oral. . . . .	24
erythromycin ophthalmic (eye). . . . .	95	etravirine. . . . .	10
erythromycin oral. . . . .	15	euthyrox. . . . .	77
erythromycin with ethanol topical gel. . . . .	64	EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML. . . . .	86
erythromycin with ethanol topical solution. . . . .	64	EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2). . . . .	86
erythromycin-benzoyl peroxide. . . . .	64	everolimus (antineoplastic) oral tablet 10 mg 25	
ESBRIET. . . . .	100	everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg. . . . .	25
escitalopram oxalate oral solution. . . . .	47	everolimus (antineoplastic) oral tablet for suspension. . . . .	25
escitalopram oxalate oral tablet. . . . .	47	everolimus (immunosuppressive). . . . .	25
esmolol in nacl (iso-osm). . . . .	53	EVKEEZA. . . . .	58
esmolol intravenous solution. . . . .	53	EVOTAZ. . . . .	10
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg. . . . .	81	EVRYSDI. . . . .	37
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg. . . . .	81	exemestane. . . . .	25
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg. . . . .	81	EXKIVITY. . . . .	25
esomeprazole magnesium oral granules dr for susp in packet 40 mg. . . . .	81	ezetimibe. . . . .	58
esomeprazole sodium intravenous recon soln 40 mg. . . . .	81	ezetimibe-simvastatin. . . . .	58
estarylla. . . . .	92		
estazolam. . . . .	47	<b>F</b>	
		FABIOR. . . . .	64
		FABRAZYME. . . . .	75
		falmina (28). . . . .	92

famciclovir. . . . .	10	FINTEPLA. . . . .	33
famotidine (pf). . . . .	81	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG. . . . .	25
famotidine (pf)-nacl (iso-os). . . . .	81	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG. . . . .	25
famotidine intravenous solution. . . . .	81	flac otic oil. . . . .	70
famotidine oral suspension. . . . .	81	flavoxate. . . . .	102
famotidine oral tablet 20 mg, 40 mg. . . . .	81	flecainide. . . . .	51
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG. . . . .	47	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION. . . . .	100
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG. . . . .	47	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION. . . . .	100
FANAPT ORAL TABLETS,DOSE PACK. . . . .	47	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION. . . . .	100
FARYDAK. . . . .	25	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION. . . . .	100
FASENRA. . . . .	100	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION. . . . .	100
FASENRA PEN. . . . .	100	floxuridine. . . . .	25
febuxostat. . . . .	86	FLUAD QUAD 2021-22(65Y UP)(PF). . . . .	83
felbamate oral suspension. . . . .	33	FLUARIX QUAD 2021-2022 (PF). . . . .	83
felbamate oral tablet. . . . .	33	FLUBLOK QUAD 2021-2022 (PF). . . . .	84
felodipine oral tablet extended release 24 hr. . . . .	53	FLUCELVAX QUAD 2021-2022. . . . .	84
femynor. . . . .	92	FLUCELVAX QUAD 2021-2022 (PF). . . . .	84
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg. . . . .	58	fluconazole. . . . .	9
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg. . . . .	58	fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml. . . . .	9
FENOFIBRATE ORAL CAPSULE (BRAND). . . . .	58	fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml. . . . .	9
fenofibrate oral tablet 120 mg, 40 mg, 54 mg . . . . .	58	fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml. . . . .	9
fenofibrate oral tablet 160 mg (generic). . . . .	58	flucytosine. . . . .	9
fenofibric acid. . . . .	58	fludarabine intravenous recon soln. . . . .	25
fenofibric acid (choline) oral capsule, delayed release(dr/ec). . . . .	58	fludarabine intravenous solution. . . . .	25
fenopropfen oral tablet. . . . .	44	fludrocortisone. . . . .	71
fentanyl citrate (pf) injection solution. . . . .	40	FLULAVAL QUAD 2021-2022 (PF). . . . .	84
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml). . . . .	40	flumazenil. . . . .	47
fentanyl citrate buccal lozenge on a handle. . . . .	40	FLUMIST QUAD 2021-2022. . . . .	84
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/ hr, 75 mcg/hr. . . . .	40	flunisolide. . . . .	100
fentanyl transdermal patch 72 hour 62.5 mcg/ hour, 87.5 mcg/hour. . . . .	40	fluocinolone. . . . .	65
FERRIPROX. . . . .	68	fluocinolone acetonide oil. . . . .	70
FERRIPROX (2 TIMES A DAY). . . . .	68	fluocinolone and shower cap. . . . .	65
FETROJA. . . . .	14	fluocinonide. . . . .	65
FETZIMA. . . . .	47		
finasteride oral tablet 5 mg. . . . .	103		



GAMASTAN. . . . .	84	GENVOYA. . . . .	10
GAMASTAN S/D. . . . .	84	GILENYA ORAL CAPSULE 0.5 MG. . . . .	37
GAMIFANT. . . . .	25	GILOTRIF. . . . .	25
GAMMAGARD LIQUID. . . . .	84	GIVLAARI. . . . .	68
GAMMAGARD S-D (IGA < 1 MCG/ML). . . . .	84	GLASSIA. . . . .	68
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %). . . . .	84	glatiramer subcutaneous syringe 20 mg/ml. . . . .	37
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 %). . . . .	84	glatiramer subcutaneous syringe 40 mg/ml. . . . .	37
ganciclovir sodium intravenous. . . . .	10	glatopa subcutaneous syringe 20 mg/ml. . . . .	37
ganciclovir sodium intravenous recon soln. . . . .	10	glatopa subcutaneous syringe 40 mg/ml. . . . .	38
GARDASIL 9 (PF). . . . .	84	glimepiride. . . . .	72
gatifloxacin. . . . .	95	glipizide oral tablet. . . . .	72
GATTEX 30-VIAL. . . . .	78	glipizide oral tablet extended release 24hr. . . . .	72
GATTEX ONE-VIAL. . . . .	78	glipizide-metformin. . . . .	72
GAUZE PADS 2X2. . . . .	72	GLUCAGEN HYPOKIT. . . . .	72
gavilyte-c. . . . .	78	GLUCAGON (HCL) EMERGENCY KIT. . . . .	72
gavilyte-g. . . . .	78	glucagon emergency kit (human). . . . .	73
gavilyte-n. . . . .	78	glyburide. . . . .	73
GAVRETO. . . . .	25	glyburide micronized. . . . .	73
GAZYVA. . . . .	25	glyburide-metformin. . . . .	73
gemcitabine intravenous recon soln 1 gram, 200 mg. . . . .	25	glycine urologic. . . . .	103
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peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram. . . . .	79
peg-electrolyte. . . . .	79
peg3350-sod sul-nacl-kcl-asb-c. . . . .	79
PEGASYS SUBCUTANEOUS SOLUTION. . . . .	82
PEGASYS SUBCUTANEOUS SYRINGE. . . . .	82
PEMAZYRE. . . . .	28
penicillamine. . . . .	89
penicillin g potassium injection recon soln 20 million unit. . . . .	19
penicillin g potassium injection recon soln 5 million unit. . . . .	19

penicillin g procaine. . . . .	19	pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %. . . . .	96
penicillin g sodium. . . . .	19	pilocarpine hcl oral. . . . .	68
penicillin v potassium. . . . .	19	pimecrolimus. . . . .	62
PENTACEL (PF). . . . .	85	pimozide. . . . .	50
pentamidine inhalation. . . . .	17	pimtrea (28). . . . .	94
pentamidine injection. . . . .	17	pindolol. . . . .	55
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG. . . . .	79	pioglitazone. . . . .	74
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG. . . . .	79	pioglitazone-glimepiride. . . . .	74
pentazocine-naloxone. . . . .	45	pioglitazone-metformin. . . . .	74
pentobarbital sodium injection solution. . . . .	49	piperacillin-tazobactam intravenous recon soln 13.5 gram. . . . .	19
pentoxifylline oral tablet extended release. . . . .	58	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram. . . . .	19
PERFOROMIST. . . . .	101	piperacillin-tazobactam intravenous recon soln 40.5 gram. . . . .	19
perindopril erbumine. . . . .	55	PIQRAY. . . . .	28
periogard. . . . .	70	pirmella. . . . .	94
PERJETA. . . . .	28	piroxicam. . . . .	45
permethrin. . . . .	66	plasbumin 25 %. . . . .	103
perphenazine. . . . .	49	plasbumin 5 %. . . . .	103
perphenazine-amitriptyline. . . . .	50	plasmanate. . . . .	106
PERSERIS. . . . .	50	PLEGRIDY INTRAMUSCULAR. . . . .	82
pfizerpen-g. . . . .	19	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML. . . . .	82
phenelzine. . . . .	50	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML. . . . .	82
phenobarbital oral elixir. . . . .	34	PLEGRIDY SUBCUTANEOUS SYRINGE. . . . .	82
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg. . . . .	34	plenamine. . . . .	106
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg. . . . .	34	PNEUMOVAX-23. . . . .	85
phenobarbital sodium injection solution 130 mg/ml. . . . .	34	podofilox. . . . .	62
phenobarbital sodium injection solution 65 mg/ml. . . . .	34	POLIVY. . . . .	28
phenoxybenzamine. . . . .	55	polocaine injection solution 1 % (10 mg/ml). . . . .	62
phentolamine. . . . .	55	polocaine-mpf. . . . .	62
phenytoin oral suspension 100 mg/4 ml. . . . .	34	polycin. . . . .	95
phenytoin oral suspension 125 mg/5 ml. . . . .	34	polyethylene glycol 3350 oral powder. . . . .	79
phenytoin oral tablet, chewable. . . . .	34	polymyxin b sulf-trimethoprim. . . . .	95
phenytoin sodium extended. . . . .	34	polymyxin b sulfate. . . . .	17
phenytoin sodium intravenous solution. . . . .	34	POMALYST. . . . .	28
PHESGO. . . . .	28	PONVORY. . . . .	38
philith. . . . .	94	PONVORY 14-DAY STARTER PACK. . . . .	38
PIFELTRO. . . . .	11	portia 28. . . . .	94
		PORTRAZZA. . . . .	28

posaconazole oral tablet,delayed release (dr/ec) . . . . .	9
potassium acetate. . . . .	104
potassium chlorid-d5-0.45%nacl. . . . .	104
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l. . . . .	104
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l. . . . .	104
potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l. . . . .	104
potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l. . . . .	104
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml. . . . .	104
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml. . . . .	104
potassium chloride intravenous. . . . .	104
potassium chloride oral capsule, extended release. . . . .	104
potassium chloride oral liquid. . . . .	105
potassium chloride oral packet. . . . .	105
potassium chloride oral tablet extended release 10 meq, 8 meq. . . . .	105
potassium chloride oral tablet extended release 20 meq. . . . .	105
potassium chloride oral tablet,er particles/ crystals 10 meq. . . . .	105
potassium chloride oral tablet,er particles/ crystals 15 meq, 20 meq. . . . .	105
potassium chloride-0.45 % nacl. . . . .	105
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l. . . . .	105
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l. . . . .	105
potassium chloride-d5-0.9%nacl. . . . .	105
potassium citrate oral tablet extended release. . . . .	103
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml. . . . .	105
POTELIGEO. . . . .	28
PRADAXA. . . . .	58
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML. . . . .	59

PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML. . . . .	59
pramipexole oral tablet. . . . .	35
pramipexole oral tablet extended release 24 hr. . . . .	35
prasugrel. . . . .	58
pravastatin. . . . .	59
PRAXBIND. . . . .	58
praziquantel. . . . .	17
prazosin. . . . .	55
prednicarbate. . . . .	66
prednisolone acetate. . . . .	98
prednisolone oral solution. . . . .	71
prednisolone sodium phosphate ophthalmic (eye). . . . .	98
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). . . . .	71
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml). . . . .	71
prednisolone sodium phosphate oral tablet,disintegrating. . . . .	71
prednisone intensol. . . . .	71
prednisone oral solution. . . . .	71
prednisone oral tablet. . . . .	71
prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack). . . . .	71
prednisone oral tablets,dose pack 10 mg, 5 mg. . . . .	71
Pregabalin. . . . .	34
PREMARIN INJECTION. . . . .	90
premasol 10 %. . . . .	106
prenatal vitamin oral tablet. . . . .	106
PRETOMANID. . . . .	17
prevalite. . . . .	59
previfem. . . . .	94
PREVNAR 13 (PF). . . . .	85
PREVNAR 20 (PF). . . . .	85
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	propranolol oral tablet.	55
PRIFTIN.	17	propranolol-hydrochlorothiazid.	55
PRIMAQUINE.	17	propylthiouracil.	72
primaquine (generic).	17	PROQUAD (PF).	85
primidone.	34	PROSOL 20 %.	106
probenecid.	86	protamine.	58
probenecid-colchicine.	86	protriptyline.	50
procainamide injection.	51	prudoxin.	63
PROCALAMINE 3%.	106	pulmosal.	101
procentra.	50	PULMOZYME.	101
prochlorperazine.	79	PURIXAN.	29
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml).	79	pyrazinamide.	17
prochlorperazine edisylate injection solution 5 mg/ml.	79	pyridostigmine bromide oral syrup.	39
prochlorperazine maleate oral.	80	pyridostigmine bromide oral tablet 60 mg. . .	39
procto-med hc.	80	pyridostigmine bromide oral tablet extended release.	39
procto-pak.	80	pyrimethamine.	17
proctosol hc topical.	80		
proctozone-hc.	80	<b>Q</b>	
PROCYSBI.	103	QINLOCK.	29
progesterone.	90	QUADRACEL (PF).	85
progesterone micronized.	90	QUDEXY XR.	34
PROGRAF INTRAVENOUS.	29	quetiapine oral tablet.	50
PROGRAF ORAL GRANULES IN PACKET.	29	quetiapine oral tablet extended release 24 hr	50
PROLASTIN-C INTRAVENOUS RECON SOLN.	68	quinapril.	55
PROLASTIN-C INTRAVENOUS SOLUTION	68	quinapril-hydrochlorothiazide.	55
prolate oral tablet.	43	quinidine gluconate oral tablet extended release.	52
PROLIA.	86	quinidine sulfate oral tablet.	52
PROMACTA.	58	quinine sulfate.	17
promethazine injection solution.	99		
promethazine oral.	99	<b>R</b>	
promethazine rectal suppository 12.5 mg, 25 mg.	99	RABAVERT (PF).	85
promethegan.	99	rabeprazole oral tablet,delayed release (dr/ec).	81
propafenone oral capsule,extended release 12 hr.	51	RADICAVA.	38
propafenone oral tablet.	52	RAGWITEK.	85
propranolol intravenous.	55	raloxifene.	86
propranolol oral capsule,extended release 24 hr.	55	ramelteon.	50
propranolol oral solution.	55	ramipril.	55
		ranolazine.	60
		rasagiline.	35
		RAVICTI.	68

REBIF (WITH ALBUMIN) . . . . .	82	ribavirin oral tablet 200 mg. . . . .	12
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML. . . . .	82	RIDAURA. . . . .	89
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6). . . . .	82	rifabutin. . . . .	17
REBIF TITRATION PACK. . . . .	82	rifampin intravenous. . . . .	17
REBLOZYL. . . . .	82	rifampin oral. . . . .	17
RECARBRIO. . . . .	17	riluzole. . . . .	68
reclipsen (28). . . . .	94	rimantadine. . . . .	12
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML. . . . .	85	ringer's intravenous. . . . .	105
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML. . . . .	85	ringer's irrigation. . . . .	66
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML. . . . .	85	RINVOQ. . . . .	89
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML. . . . .	85	risedronate oral tablet 150 mg. . . . .	86
RECTIV. . . . .	80	risedronate oral tablet 30 mg. . . . .	68
regonol. . . . .	39	risedronate oral tablet 35 mg. . . . .	86
REGRANEX. . . . .	63	risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack). . . . .	86
RELENZA DISKHALER. . . . .	11	risedronate oral tablet 5 mg. . . . .	86
RELISTOR ORAL. . . . .	80	risedronate oral tablet, delayed release (dr/ec). . . . .	87
RELISTOR SUBCUTANEOUS SOLUTION. . . . .	80	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML. . . . .	50
RELISTOR SUBCUTANEOUS SYRINGE. . . . .	80	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML. . . . .	50
repaglinide. . . . .	74	risperidone oral solution. . . . .	50
RESTASIS. . . . .	96	risperidone oral tablet. . . . .	50
RESTASIS MULTIDOSE. . . . .	96	risperidone oral tablet, disintegrating. . . . .	50
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML. . . . .	83	ritonavir. . . . .	12
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML. . . . .	83	RITUXAN. . . . .	29
RETEVMO. . . . .	29	RITUXAN HYCELA. . . . .	29
RETROVIR INTRAVENOUS. . . . .	11	rivastigmine tartrate. . . . .	38
REVCovi. . . . .	68	rivastigmine transdermal. . . . .	38
REVLIMID. . . . .	29	rivelsa. . . . .	94
revonto. . . . .	39	rizatriptan oral tablet. . . . .	36
REXULTI. . . . .	50	rizatriptan oral tablet, disintegrating. . . . .	36
REYATAZ ORAL POWDER IN PACKET. . . . .	11	ROMIDEPSIN INTRAVENOUS SOLUTION. . . . .	29
REZUROCK. . . . .	29	ropinirole oral tablet. . . . .	35
RIABNI. . . . .	29	ropinirole oral tablet extended release 24 hr. . . . .	36
ribavirin oral capsule. . . . .	11	rosadan topical cream. . . . .	64
		rosadan topical gel. . . . .	64
		rosuvastatin. . . . .	59
		ROTARIX. . . . .	85
		ROTATEQ VACCINE. . . . .	85

roweepra oral tablet 1,000 mg, 750 mg. . . . .	34
roweepra oral tablet 500 mg. . . . .	34
ROZLYTREK. . . . .	29
RUBRACA. . . . .	29
RUCONEST. . . . .	101
rufinamide. . . . .	34
RUKOBIA. . . . .	12
RUXIENCE. . . . .	29
RUZURGI. . . . .	38
RYBELSUS. . . . .	74
RYBREVANT. . . . .	29
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sajazir. . . . .	101
salsalate. . . . .	45
SAMSCA ORAL TABLET 15 MG. . . . .	76
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON. . . . .	29
SANTYL. . . . .	63
SAPHRIS. . . . .	50
sapropterin. . . . .	76
SARCLISA. . . . .	29
scopolamine base. . . . .	80
seconal sodium. . . . .	50
SECUADO. . . . .	50
selegiline hcl. . . . .	36
selenium sulfide topical lotion. . . . .	61
SELZENTRY ORAL SOLUTION. . . . .	12
SELZENTRY ORAL TABLET 150 MG, 300 MG. . . . .	12
SELZENTRY ORAL TABLET 25 MG, 75 MG	12
SEREVENT DISKUS. . . . .	101
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG. . . . .	83
sertraline oral concentrate. . . . .	50
sertraline oral tablet. . . . .	50
setlakin. . . . .	94
sevelamer carbonate oral powder in packet.	68
sevelamer carbonate oral tablet. . . . .	68
sevelamer hcl oral tablet 400 mg. . . . .	68

sevelamer hcl oral tablet 800 mg. . . . .	68
sf. . . . .	70
sf 5000 plus. . . . .	70
sharobel. . . . .	90
SHINGRIX (PF). . . . .	85
SIGNIFOR. . . . .	29
SIGNIFOR LAR. . . . .	29
SIKLOS ORAL TABLET 1,000 MG. . . . .	29
SIKLOS ORAL TABLET 100 MG. . . . .	29
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml. . . . .	101
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml. . . . .	101
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg. . . . .	101
silodosin. . . . .	103
silver sulfadiazine. . . . .	63
simliya (28). . . . .	94
simpesse. . . . .	94
SIMPONI ARIA. . . . .	89
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML. . . . .	89
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML. . . . .	89
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML. . . . .	89
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML. . . . .	89
SIMULECT INTRAVENOUS RECON SOLN 10 MG. . . . .	29
SIMULECT INTRAVENOUS RECON SOLN 20 MG. . . . .	29
simvastatin oral tablet. . . . .	59
sirolimus oral solution. . . . .	29
sirolimus oral tablet 0.5 mg, 1 mg. . . . .	29
sirolimus oral tablet 2 mg. . . . .	29
SIRTURO. . . . .	17
SIVEXTRO INTRAVENOUS. . . . .	17
SIVEXTRO ORAL. . . . .	17
SKYRIZI SUBCUTANEOUS PEN INJECTOR	61
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML. . . . .	61
SKYRIZI SUBCUTANEOUS SYRINGE KIT. . . . .	61
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sodium acetate. . . . .	105	spironolacton-hydrochlorothiaz. . . . .	55
sodium benzoate-sod phenylacet. . . . .	68	spironolactone. . . . .	55
sodium bicarbonate intravenous solution 1 meq/ ml (8.4 %). . . . .	105	sprintec (28). . . . .	94
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml). . . . .	105	SPRITAM. . . . .	34
sodium chlor 0.9% bacteriostat. . . . .	68	SPRYCEL. . . . .	29
sodium chloride 0.45 % intravenous parenteral solution. . . . .	105	sps (with sorbitol) oral. . . . .	69
sodium chloride 0.9 % (flush) injection syringe. . . . .	68	sps (with sorbitol) rectal. . . . .	69
sodium chloride 0.9 % injection. . . . .	68	sronyx. . . . .	94
sodium chloride 0.9 % intravenous parenteral solution. . . . .	69	ssd. . . . .	63
sodium chloride 0.9 % intravenous piggyback	69	STAMARIL (PF). . . . .	85
sodium chloride 3 %. . . . .	105	stavudine oral capsule. . . . .	12
sodium chloride 5 %. . . . .	105	STELARA INTRAVENOUS. . . . .	61
sodium chloride inhalation. . . . .	101	STELARA SUBCUTANEOUS. . . . .	61
sodium chloride injection. . . . .	69	STIOLTO RESPIMAT. . . . .	101
sodium chloride intravenous. . . . .	105	STIVARGA. . . . .	29
sodium chloride irrigation. . . . .	69	STRENSIQ. . . . .	76
sodium fluoride 5000 dry mouth. . . . .	70	STREPTOMYCIN. . . . .	17
sodium fluoride 5000 plus. . . . .	70	STRIBILD. . . . .	12
sodium fluoride-pot nitrate. . . . .	70	subvenite. . . . .	34
sodium nitroprusside. . . . .	60	subvenite starter (blue) kit. . . . .	34
sodium phenylbutyrate oral powder. . . . .	69	subvenite starter (green) kit. . . . .	34
sodium phenylbutyrate oral tablet. . . . .	69	subvenite starter (orange) kit. . . . .	34
sodium phosphate. . . . .	105	SUCRAID. . . . .	80
sodium polystyrene sulfonate oral powder. . .	69	sucralfate. . . . .	81
solifenacin. . . . .	102	sulfacetamide sodium (acne). . . . .	64
SOLTAMOX. . . . .	29	sulfacetamide sodium ophthalmic (eye) drops. . . . .	96
SOMATULINE DEPOT. . . . .	29	sulfacetamide sodium ophthalmic (eye) ointment. . . . .	96
SOMAVERT. . . . .	76	sulfacetamide-prednisolone. . . . .	96
SORBITOL IRRIGATION SOLUTION 3 %. . . . .	66	sulfadiazine. . . . .	20
sorine oral tablet 120 mg, 160 mg, 80 mg. . .	52	sulfamethoxazole-trimethoprim intravenous. .	20
sorine oral tablet 240 mg. . . . .	52	sulfamethoxazole-trimethoprim oral suspension. . . . .	20
sotalol af. . . . .	52	sulfamethoxazole-trimethoprim oral tablet. . .	20
sotalol oral. . . . .	52	SULFAMYLON TOPICAL CREAM. . . . .	64
SOVALDI. . . . .	12	sulfasalazine oral tablet. . . . .	80
spinosad. . . . .	66	sulfasalazine oral tablet, delayed release (dr/ec). . . . .	80
SPIRIVA RESPIMAT. . . . .	101	sulindac. . . . .	45
SPIRIVA WITH HANDIHALER. . . . .	101	sumatriptan nasal spray, non-aerosol 20 mg/actuation. . . . .	36

sumatriptan nasal spray,non-aerosol 5 mg/actuation. . . . .	36
sumatriptan succinate oral. . . . .	36
sumatriptan succinate subcutaneous cartridge. . . . .	37
sumatriptan succinate subcutaneous pen injector. . . . .	37
sumatriptan succinate subcutaneous solution	37
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SYMBICORT. . . . .	101
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N). . . . .	101
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N). . . . .	101
SYMFI. . . . .	12
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SYMLINPEN 60. . . . .	74
SYMPAZAN ORAL FILM 10 MG, 20 MG. . . . .	34
SYMPAZAN ORAL FILM 5 MG. . . . .	34
SYMTUZA. . . . .	12
SYNAGIS. . . . .	12
SYNAREL. . . . .	76
SYNDROS. . . . .	80
SYNERCID. . . . .	17
SYNJARDY. . . . .	74
SYNJARDY XR. . . . .	74
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tacrolimus oral. . . . .	29
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tadalafil (pulmonary arterial hypertension) oral tablet 20 mg. . . . .	101
tadalafil oral tablet 2.5 mg, 5 mg. . . . .	103
TAFINLAR. . . . .	29
TAGRISSO. . . . .	30

TAKHZYRO. . . . .	101
TALZENNA. . . . .	30
tamoxifen. . . . .	30
tamsulosin oral capsule,extended release 24hr. . . . .	103
TARGRETIN 1% GEL. . . . .	30
tarina 24 fe. . . . .	94
tarina fe 1-20 eq (28). . . . .	94
tarina fe 1/20 (28). . . . .	94
TASIGNA. . . . .	30
tavaborole. . . . .	65
TAVALISSE. . . . .	58
taysofy. . . . .	94
tazarotene topical cream. . . . .	64
TAZAROTENE TOPICAL FOAM. . . . .	64
tazicef injection. . . . .	14
tazicef intravenous. . . . .	14
TAZORAC TOPICAL CREAM 0.05 %. . . . .	64
TAZORAC TOPICAL GEL. . . . .	64
taztia xt oral capsule, extended release. . . . .	55
TAZVERIK. . . . .	30
TDVAX. . . . .	85
TECENTRIQ. . . . .	30
TECFIDERA. . . . .	38
TEFLARO. . . . .	14
TEGSEDI. . . . .	38
TEKTURNA HCT. . . . .	55
telmisartan. . . . .	55
telmisartan-amlodipine. . . . .	55
telmisartan-hydrochlorothiazid. . . . .	55
temazepam. . . . .	50
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TEMODAR INTRAVENOUS. . . . .	30
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- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

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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](https://ocrportal.hhs.gov); by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at [hhs.gov](https://hhs.gov).

# TRANSLATION RESOURCES

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

**Arabic/العربية:**

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

**Mon-Khmer, Cambodian/ខ្មែរ ភ្នំពេញ:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកមានសំណប់រោគវិនិច្ឆ័យ ចូរ ទូរស័ព្ទ **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.

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

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

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





[bluecrossma.com/medicare-options](https://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

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

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



**MASSACHUSETTS**

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

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

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