



MASSACHUSETTS

**Medicare HMO Blue
SaverRx (HMO)
Medicare HMO Blue
ValueRx (HMO)
Medicare HMO Blue
FlexRx (HMO POS)
Medicare HMO Blue
PlusRx (HMO)**

2022 HMO FORMULARY

(List of Covered Drugs)



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

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

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NOTE TO EXISTING MEMBERS:

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

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

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



WHAT IS THE MEDICARE HMO BLUE SAVERRX, MEDICARE HMO BLUE VALUERX, MEDICARE HMO BLUE FLEXRX, MEDICARE HMO BLUE PLUSRX FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - » If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Medicare HMO Blue SaverRx (PPO), Medicare HMO Blue ValueRx (PPO), Medicare HMOBlue FlexRx, and Medicare HMO Blue PlusRx (PPO) Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, Medicare HMO Blue PlusRx Formulary?"

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

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

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

HOW DO I USE THE FORMULARY?

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

- **Medical Condition.** The formulary begins on page 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 109. 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 109. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO Blue PlusRx 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 do not 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 of 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 edits 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 doesn't work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO Blue PlusRx formulary?" on page 4 for information about how to request an exception.

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

If you learn that Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO Blue PlusRx do 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 them to prescribe a similar drug that is covered by our plans.
- You can ask our plans to make an exception and cover your drug. See below for information about how to request an exception.

HOW DO I REQUEST AN EXCEPTION TO THE MEDICARE HMO BLUE SAVERRX (HMO), MEDICARE HMO BLUE VALUERX (HMO), MEDICARE HMO BLUE FLEXRX (HMO POS), AND MEDICARE HMO BLUE PLUSRX (HMO) 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 your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO Blue PlusRx 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 wouldn't be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

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

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

FOR MORE INFORMATION

For more detailed information about your Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, or Medicare HMO Blue PlusRx 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.

MEDICARE HMO BLUE SAVERRX, MEDICARE HMO BLUE VALUERX, MEDICARE HMO BLUE FLEXRX, AND MEDICARE HMO BLUE PLUSRX FORMULARY

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO Blue PlusRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 109.

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 remain consistent with manufacturer, clinical, and FDA recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you are 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 are not 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 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 preferred network mail order pharmacy
Medicare HMO Blue SaverRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$0	\$8	\$0
	Tier 2: Generic Drugs		\$8	\$20	\$16
	Tier 3: Preferred Brand Drugs		\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs	\$300 for Tiers 3, 4, and 5	\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		28%	28%	N/A
Medicare HMO Blue ValueRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$0	\$8	\$0
	Tier 2: Generic Drugs		\$6	\$12	\$12
	Tier 3: Preferred Brand Drugs		\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs	\$320 for Tiers 3, 4, and 5	\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		27%	27%	N/A
Medicare HMO Blue FlexRx (HMO POS)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$0	\$6	\$0
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs		\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs	\$260 for Tiers 3, 4, and 5	\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		28%	28%	N/A
Medicare HMO Blue PlusRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$0	\$6	\$0
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs		\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs	\$200 for Tiers 3, 4, and 5	\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		29%	29%	N/A

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	5	B/D PA, HI, NEDS
<i>amphotericin b</i>	2	B/D PA, MO, HI
<i>amphotericin b liposome</i>	2	B/D PA
<i>caspofungin intravenous recon soln 50 mg</i>	5	B/D PA, HI, NEDS
<i>caspofungin intravenous recon soln 70 mg</i>	2	B/D PA, HI
<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)

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>itraconazole oral solution</i>	2	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO, HI, NEDS
<i>NOXAFIL INTRAVENOUS</i>	3	HI
<i>NOXAFIL ORAL SUSPENSION</i>	5	MO, NEDS
<i>nystatin oral</i>	2	MO
<i>posaconazole</i>	5	MO, NEDS
<i>terbinafine hcl oral</i>	2	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	5	PA, MO, HI, NEDS
<i>voriconazole oral suspension for reconstitution</i>	5	MO, NEDS
<i>voriconazole 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 12/01/2022.

ANTI - INFECTIVES: ANTIVIRALS

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/Limits
emtricitabine-tenofovir (tdf)	5	MO, NEDS
EMTRIVA ORAL SOLUTION	3	MO
entecavir	2	MO
EPCLUSA	5	PA, MO, QL (28 per 28 days), NEDS
EPIVIR HBV ORAL SOLUTION	3	MO
etravirine	5	MO, NEDS
EVOTAZ	5	MO, NEDS
famciclovir	2	MO
fosamprenavir	5	MO, NEDS
foscarnet	2	B/D PA, MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO, NEDS
ganciclovir sodium intravenous	2	B/D PA, MO, HI
ganciclovir sodium intravenous recon soln	2	B/D PA, MO, HI
GENVOYA	5	MO, NEDS
HARVONI	5	PA, MO, QL (28 per 28 days), NEDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO, NEDS
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	5	MO, NEDS
ISENTRESS HD	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.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
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
LAGEVRIO (EUA)	3	\$0 copay
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
LIVTENCITY	5	PA, NEDS
<i>lopinavir-ritonavir</i>	2	MO
<i>maraviroc</i>	5	MO, NEDS
MAVYRET ORAL PELLETS IN PACKET	5	PA, MO, QL (168 per 28 days), NEDS
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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO, 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)
PAXLOVID (EUA)	3	\$0 copay
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

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 12/01/2022.

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
REYATAZ ORAL POWDER IN PACKET	5	MO, NEDS
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	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
SYMTUZA	5	MO, NEDS
SYNAGIS	5	MO, 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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
TRIUMEQ PD	5	MO, NEDS
TRIZIVIR	5	MO, NEDS
TROGARZO	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>	2	MO
VEKLURY	5	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 40 MG	4	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	MO, QL (2 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.

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

ANTI - INFECTIVES: CEPHALOSPORINS

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

ANTI - INFECTIVES: CEPHALOSPORINS (continued)

Drug Name	Tier	Requirements/ Limits
cefotetan injection	2	HI
cefoxitin in dextrose, iso-osm	2	
cefoxitin intravenous recon soln 1 gram, 2 gram	2	MO, HI
cefoxitin intravenous recon soln 10 gram	2	HI
cefpodoxime	2	MO
cefprozil	2	MO
ceftazidime injection recon soln 1 gram, 2 gram	2	MO, HI
ceftazidime injection recon soln 6 gram	2	HI
ceftriaxone in dextrose, iso-os	2	MO, HI
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	2	MO, HI
ceftriaxone injection recon soln 10 gram	2	HI
ceftriaxone intravenous	2	MO, HI
cefuroxime axetil oral tablet	2	MO
cefuroxime sodium injection recon soln 750 mg	2	MO, HI
cefuroxime sodium intravenous recon soln 1.5 gram	2	MO, HI
cefuroxime sodium intravenous recon soln 7.5 gram	2	

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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
cephalexin	2	MO
FETROJA	5	NEDS
SUPRAX ORAL TABLET,CHEWABLE	3	MO
tazicef injection	2	MO, HI
tazicef intravenous	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
e.e.s. 400 oral tablet	2	MO
ery-tab oral tablet, delayed release (dr/ ec) 250 mg, 333 mg	2	MO
erythrocin (as stearate) oral tablet 250 mg	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO, HI

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
erythromycin ethylsuccinate oral suspension for reconstitution	2	MO
erythromycin ethylsuccinate oral tablet	2	
erythromycin lactobionate	2	MO
erythromycin oral	2	MO

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES**

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

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

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

Drug Name	Tier	Requirements/ Limits
DALVANCE	5	MO, HI, NEDS
<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
HYDROXYCHLORO- QUINE 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	

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

Drug Name	Tier	Requirements/ Limits
<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>	2	HI
<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
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

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

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

Drug Name	Tier	Requirements/ Limits
primaquine (generic)	2	MO
pyrazinamide	2	MO
pyrimethamine	5	PA, MO, NEDS
quinine sulfate	2	MO
RECARBRIOD	5	NEDS
rifabutin	2	MO
rifampin intravenous	2	MO, HI
rifampin oral	2	MO
SIRTURO	5	LA, NEDS
SIVEXTRO INTRAVENOUS	5	HI, NEDS
SIVEXTRO ORAL	5	MO, NEDS
STREPTOMYCIN	3	MO
tigecycline	5	MO, HI, NEDS
tinidazole	2	MO
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	MO, NEDS
tobramycin in 0.225 % nacl	5	B/D PA, MO, NEDS
tobramycin inhalation	5	B/D PA, MO, NEDS
tobramycin sulfate injection recon soln	2	HI
tobramycin sulfate injection solution	2	MO, HI
TRECATOR	3	MO

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

Drug Name	Tier	Requirements/ Limits
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	
vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg	2	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	3	HI
vancomycin intravenous recon soln 10 gram	2	HI
vancomycin intravenous recon soln 5 gram	2	HI
vancomycin oral	2	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	

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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
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, 250 mg, 500 mg</i>	2	MO, HI
<i>ampicillin sodium intravenous</i>	2	HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO, HI

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

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	HI
<i>ampicillin-sulbactam intravenous</i>	2	HI
<i>BICILLIN L-A</i>	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 2 gram</i>	2	HI
<i>oxacillin in dextrose (iso-osm)</i>	2	HI
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	2	HI
<i>oxacillin injection recon soln 2 gram</i>	2	MO, HI
<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

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<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 12/01/2022.

ANTI - INFECTIVES: QUINOLONES

Drug Name	Tier	Requirements/ Limits
BAXDELA INTRAVENOUS	5	HI, NEDS
BAXDELA ORAL	5	MO, NEDS
<i>ciprofloxacin hcl oral</i>	2	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>demeclacycline</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</i>	2	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	MO
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

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
abiraterone oral tablet 250 mg	5	PA, MO, QL (120 per 30 days), NEDS
abiraterone oral tablet 500 mg	5	PA, MO, QL (60 per 30 days), NEDS
ABRAXANE	5	PA, MO, HI, NEDS
ADAKVEO	5	PA, NEDS
ALECensa	5	PA, MO, NEDS
ALIMTA	5	MO, HI, NEDS
ALIQOPA	5	HI, LA, NEDS
ALUNBRIG	5	PA, NEDS
ALYMSYS	5	PA, MO, NEDS
anastrozole	2	MO
ARRANON	5	MO, HI, NEDS
arsenic trioxide intravenous solution 1 mg/ml	2	
arsenic trioxide intravenous solution 2 mg/ml	2	MO
ARZERRA	5	B/D PA, MO, HI, NEDS
ASTAGRAF XL	4	B/D PA, MO
AVASTIN	5	PA, MO, HI, NEDS
AYVAKIT	5	PA, LA, NEDS
azacitidine	5	MO, HI, NEDS
azathioprine	2	B/D PA, MO
azathioprine sodium	2	B/D PA, HI
BALVERSA	5	PA, LA, 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 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	5	NEDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	MO, NEDS
BORTEZOMIB INTRAVENOUS RECON SOLN	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
CALQUENCE (ACALABRUTINIB MAL)	5	PA, NEDS
<i>capecitabine</i>	MB	MO
CAPRELSA	5	PA, LA, NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>carboplatin intravenous solution</i>	2	MO, HI
<i>carmustine intravenous recon soln 100 mg</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, 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

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

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
<i>DANYELZA</i>	5	PA, NEDS
<i>DARZALEX</i>	5	PA, MO, HI, LA, NEDS
<i>DARZALEX FASPRO</i>	5	PA, MO, LA, NEDS
<i>daunorubicin intravenous solution</i>	2	HI
<i>DAURISMO</i>	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
<i>ELIGARD</i>	3	MO
<i>ELIGARD (3 MONTH)</i>	3	MO
<i>ELIGARD (4 MONTH)</i>	3	MO
<i>ELIGARD (6 MONTH)</i>	3	MO
<i>ELZONRIS</i>	5	B/D PA, NEDS
<i>EMCYT</i>	5	MO, NEDS
<i>EMPLICITI</i>	5	B/D PA, MO, HI, NEDS
<i>ENHERTU</i>	5	PA, MO, NEDS
<i>ENSPRYNG</i>	5	PA, MO, NEDS
<i>ENVARSUS XR</i>	4	B/D PA, MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	MO, HI
<i>ERBITUX</i>	5	PA, MO, HI, NEDS
<i>ERIVEDGE</i>	5	PA, MO, NEDS
<i>ERLEADA</i>	5	PA, MO, QL (120 per 30 days), NEDS
<i>erlotinib</i>	5	PA, MO, NEDS
<i>ETOPOPHOS</i>	3	MO, HI
<i>etoposide intravenous</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 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>etoposide oral</i>	MB	MO
<i>everolimus (antineoplastic)</i>	5	PA, MO, NEDS
<i>everolimus (immunosuppressive)</i>	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>flouxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	MO, HI
<i>fludarabine intravenous solution</i>	2	HI
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA, MO, HI
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA, HI
<i>flutamide</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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, QL (120 per 30 days), NEDS
GAZYVA	3	PA, MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	MO, HI
<i>gemcitabine intravenous recon soln 2 gram</i>	2	HI
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	MO, HI
genraf	2	B/D PA, MO
GILOTRIF	5	PA, MO, NEDS
HALAVEN	5	PA, MO, HI, NEDS
HERCEPTIN HYLECTA	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 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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, QL (21 per 28 days), 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 ORAL CAPSULE 140 MG	5	PA, QL (120 per 30 days), NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA, QL (30 per 30 days), NEDS
IMBRUVICA ORAL SUSPENSION	5	PA, QL (324 per 30 days), NEDS
IMBRUVICA ORAL TABLET	5	PA, QL (30 per 30 days), NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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
<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, QL (60 per 30 days), NEDS
JEMPERLI	5	MO, NEDS
JEVTANA	5	PA, MO, HI, NEDS
KADCYLA	5	PA, MO, HI, NEDS
KANJINTI	5	PA, MO, NEDS
KEYTRUDA	5	PA, HI, NEDS
KIMMTRAK	5	PA, NEDS
KISQALI	5	PA, MO, NEDS
KISQALI FEMARA CO-PACK	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.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
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
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA, MO, QL (28 per 28 days), NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA, QL (28 per 28 days), NEDS
LENVIMA	5	PA, MO, NEDS
<i>letrozole</i>	2	MO
LEUKERAN	5	MO, NEDS
<i>leuprolide subcutaneous kit</i>	5	MO, NEDS
LIBTAYO	5	PA, HI, NEDS
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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
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
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

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 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	MO, HI, NEDS
<i>mitoxantrone</i>	2	MO, HI
<i>MONJUVI</i>	5	PA, NEDS
<i>MVASI</i>	5	PA, MO, 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
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA, MO
<i>MYLERAN</i>	MB	MO
<i>MYLOTARG</i>	5	MO, HI, LA, NEDS
<i>nelarabine</i>	2	MO
<i>NERLYNX</i>	5	PA, MO, LA, NEDS
<i>nilutamide</i>	5	PA, MO, NEDS
<i>NINLARO</i>	5	PA, MO, QL (3 per 28 days), NEDS
<i>NUBEQA</i>	5	PA, MO, LA, NEDS
<i>NULOJIX</i>	5	B/D PA, MO, HI, NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<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
<i>ODOMZO</i>	5	PA, MO, LA, NEDS
<i>OGIVRI</i>	5	PA, MO, NEDS
<i>ONCASPAR</i>	5	NEDS
<i>ONIVYDE</i>	5	PA, NEDS
<i>ONTRUZANT</i>	5	PA, NEDS
<i>ONUREG</i>	5	PA, MO, NEDS
<i>OPDIVO</i>	5	PA, MO, HI, NEDS
<i>OPDUALAG</i>	5	PA, MO, NEDS
<i>ORGOVYX</i>	5	PA, LA, 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

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	
<i>paclitaxel</i>	2	MO, HI
<i>PADCEV</i>	5	PA, MO, NEDS
<i>paraplatin</i>	2	HI
<i>PEMAZYRE</i>	5	PA, LA, NEDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	5	MO, NEDS
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NEDS
<i>PERJETA</i>	5	PA, MO, HI, NEDS
<i>PHESGO</i>	5	PA, MO, NEDS
<i>PIQRAY</i>	5	PA, MO, NEDS
<i>POLIVY</i>	5	PA, MO, NEDS
<i>POMALYST</i>	5	PA, MO, LA, NEDS
<i>PORTRAZZA</i>	5	B/D PA, MO, NEDS
<i>POTELIGEO</i>	5	PA, NEDS
<i>PROGRAF INTRAVENOUS</i>	3	B/D PA, MO, HI
<i>PROGRAF ORAL GRANULES IN PACKET</i>	3	B/D PA, MO
<i>PURIXAN</i>	5	NEDS
<i>QINLOCK</i>	5	PA, LA, NEDS
<i>RETEVMO</i>	5	PA, MO, LA, NEDS

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>REVLIMID</i>	5	PA, MO, LA, QL (28 per 28 days), NEDS
<i>REZUROCK</i>	5	PA, LA, NEDS
<i>RIABNI</i>	5	PA, MO, NEDS
<i>RITUXAN</i>	5	PA, MO, HI, NEDS
<i>RITUXAN HYCELA</i>	5	PA, MO, NEDS
<i>romidepsin intravenous recon soln</i>	5	NEDS
<i>ROMIDEPSIN INTRAVENOUS SOLUTION</i>	5	NEDS
<i>ROZLYTREK</i>	5	PA, MO, NEDS
<i>RUBRACA</i>	5	PA, MO, LA, NEDS
<i>RUXIENCE</i>	5	PA, MO, NEDS
<i>RYBREVANT</i>	5	PA, MO, NEDS
<i>RYDAPT</i>	5	PA, MO, NEDS
<i>RYLAZE</i>	5	PA, NEDS
<i>SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON</i>	5	MO, NEDS
<i>SARCLISA</i>	5	PA, NEDS
<i>SCEMBLIX</i>	5	PA, MO, NEDS
<i>SIGNIFOR</i>	5	NEDS
<i>SIKLOS ORAL TABLET 1,000 MG</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 12/01/2022.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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
<i>sorafenib</i>	5	PA, MO, NEDS
SPRYCEL	5	PA, MO, NEDS
STIVARGA	5	PA, MO, NEDS
<i>sunitinib</i>	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
TAGRISSO	5	PA, MO, LA, QL (30 per 30 days), NEDS
TALZENNA	5	PA, MO, NEDS
<i>tamoxifen</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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, QL (60 per 30 days), 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
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO, NEDS
<i>tretinoin (antineoplastic)</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.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
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
UNITUXIN	5	NEDS
UPLIZNA	5	B/D PA, MO, NEDS
<i>valrubicin</i>	2	MO
VECTIBIX	5	B/D PA, MO, HI, NEDS
VELCADE	5	MO, HI, NEDS
VENCLEXTA ORAL TABLET 10 MG	3	PA, LA, QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA, LA, QL (120 per 30 days), NEDS
VENCLEXTA ORAL TABLET 50 MG	5	PA, LA, QL (30 per 30 days), NEDS
VENCLEXTA STARTING PACK	5	PA, LA, QL (42 per 30 days), NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
VERZENIO	5	PA, MO, LA, NEDS
VIJOICE	5	PA, 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
VONJO	5	PA, 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
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

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
XTANDI ORAL CAPSULE	5	PA, MO, QL (120 per 30 days), NEDS
XTANDI ORAL TABLET	5	PA, MO, NEDS
YEROVY	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, MO, 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	5	PA, MO, NEDS
ZYNLONTA	5	NEDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: ANTICONVULSANTS

Drug Name	Tier	Requirements/ Limits
APTIOM	5	MO, NEDS
BRIVIACT INTRAVENOUS	4	MO, 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>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	2	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, LA, 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>	2	MO
EPIDIOLEX	5	PA, MO, LA, NEDS
<i>epitol</i>	2	MO
EPRONTIA	3	PA, 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>	2	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>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lacosamide intravenous</i>	5	MO, NEDS
<i>lacosamide oral</i>	2	MO
<i>lamotrigine</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, QL (10 per 30 days), NEDS
<i>oxcarbazepine</i>	2	MO
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

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

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

Drug Name	Tier	Requirements/ Limits
<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
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide</i>	5	MO, NEDS
<i>SPRITAM</i>	4	MO
<i>subvenite</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>subvenite starter (orange) kit</i>	2	MO
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	MO, NEDS
<i>SYMPAZAN ORAL FILM 5 MG</i>	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>	2	PA, MO
<i>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG</i>	4	PA, MO
<i>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG</i>	5	PA, MO, NEDS
<i>valproate sodium</i>	2	MO, HI
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</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	
<i>VALTOCO</i>	5	MO, NEDS
<i>vigabatrin</i>	5	MO, LA, 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:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
vigadronε	5	LA, NEDS
VIMPAT INTRAVENOUS	4	MO, HI
VIMPAT ORAL SOLUTION	5	MO, NEDS
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
ZONISADE	3	PA
zonisamide	2	PA, MO
ZTALMY	5	PA, NEDS

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

Drug Name	Tier	Requirements/ Limits
APOKYN	5	MO, LA, NEDS
apomorphine	5	NEDS
<i>benztropine injection</i>	2	MO, HI
<i>benztropine oral</i>	2	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 12/01/2022.

**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	5	MO, NEDS

**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)
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML</i>	3	PA, MO, QL (2 per 30 days)
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)</i>	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.

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

**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 SPRAY, NON- AEROSOL 2.5 MG	3	MO, QL (18 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	MO, QL (18 per 30 days)
<i>zolmitriptan oral</i>	2	MO, QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON- AEROSOL 2.5 MG	3	MO, QL (18 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
AUBAGIO	5	PA, MO, QL (30 per 30 days), 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 oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA, MO, QL (14 per 30 days), NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA, MO, QL (120 per 180 days), NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA, MO, QL (60 per 30 days), NEDS
<i>donepezil</i>	2	MO
EVRYSDI	5	PA, MO, NEDS
<i>fingolimod</i>	5	PA, QL (30 per 30 days), 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, 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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA, QL (30 per 30 days), NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA, QL (12 per 28 days), NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA, MO, QL (30 per 30 days), NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA, 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, QL (1.6 per 28 days), NEDS
KEVEYIS	5	NEDS
LEMTRADA	3	MO
MAVENCLAD (10 TABLET PACK)	5	PA, MO, LA, QL (10 per 28 days), NEDS
MAVENCLAD (4 TABLET PACK)	5	PA, MO, LA, QL (4 per 28 days), NEDS
MAVENCLAD (5 TABLET PACK)	5	PA, MO, LA, QL (5 per 28 days), NEDS

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

Drug Name	Tier	Requirements/ Limits
MAVENCLAD (6 TABLET PACK)	5	PA, MO, LA, QL (6 per 28 days), NEDS
MAVENCLAD (7 TABLET PACK)	5	PA, MO, LA, QL (7 per 28 days), NEDS
MAVENCLAD (8 TABLET PACK)	5	PA, MO, LA, QL (8 per 28 days), NEDS
MAVENCLAD (9 TABLET PACK)	5	PA, MO, LA, QL (9 per 28 days), NEDS
MAYZENT ORAL TABLET 0.25 MG	5	PA, MO, QL (120 per 30 days), NEDS
MAYZENT ORAL TABLET 1 MG	5	PA, MO, QL (60 per 30 days), NEDS
MAYZENT ORAL TABLET 2 MG	5	PA, MO, QL (30 per 30 days), NEDS
MAYZENT STARTER (FOR 1MG MAINT)	4	PA, MO, QL (7 per 180 days)
MAYZENT STARTER (FOR 2MG MAINT)	5	PA, MO, QL (12 per 180 days), NEDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	MO
<i>memantine oral solution</i>	2	MO
<i>memantine oral tablet</i>	2	MO
NUEDEXTA	5	PA, MO, NEDS
NULIBRY	5	B/D PA, NEDS

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

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

Drug Name	Tier	Requirements/ Limits
OCREVUS	5	PA, 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 (14 per 180 days), NEDS
RADICAVA	5	HI, NEDS
RADICAVA ORS	5	MO, NEDS
RADICAVA ORS STARTER KIT SUSP	5	MO, NEDS
<i>rivastigmine tartrate</i>	2	MO
<i>rivastigmine transdermal</i>	2	MO
TEGSEDI	5	PA, MO, LA, NEDS
tetrabenazine	5	PA, MO, NEDS
TYSABRI	5	PA, MO, HI, LA, NEDS
ZEPOSIA	5	PA, MO, QL (30 per 30 days), NEDS
ZEPOSIA STARTER KIT	5	PA, MO, QL (37 per 30 days), NEDS
ZEPOSIA STARTER PACK	5	PA, MO, QL (7 per 30 days), NEDS

**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 tablet</i>	2	MO
<i>carisoprodol</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 injection</i>	2	PA, MO, HI
<i>methocarbamol oral</i>	2	PA, MO
<i>neostigmine methylsulfate intravenous solution</i>	2	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	2	
<i>orphenadrine citrate injection</i>	2	MO
<i>orphenadrine citrate oral tablet extended release</i>	2	PA, MO
<i>orphenadrine-asa- caffeine oral tablet 25-385-30 mg</i>	2	PA, MO

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>orphengesic forte</i>	2	PA, MO
<i>pyridostigmine bromide oral syrup</i>	5	MO, NEDS
<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

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

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen-caff- dihydrocod oral capsule</i>	2	MO
<i>acetaminophen-caff- dihydrocod oral tablet</i>	2	
<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

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>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	PA, MO
<i>butalbital-acetaminophen-caff oral tablet</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>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 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA, MO, NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	2	MO
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	MO, NEDS
<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</i>	5	PA, MO, NEDS
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	PA, MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	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

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

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

Drug Name	Tier	Requirements/ Limits
hydrocodone- ibuprofen	2	MO
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	2	
hydromorphone injection solution 1 mg/ml	2	
hydromorphone injection solution 2 mg/ml	2	MO
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	2	MO
hydromorphone injection syringe 2 mg/ml	2	
hydromorphone oral liquid	2	MO
hydromorphone oral tablet	2	MO
hydromorphone oral tablet extended release 24 hr	2	PA, MO
levorphanol tartrate oral tablet 2 mg	5	MO, NEDS
levorphanol tartrate oral tablet 3mg	5	MO, NEDS
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	2	PA, MO
meperidine oral solution	2	MO

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

Drug Name	Tier	Requirements/ Limits
meperidine oral tablet 50 mg	2	MO
methadone injection solution	2	HI
methadone intensol	2	PA, MO
methadone oral concentrate	2	PA
methadone oral solution	2	PA, MO
methadone oral tablet	2	PA, MO
methadose oral concentrate	2	PA, MO
morphine (pf) injection solution 0.5 mg/ml	2	
morphine (pf) injection solution 1 mg/ml	2	MO
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	2	B/D PA
morphine concentrate oral solution	2	MO
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ ML, 5 MG/ML (BRAND)	3	
morphine injection syringe 4 mg/ml	2	MO
morphine injection syringe 8 mg/ml	2	
morphine intravenous solution 10 mg/ml	2	MO

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

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

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

Drug Name	Tier	Requirements/ Limits
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	
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA, MO
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</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
<i>oxycodone-acetaminophen oral solution</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 7.5-300 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
<i>oxymorphone oral tablet</i>	2	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA, MO
<i>prolate oral tablet</i>	2	MO
<i>tencon</i>	2	PA, MO
<i>vtof iq</i>	2	PA, MO
<i>XTAMPZA ER</i>	3	PA, MO
<i>zebutal</i>	2	PA, MO

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

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 capsule</i>	2	MO
<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 sodium topical solution in metered-dose pump</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>fenoprofen oral capsule 400 mg</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet 400 mg</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	2	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>	2	MO
<i>ibuprofen-famotidine</i>	2	
<i>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>indomethacin sodium</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<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	
<i>lofena</i>	2	MO
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>	2	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

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

Drug Name	Tier	Requirements/ Limits
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	2	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	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>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO
<i>tramadol oral tablet, extended release 24 hr</i>	2	PA, MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA, MO
<i>tramadol-acetaminophen</i>	2	MO

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

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

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: PSYCHOTHERAPEUTIC DRUGS

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	5	ST, MO, NEDS
<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>	2	MO
<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>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
doxepin oral concentrate	2	PA, MO
doxepin oral tablet	2	MO
DRIZALMA SPRINKLE	4	MO
duloxetine oral capsule,delayed release (dr/ec)	2	MO
EMSAM	5	MO, NEDS
ergoloid	2	MO
escitalopram oxalate	2	MO
estazolam	2	MO
eszopiclone	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
flumazenil	2	
fluoxetine oral capsule	1	MO
fluoxetine oral capsule,delayed release(dr/ec)	2	MO
fluoxetine oral solution	2	MO
fluphenazine decanoate	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
<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>	2	MO
<i>haloperidol decanoate</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
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, MO, 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

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

Drug Name	Tier	Requirements/ Limits
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</i>	4	ST, MO
<i>INVEGA TRINZA</i>	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
<i>loxapine succinate</i>	2	MO
LYBALVI	5	ST, MO, NEDS
MARPLAN	3	MO
<i>methamphetamine</i>	2	PA, MO
<i>methylphenidate</i>	2	
<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)

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

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

Drug Name	Tier	Requirements/ Limits
<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)
<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

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

Drug Name	Tier	Requirements/ Limits
<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</i>	2	MO
<i>modafinil</i>	2	PA, MO
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
<i>NUPLAZID</i>	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</i>	2	MO
<i>paroxetine hcl oral suspension</i>	2	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
<i>paroxetine mesylate (menop.sym)</i>	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>pentobarbital sodium injection solution</i>	2	
<i>perphenazine</i>	2	MO
<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>	2	MO
<i>risperidone oral tablet, disintegrating</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
SECUADO	5	ST, MO, NEDS
<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>	2	MO
<i>tranylcypromine</i>	2	MO
<i>trazodone</i>	2	MO
<i>triazolam</i>	2	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	2	PA, MO
TRINTELLIX	4	MO, QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
VERSACLOZ	5	ST, NEDS
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	MO, QL (30 per 30 days)
<i>vilazodone</i>	2	MO, QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	ST, MO, NEDS
VRAYLAR ORAL CAPSULE,DOSE PACK	4	ST, MO
XYREM	5	PA, LA, NEDS

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

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

Drug Name	Tier	Requirements/ Limits
zaleplon	2	MO, QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	4	MO
ziprasidone hcl	2	MO
ziprasidone mesylate	2	MO
zolpidem oral tablet	2	MO, QL (30 per 30 days)
zolpidem oral tablet, ext release multiphase	2	MO, QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	ST, MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	4	MO

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

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

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

**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>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	2	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
<i>bumetanide injection</i>	2	MO, HI
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr</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.

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>	2	MO
<i>chlorothiazide sodium</i>	2	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	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
<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>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	2	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>	1	
<i>dilt-xr oral capsule,ext release degradable</i>	2	MO
<i>doxazosin</i>	2	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>	2	MO
<i>eplerenone</i>	2	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>ethacrynone sodium</i>	5	HI, NEDS
<i>ethacrynic acid</i>	2	MO
<i>felodipine oral tablet extended release 24 hr</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
furosemide injection	2	MO, HI
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
guanfacine oral tablet	1	MO
hydralazine injection	2	MO, HI
hydralazine oral	2	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	2	MO
isosorbide-hydralazine	2	MO
isradipine	1	MO
labetalol intravenous solution	2	HI
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	HI
labetalol oral	2	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	2	MO
losartan	1	MO
losartan-hydrochlorothiazide	2	MO
mannitol 20 %	2	
mannitol 25 % intravenous solution	2	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
matzim la oral tablet extended release 24 hr	2	MO
methyldopa-hydrochlorothiazide	2	MO
metolazone	2	MO
metoprolol succinate oral tablet extended release 24 hr	2	MO
metoprolol ta-hydrochlorothiaz	2	MO
metoprolol tartrate intravenous solution	2	HI
metoprolol tartrate oral tablet	1	MO
metyrosine	5	MO, NEDS
minoxidil oral	1	MO
moexipril	1	MO
nadolol	2	MO
nebivolol	2	
nicardipine intravenous solution	2	HI
nicardipine oral	1	MO
nifedipine oral capsule	1	MO
nifedipine oral tablet extended release	2	MO
nifedipine oral tablet extended release 24hr	2	MO
nimodipine	2	MO
nisoldipine oral tablet extended release 24 hr	1	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
olmesartan	2	MO
olmesartan-amlodipin-hcthiazid	2	MO
olmesartan-hydrochlorothiazide	2	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
osmitrol 20 %	2	
perindopril erbumine	1	MO
phenoxybenzamine	5	MO, NEDS
phentolamine	2	
pindolol	1	MO
prazosin	2	MO
propranolol intravenous	2	HI
propranolol oral capsule, extended release 24 hr	2	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO
propranolol-hydrochlorothiazid	2	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	2	MO
ramipril	1	MO
spironolactone	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
spironolacton-hydrochlorothiaz	2	MO
taztia xt oral capsule, extended release	2	MO
TEKTURNA HCT	3	MO
telmisartan	2	MO
telmisartan-amlodipine	2	MO
telmisartan-hydrochlorothiazid	2	MO
terazosin	2	MO
tiadylt er	2	MO
timolol maleate oral	1	MO
torsemide oral	2	MO
trandolapril	1	MO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	2	MO
treprostinil sodium	5	B/D PA, MO, NEDS
triamterene	1	MO
triamterene-hydrochlorothiazid	2	MO
UPTRAVI INTRAVENOUS	5	PA, LA, NEDS
UPTRAVI ORAL	5	PA, MO, LA, NEDS
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide	2	MO
veletri	2	B/D PA, MO
verapamil intravenous	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 12/01/2022.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/Limits
<i>aminocaproic acid</i>	2	MO
<i>ANDEXXA</i>	5	NEDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
<i>BRILINTA</i>	4	MO
<i>CABLIVI INJECTION KIT</i>	5	LA, NEDS
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dabigatran etexilate</i>	2	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	2	MO
<i>DOPTELET (10 TAB PACK)</i>	5	MO, LA, QL (60 per 30 days), NEDS
<i>DOPTELET (15 TAB PACK)</i>	5	MO, LA, QL (60 per 30 days), NEDS
<i>DOPTELET (30 TAB PACK)</i>	5	MO, LA, QL (60 per 30 days), NEDS
<i>ELIQUIS</i>	3	MO
<i>ELIQUIS DVT-PE TREAT 30D START</i>	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO, QL (180 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO, QL (60 per 30 days)

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	2	MO, QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	2	MO, QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	2	MO, QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	2	MO, QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	5	MO, QL (24 per 30 days), NEDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	2	MO, QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	5	MO, QL (12 per 30 days), NEDS
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	5	MO, QL (18 per 30 days), NEDS
hep flush-10 (pf) heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	MB 2	HI

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ ml)	2	MO, HI
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	2	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	2	
heparin (porcine) injection cartridge	2	MO, HI
heparin (porcine) injection solution	2	MO, HI
heparin (porcine) injection syringe 5,000 unit/ml	2	MO, HI
heparin flush (porcine)-0.9nacl	MB	MO
heparin lock flush (porcine)	MB	MO
heparin lockflush (porcine)(pf)	MB	MO
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
<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
<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>	2	MO
<i>atorvastatin</i>	1	MO
<i>cholestyramine (with sugar) oral powder</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	2	
<i>cholestyramine-aspartame</i>	2	
<i>colestipol</i>	2	MO
EVKEEZA	5	PA, NEDS
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg (generic)</i>	2	MO
<i>fenofibric acid</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.

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

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

Drug Name	Tier	Requirements/ Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fluvastatin oral capsule</i>	1	MO
<i>gemfibrozil</i>	2	MO
<i>icosapent ethyl</i>	2	PA, MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	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	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>omega-3 acid ethyl esters</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA, 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 oral powder</i>	1	MO
<i>prevalite oral powder in packet</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>rosuvastatin</i>	1	MO
<i>simvastatin oral tablet</i>	1	MO
VASCEPA	4	PA, MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

Drug Name	Tier	Requirements/ Limits
CAMZYOS	5	PA, MO, NEDS
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA, MO
<i>digitek</i>	2	MO
<i>digoxin injection solution</i>	2	HI
<i>digoxin oral</i>	2	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
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

Drug Name	Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/ Limits
<i>acitretin</i>	2	MO
<i>calcipotriene scalp</i>	2	MO, QL (120 per 30 days)
<i>calcipotriene topical cream</i>	2	MO, QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO, QL (120 per 30 days)
<i>calcipotriene-beta-methasone</i>	2	MO, QL (400 per 30 days)
<i>calcitriol topical</i>	2	
<i>COSENTYX</i>	5	PA, MO, QL (2 per 28 days), NEDS
<i>COSENTYX (2 SYRINGES)</i>	5	PA, MO, QL (2 per 28 days), NEDS
<i>COSENTYX PEN</i>	5	PA, MO, QL (2 per 28 days), NEDS
<i>COSENTYX PEN (2 PENS)</i>	5	PA, MO, QL (10 per 28 days), NEDS
<i>selenium sulfide topical lotion</i>	2	MO
<i>SKYRIZI SUBCUTANEOUS PEN INJECTOR</i>	5	PA, MO, QL (1 per 28 days), NEDS
<i>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</i>	5	PA, MO, QL (1 per 28 days), NEDS
<i>SKYRIZI SUBCUTANEOUS SYRINGE KIT</i>	5	PA, MO, QL (1 per 28 days), NEDS

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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC (continued)

Drug Name	Tier	Requirements/Limits
STELARA INTRAVENOUS	5	PA, MO, HI, NEDS
STELARA SUBCUTANEOUS	5	PA, MO, QL (0.5 per 28 days), NEDS
STELARA SUBCUTANEOUS	5	PA, MO, QL (1 per 28 days), NEDS
TALTZ AUTOINJECTOR	5	PA, MO, QL (1 per 28 days), NEDS
TALTZ AUTOINJECTOR (2 PACK)	5	PA, MO, QL (2 per 28 days), NEDS
TALTZ AUTOINJECTOR (3 PACK)	5	PA, MO, QL (3 per 28 days), NEDS
TALTZ SYRINGE	5	PA, MO, QL (1 per 28 days), NEDS
VTAMA	5	PA, MO, NEDS

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

Drug Name	Tier	Requirements/Limits
ADBRY	5	PA, MO, NEDS
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CIBINQO	5	PA, MO, NEDS
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	2	MO
<i>doxepin topical</i>	5	MO, QL (45 per 30 days), NEDS
DUPIXENT PEN	5	PA, MO, NEDS
DUPIXENT SYRINGE	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
glydo	2	MO
<i>imiquimod</i>	2	MO
<i>lidocaine (pf) injection solution</i>	2	HI
<i>lidocaine hcl injection solution</i>	2	HI
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<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
<i>OPZELURA</i>	5	PA, MO, NEDS
<i>PANRETIN</i>	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	
<i>prodoxin</i>	2	MO
<i>REGRANEX</i>	5	MO, NEDS
<i>SANTYL</i>	3	MO
<i>silver sulfadiazine</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/Limits
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA, MO
<i>VALCHLOR</i>	5	MO, NEDS
<i>xylocaine dental-epinephrine</i>	2	

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

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

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

Drug Name	Tier	Requirements/ Limits
TAZAROTENE TOPICAL FOAM	4	PA
<i>tazarotene topical gel</i>	2	PA, MO
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, QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLYON TOPICAL CREAM	3	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox</i>	2	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
<i>econazole</i>	2	MO
<i>ketoconazole topical cream</i>	2	MO
<i>ketoconazole topical foam</i>	2	MO, QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO
<i>ketodan</i>	2	MO
LULICONAZOLE	4	MO
LUZU	4	MO
<i>naftifine topical cream</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	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO
<i>tavaborole</i>	5	MO, NEDS

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/Limits
<i>acyclovir topical cream</i>	2	MO, QL (5 per 30 days)
<i>acyclovir topical ointment</i>	2	MO, QL (30 per 30 days)
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>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>clocortolone pivalate</i>	2	MO
<i>clodan</i>	2	MO
<i>desonide</i>	2	MO
<i>desoximetasone</i>	2	MO
<i>desrx</i>	2	MO
<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	

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (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 topical lotion</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	
<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	
<i>SORBITOL IRRIGATION SOLUTION 3 %</i>	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.

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
d5 %-0.45 % sodium chloride	2	MO, HI
deferasirox	5	MO, NEDS
deferiprone	5	MO, NEDS
deferoxamine	2	MO
dextrose 10 % and 0.2 % nacl	2	HI
dextrose 10 % in water (d10w)	2	HI
dextrose 25 % in water (d25w)	2	
dextrose 5 % in water (d5w) intravenous parenteral solution	2	MO, HI
dextrose 5 % in water (d5w) intravenous piggyback	2	MO
dextrose 5 %-lactated ringers	2	MO, HI
dextrose 5%-0.2 % sod chloride	2	HI
dextrose 5%-0.3 % sod.chloride	2	HI
dextrose 50 % in water (d50w)	2	MO
dextrose 70 % in water (d70w)	2	
disulfiram oral tablet 250 mg	2	MO
disulfiram oral tablet 500 mg	2	
droxidopa	5	MO, NEDS
EMPAVELI	5	PA, LA, 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 12/01/2022.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
ENJAYMO	5	PA, NEDS
FERRIPROX ORAL SOLUTION	5	NEDS
FERRIPROX ORAL TABLET 500 MG	5	NEDS
GIVLAARI	5	PA, MO, NEDS
GLASSIA	5	PA, MO, HI, LA, NEDS
INCRELEX	5	PA, MO, LA, 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
<i>NITYR</i>	3	MO, LA
<i>normal saline flush</i>	MB	MO
<i>ORFADIN ORAL CAPSULE 20 MG</i>	5	LA, NEDS
<i>ORFADIN ORAL SUSPENSION</i>	5	LA, NEDS
<i>OXBRYTA ORAL TABLET</i>	5	PA, MO, LA, QL (150 per 30 days), NEDS

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

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

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
ZOKINVY	5	PA, NEDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

Drug Name	Tier	Requirements/ Limits
bupropion hcl (smoking deter) oral tablet extended release	2	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX ORAL TABLET 1 MG	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
varenicline	2	MO

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/Limits
azelastine nasal	2	MO, QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	
fluoride (sodium) dental paste	2	MO
fluoride (sodium) dental solution	2	MO
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)	2	MO, QL (30 per 30 days)
ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)	2	MO, QL (45 per 30 days)
olopatadine nasal	2	MO, QL (30.5 per 30 days)
oralone	2	MO
periogard	2	MO
sf	2	MO
sf 5000 plus	2	MO
sodium fluoride 5000 dry mouth	2	MO
sodium fluoride 5000 plus	2	

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

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

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

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/Limits
ciprofloxacin-dexamethasone	2	MO
neomycin-polymyxin-hc otic (ear)	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 12/01/2022.

ENDOCRINE/DIABETES: ADRENAL HORMONES

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

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	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	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>TARPEYO</i>	5	PA, NEDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

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

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

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
acarbose	1	MO
ALCOHOL PADS	3	MO
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	
diazoxide	2	MO
FREESTYLE LIBRE 2 READER	MB	QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	MB	
FREESTYLE LIBRE READER	MB	QL (1 per 365 days)
FREESTYLE LIBRE SENSOR	MB	
glimepiride	1	MO
glipizide oral tablet	1	MO
glipizide oral tablet extended release 24hr	1	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
glipizide-metformin	2	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
glucagon emergency kit (human)	2	MO
glyburide	1	MO
glyburide micronized	1	MO
glyburide-metformin	2	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

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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULIN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
INPEN (FOR HUMALOG)	3	QL (1 per 365 days)
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
metformin oral solution	2	MO
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	MO
metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR)	1	MO
miglitol	1	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
MOUNJARO	4	ST, MO, QL (2 per 28 days)
nateglinide	2	MO
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ONETOUCH ULTRA TEST	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIPS	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 (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	4	ST, MO, QL (3 per 28 days)
pioglitazone	1	MO
pioglitazone- glimepiride	2	MO
pioglitazone- metformin	2	MO
repaglinide	2	MO
RYBELSUS	4	ST, MO, QL (30 per 30 days)
SOLIQUA 100/33	3	PA, MO, QL (90 per 30 days)
SYMLINPEN 120	5	MO, NEDS
SYMLINPEN 60	5	MO, NEDS
SYNJARDY	3	MO
SYNJARDY XR	3	MO

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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

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

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>	2	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>clomid</i>	2	PA, MO
<i>clomiphene citrate</i>	2	PA
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	

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

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

Drug Name	Tier	Requirements/ Limits
<i>desmopressin oral</i>	2	MO
<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
<i>javygtor</i>	5	NEDS
JYNARQUE	5	LA, NEDS
KANUMA	5	MO, HI, NEDS
KORLYM	5	PA, NEDS
MEPSEVII	5	MO, NEDS
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	5	MO, NEDS
<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</i>	2	PA, MO
PALYNZIQ	5	MO, LA, NEDS
<i>pamidronate intravenous solution</i>	2	MO, HI
<i>paricalcitol intravenous</i>	2	HI

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic)</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)</i>	2	MO
<i>testosterone transdermal gel in packet (Androgel generic)</i>	2	MO
<i>testosterone transdermal solution in metered pump w/ app (Axiron generic)</i>	2	MO
<i>tolvaptan</i>	5	MO, NEDS
<i>vasopressin</i>	2	MO
<i>VIMIZIM</i>	3	MO
<i>VOXZOGO</i>	5	PA, MO, LA, NEDS
<i>zoledronic acid intravenous solution</i>	2	MO, HI
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO, HI

ENDOCRINE/DIABETES: THYROID HORMONES

Drug Name	Tier	Requirements/ Limits
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral 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

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

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS (continued)

Drug Name	Tier	Requirements/ Limits
<i>opium tincture</i>	2	MO

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

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
alosetron	5	MO, QL (60 per 30 days), NEDS
aprepitant	2	B/D PA, MO
balsalazide	2	MO
betaine	5	MO, NEDS
budesonide oral capsule, delayed, extend.release	2	MO
budesonide oral tablet, delayed and ext.release	5	NEDS
BYLVAY	5	PA, MO, LA, 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
compro	2	MO
constulose	2	MO
CREON	3	MO
cromolyn oral	2	MO
CYSTADANE	5	NEDS
dimenhydrinate injection solution	2	MO

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
doxylamine-pyridoxine (vit b6)	2	MO
dronabinol	2	B/D PA, MO
droperidol injection solution	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO	3	PA, MO
enulose	2	MO
fosaprepitant	2	MO
GATTEX 30-VIAL	5	PA, MO, NEDS
GATTEX ONE-VIAL	5	PA, MO, NEDS
gavilyte-c	2	MO
gavilyte-g	2	MO
generlac	2	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	2	MO, HI
granisetron hcl intravenous	2	MO, HI
granisetron hcl oral	2	B/D PA, MO
hydrocortisone rectal	2	MO
hydrocortisone topical cream with perineal applicator	2	MO
hydrocortisone-pramoxine rectal cream 1-1 %	2	MO
INFLECTRA	5	PA, MO, HI, NEDS
lactulose oral packet	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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
lactulose oral solution 10 gram/15 ml	2	MO
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	2	
LINZESS	3	MO, QL (30 per 30 days)
LIVMARLI	5	PA, LA, NEDS
meclizine oral tablet 12.5 mg, 25 mg	2	MO
mesalamine oral capsule (with del rel tablets)	2	MO
mesalamine oral capsule, extended release	2	
mesalamine oral capsule,extended release 24hr	2	MO
mesalamine oral tablet,delayed release (dr/ec)	2	MO
mesalamine rectal	2	MO
metoclopramide hcl injection solution	2	MO, HI
metoclopramide hcl injection syringe	2	HI
metoclopramide hcl oral solution	2	MO
metoclopramide hcl oral tablet	2	MO
metoclopramide hcl oral tablet, disintegrating 5 mg	2	MO

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

Drug Name	Tier	Requirements/ Limits
OCALIVA	5	MO, LA, QL (30 per 30 days), NEDS
ondansetron hcl (pf)	2	MO, HI
ondansetron hcl intravenous	2	MO, HI
ondansetron hcl oral solution	2	B/D PA, MO
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA, MO
ondansetron oral tablet,disintegrating	2	B/D PA, MO
OSMOPREP	4	MO
palonosetron intravenous solution 0.25 mg/5 ml	2	MO
palonosetron intravenous syringe	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	MO
peg3350-sod sul-nacl- kcl-asb-c	2	MO
peg-electrolyte	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO, NEDS
prochlorperazine	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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<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
<i>RECTIV</i>	4	MO
<i>RELISTOR ORAL</i>	5	MO, NEDS
<i>RELISTOR SUBCUTANEOUS SOLUTION</i>	5	MO, NEDS
<i>RELISTOR SUBCUTANEOUS SYRINGE</i>	5	MO, NEDS
<i>scopolamine base</i>	2	MO
<i>SKYRIZI INTRAVENOUS</i>	5	PA, MO, QL (10 per 28 days), NEDS
<i>SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR</i>	5	PA, MO, QL (2.4 per 28 days), NEDS
<i>sodium,potassium, mag sulfates</i>	2	MO
<i>SUCRAID</i>	5	NEDS
<i>sulfasalazine oral tablet</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	MO
<i>SYNDROS</i>	5	B/D PA, MO, NEDS
<i>trimethobenzamide oral</i>	2	B/D PA, MO
<i>UCERIS RECTAL</i>	4	MO
<i>ursodiol oral capsule 200 mg, 400 mg</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
<i>VARUBI</i>	3	B/D PA
<i>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</i>	3	MO

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

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

GASTROENTEROLOGY: ULCER THERAPY

Drug Name	Tier	Requirements/ Limits
amoxicil-clarithromy-lansopraz	2	MO
cimetidine	2	MO
cimetidine hcl oral	2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	2	ST, MO, QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	ST, MO, QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	2	ST, MO, QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	2	ST, MO, QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	2	HI
famotidine (pf)	2	MO, HI
famotidine (pf)-nacl (iso-os)	2	MO, HI
famotidine intravenous	2	MO, HI
famotidine oral suspension	2	MO
famotidine oral tablet 20 mg, 40 mg	2	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	ST, MO, QL (30 per 30 days)

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	ST, MO, QL (60 per 30 days)
misoprostol	2	MO
nizatidine oral capsule 150 mg	2	MO
nizatidine oral capsule 300 mg	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg	2	MO, QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	2	MO, QL (60 per 30 days)
pantoprazole intravenous	2	MO, HI
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	2	MO, QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	2	MO, QL (60 per 30 days)
sucralfate	2	MO
VOQUEZNA DUAL PAK	4	MO, QL (112 per 14 days)
VOQUEZNA TRIPLE PAK	4	MO, QL (112 per 14 days)

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

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	5	PA, MO, NEDS
ARCALYST	5	MO, NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA, MO, QL (4 per 28 days), NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA, MO, QL (4 per 28 days), NEDS
BESREMI	5	PA, LA, NEDS
EGRIFTA SV	5	PA, MO, NEDS
FULPHILA	5	PA, MO, QL (1.2 per 30 days), NEDS
GRANIX	5	MO, NEDS
ILARIS (PF)	5	PA, MO, LA, NEDS
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA, MO, NEDS
LEUKINE INJECTION RECON SOLN	5	PA, 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

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION	5	MO, QL (4 per 28 days), NEDS
PEGASYS SUBCUTANEOUS SYRINGE	5	MO, QL (2 per 28 days), NEDS
PLEGRIDY INTRAMUSCULAR	5	PA, MO, QL (1 per 28 days), NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA, MO, QL (1 per 28 days), NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA, MO, QL (1 per 180 days), NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE	5	PA, MO, QL (1 per 28 days), NEDS
REBIF (WITH ALBUMIN)	5	PA, MO, QL (6 per 28 days), NEDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA, MO, QL (6 per 28 days), NEDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA, MO, QL (4.2 per 180 days), NEDS
REBIF TITRATION PACK	5	PA, MO, QL (4.2 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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
REBLOZYL	5	PA, NEDS
RELEUKO	5	PA, MO, NEDS
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	PA, MO, QL (1.2 per 30 days), NEDS
ZARXIO	5	MO, NEDS
ZIEXTENZO	5	PA, MO, NEDS
ZORBTIVE	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 2022-23 (3YR UP)(PF)	MB	MO
AFLURIA QUAD 2022-2023(6MO UP)	MB	
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	4	PA, MO
COMIRNATY TRIS VACCINE(PF)	MB	
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DENGVAXIA (PF)	1	
DYSPORT	4	PA, MO
Engerix-b (pf)	1	B/D PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
FLUAD QUAD 2022-23(65Y UP) (PF)	MB	MO
FLUARIX QUAD 2022-2023 (PF)	MB	MO

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

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

Drug Name	Tier	Requirements/ Limits
FLUBLOK QUAD 2022-2023 (PF)	MB	MO
FLUCELVAX QUAD 2022-2023	MB	
FLUCELVAX QUAD 2022-2023 (PF)	MB	MO
FLULALVAL QUAD 2022-2023 (PF)	MB	MO
FLUMIST QUAD 2022-2023	MB	
FLUZONE HIGHDOSE QUAD 22-23 PF	MB	MO
FLUZONE QUAD 2022-2023	MB	
FLUZONE QUAD 2022-2023 (PF)	MB	MO
fomepizole	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	
JANSSEN COVID-19 VACCINE (EUA)	MB	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</i>	1	MO
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
MODERNA COVID BIVAL(6Y UP)(PF)	MB	
MODERNA COVID (6M-5Y) VACC(EUA)	MB	
MODERNA COVID-19 (6-11YR)(EUA)	MB	
MODERNA COVID-19 VACCINE (EUA)	MB	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	
<i>pentacel (pf)</i>	1	
PFIZER COVID BIVAL (12Y UP)(PF)	MB	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	MB	
PFIZER COVID-19 VACCINE (EUA)	MB	
PNEUMOVAX-23	MB	MO
<i>prehevbrio (pf)</i>	1	B/D PA, MO

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

Drug Name	Tier	Requirements/ Limits
PREVNAR 13 (PF)	MB	MO
PREVNAR 20 (PF)	MB	MO
<i>priorix (pf)</i>	1	
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	MO
RAGWITEK	4	MO
<i>recombivax hb (pf)</i>	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ ML	1	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA, MO
ROTARIX	1	
ROTATEQ VACCINE	1	MO
SHINGRIX (PF)	1	MO
SPIKEVAX (PF)	MB	
STAMARIL (PF)	1	
TDVAX	1	MO
<i>tenivac (pf)</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO
TETANUS, DIPHTHERIA TOX PED(PF)	1	MO
TICE BCG	1	MO
<i>ticovac</i>	1	MO
TRUMENBA	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
VAXNEUVANCE	MB	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA, MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA, MO, NEDS
YF-VAX (PF)	1	

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

Drug Name	Tier	Requirements/ Limits
ZINPLAVA	5	PA, MO, HI, NEDS

MISCELLANEOUS SUPPLIES

Drug Name	Tier	Requirements/ Limits
GAUZE PADS 2X2	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	MO
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO

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

MUSCULOSKELETAL / RHEUMATOLOGY: GOUT THERAPY

Drug Name	Tier	Requirements/ Limits
<i>allopurinol oral tablet 100 mg, 300 mg</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
<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, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO, QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO, QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO, QL (4 per 28 days)
TERIPARATIDE	5	PA, MO, QL (2.48 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.

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

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	PA, MO, HI, NEDS
BENLYSTA SUBCUTANEOUS	5	PA, 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

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 (4 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 (2 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.

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

**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 <i>leflunomide</i>	5 2	PA, NEDS MO, QL (30 per 30 days)
ORENCIA (WITH MALTOSA)	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

**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 ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA, MO, QL (30 per 30 days), NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA, MO, QL (28 per 28 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 (300 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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
XELJANZ ORAL TABLET	5	PA, MO, QL (60 per 30 days), NEDS
XELJANZ XR	5	PA, MO, QL (30 per 30 days), NEDS

**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 gel in packet 0.25 mg/0.25 gram (0.1%), 0.5 mg/0.5 gram (0.1%), 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1%)</i>	2	
<i>estradiol transdermal gel in packet 1 mg/gram (0.1%)</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

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

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

Drug Name	Tier	Requirements/ Limits
lyeq	2	MO
lyllana	2	MO
lyza	2	
medroxyprogesterone	2	MO
mimvey	2	MO
nora-be	2	MO
norethindrone (contraceptive)	2	
norethindrone acetate	2	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	2	MO
PREMARIN INJECTION	4	HI
progesterone	2	MO
progesterone micronized	2	MO
sharobel	2	MO
yuvafem	2	MO

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

Drug Name	Tier	Requirements/ Limits
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>eluryng</i>	2	MO
<i>etongestrel-ethinyl estradiol</i>	2	
GYZNAZOLE-1	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
<i>zafemy</i>	2	MO

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

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>charlotte 24 fe</i>	2	MO
<i>chateal (28)</i>	2	
<i>chateal eq (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>cryselle (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>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
<i>femynor</i>	2	MO
<i>finzala</i>	2	
<i>hailey</i>	2	MO
<i>hailey 24 fe</i>	2	MO

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

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

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

Drug Name	Tier	Requirements/ Limits
hailey fe 1.5/30 (28)	2	MO
hailey fe 1/20 (28)	2	MO
iclevia	2	
introvale	2	MO
isibloom	2	MO
jaimiess	2	MO
jasmiel (28)	2	MO
jolessa	2	MO
juleber	2	MO
junel 1.5/30 (21)	2	MO
junel 1/20 (21)	2	MO
junel fe 1.5/30 (28)	2	MO
junel fe 1/20 (28)	2	MO
junel fe 24	2	MO
kaitlib fe	2	MO
kalliga	2	
kariva (28)	2	MO
kelnor 1/35 (28)	2	MO
kelnor 1-50 (28)	2	MO
kurvelo (28)	2	MO
I norgest/e.estradiol-e. estradiol oral tablets, dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	2	
I norgest/e.estradiol-e. estradiol oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	2	MO

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

Drug Name	Tier	Requirements/ Limits
larin 1.5/30 (21)	2	MO
larin 1/20 (21)	2	MO
larin 24 fe	2	MO
larin fe 1.5/30 (28)	2	MO
larin fe 1/20 (28)	2	MO
layolis fe	2	MO
leena 28	2	MO
lessina	2	MO
levonest (28)	2	MO
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg	2	
levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)	2	
levonorgestrel-ethinyl estradiol tablets, dose pack,3 month	2	MO
levonorg-eth estrad triphasic	2	
levora-28	2	MO
lojaimiess	2	MO
loryna (28)	2	MO
low-ogestrel (28)	2	MO
lo-zumandimine (28)	2	MO
lulera (28)	2	MO
marlissa (28)	2	MO
merzee	2	MO
microgestin 1.5/30 (21)	2	MO
microgestin 1/20 (21)	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
<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-linyah</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethynodiol-estradiol-iron</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
<i>norethindrone-e. estradiol-iron</i>	2	
<i>norgestimate-ethynodiol-estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethynodiol-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 1/35 (28)</i>	2	MO
<i>nylia 7/7/7 (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>nymyo</i>	2	MO
<i>ocella</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>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	MO
<i>tilia fe</i>	2	MO
<i>tri-femynor</i>	2	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</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	MO

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

Drug Name	Tier	Requirements/ Limits
<i>tri-sprintec</i> (28)	2	MO
<i>trivora</i> (28)	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen</i> (28)	2	MO
<i>vestura</i> (28)	2	MO
<i>vienna</i>	2	MO
<i>viorele</i> (28)	2	MO
<i>volnea</i> (28)	2	MO
<i>vyfemla</i> (28)	2	MO
<i>vylibra</i>	2	MO
<i>wera</i> (28)	2	MO
<i>wymzya fe</i>	2	MO
<i>zovia 1-35</i> (28)	2	MO
<i>zumandimine</i> (28)	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</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) drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
<i>NATACYN</i>	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>	2	MO

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

OPHTHALMOLOGY: ANTIBIOTICS (continued)

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

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) ophthalmic (eye) dropperette 0.25 %</i>	2	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye)</i>	2	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
<i>BLEPHAMIDE S.O.P.</i>	4	MO
<i>bss</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	2	QL (60 per 30 days)
<i>CYSTARAN</i>	5	NEDS
<i>epinastine</i>	2	MO
<i>LACRISERT</i>	3	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
<i>OXERVATE</i>	5	PA, MO, NEDS
<i>PHOSPHOLINE IODIDE</i>	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>RESTASIS</i>	3	MO, QL (60 per 30 days)
<i>RESTASIS MULTIDOSE</i>	3	MO, QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO

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OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS (continued)

Drug Name	Tier	Requirements/Limits
sulfacetamide-prednisolone	2	MO
VURITY	4	MO

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

Drug Name	Tier	Requirements/Limits
bimatoprost ophthalmic (eye)	2	MO
brimonidine-timolol	2	
brinzolamide	2	MO
COMBIGAN	3	MO
dorzolamide	2	MO
dorzolamide-timolol	2	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	2	MO
latanoprost	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
miostat	2	
travoprost	2	MO

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

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

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OPHTHALMOLOGY: STEROIDS

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

OPHTHALMOLOGY: SYMPATHOMIMETICS

Drug Name	Tier	Requirements/ Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
apracloridine	2	MO
brimonidine ophthalmic (eye) drops 0.15 %	2	
brimonidine ophthalmic (eye) drops 0.2 %	1	MO

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Drug Name	Tier	Requirements/ Limits
adrenalin injection solution 1 mg/ml	2	
adrenalin injection solution 1 mg/ml (1 ml)	2	MO
carbinoxamine maleate	2	MO
cetirizine oral solution 1 mg/ml	2	MO
clemastine oral syrup	2	MO
clemastine oral tablet 2.68 mg	2	MO
cyproheptadine	2	MO
desloratadine oral tablet	2	MO
desloratadine oral tablet,disintegrating	2	MO
dexchlorpheniramine maleate oral solution	2	
diphenhydramine hcl injection solution 50 mg/ml	2	MO, HI
diphenhydramine hcl injection syringe	2	MO, HI
diphenhydramine hcl oral elixir	2	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	2	MO

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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
epinephrine injection solution 1 mg/ml	2	
epinephrine injection syringe 0.1 mg/ml	2	
hydroxyzine hcl intramuscular	2	MO
hydroxyzine hcl oral solution 10 mg/5 ml	2	PA, MO
hydroxyzine hcl oral tablet	2	PA, MO
hydroxyzine pamoate	2	PA, MO
levocetirizine oral solution	2	MO
levocetirizine oral tablet	2	MO
promethazine injection solution	2	MO
promethazine oral	2	PA, MO
promethazine rectal suppository 12.5 mg, 25 mg	2	
promethegan	2	MO

RESPIRATORY AND ALLERGY: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
acetylcysteine	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)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation	2	MO, QL (25.5 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020503)	2	QL (20.1 per 30 days)
albuterol sulfate inhalation solution for nebulization	2	B/D PA, MO
albuterol sulfate oral syrup	2	MO
albuterol sulfate oral tablet	2	MO
albuterol sulfate oral tablet extended release 12 hr	2	MO
alyq	5	PA, NEDS
ambrisentan	5	PA, MO, LA, NEDS
aminophylline intravenous	2	HI
ANORO ELLIPTA	3	MO, QL (60 per 30 days)
arformoterol	2	B/D PA, MO
ARNUITY 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.

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	4	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	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
KALYDECO ORAL TABLET	5	PA, MO, QL (60 per 30 days), NEDS
<i>levalbuterol hcl</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 12/01/2022.

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<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 %	MB	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA, MO, LA, NEDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA, MO, LA, NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA, MO, LA, NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA, MO, NEDS
OFEV	5	PA, MO, QL (60 per 30 days), NEDS
OPSUMIT	5	PA, MO, LA, NEDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA, MO, QL (56 per 28 days), NEDS
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	5	PA, MO, QL (60 per 30 days), NEDS

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
ORKAMBI ORAL TABLET	5	PA, MO, QL (112 per 28 days), NEDS
ORLADEYO	5	PA, NEDS
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA, MO, NEDS
<i>pulmosal</i>	MB	MO
PULMOZYME	5	B/D PA, MO, NEDS
<i>roflumilast</i>	2	MO
RUCONEST	5	MO, HI, NEDS
<i>sajazir</i>	5	NEDS
SEREVENT DISKUS	3	MO, QL (60 per 30 days)
<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)

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
SYMBICORT	3	MO, QL (10.2 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
TADLIQ	5	PA, MO, QL (300 per 30 days), NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA, MO, LA, QL (4 per 28 days), NEDS
TAKHZYRO SUBCUTANEOUS SYRINGE	5	PA, MO, QL (4 per 28 days), NEDS
<i>terbutaline</i>	2	MO
TEZSPIRE	5	PA, MO, NEDS
<i>theophylline oral elixir</i>	2	MO
<i>theophylline oral solution</i>	2	
<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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
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 DPI	5	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

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 12/01/2022.

UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	2	MO
<i>fesoterodine</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, QL (30 per 30 days)
<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>trospium oral capsule, extended release 24hr</i>	2	MO
<i>trospium oral tablet</i>	2	MO

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>	2	MO

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
PROCYSB	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.

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

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

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

Drug Name	Tier	Requirements/ Limits
calcium acetate (phosphat bind)	2	MO
calcium chloride	2	
calcium gluconate intravenous	2	
effer-k oral tablet, effervescent 25 meq	1	MO
GLYCOPHOS	3	
klor-con 10 oral tablet extended release	2	MO
klor-con 20 meq packet	2	MO
klor-con 8 oral tablet extended release	2	MO
klor-con m10 oral tablet,er particles/ crystals	2	MO
klor-con m15 oral tablet,er particles/ crystals	2	MO
klor-con m20 oral tablet,er particles/ crystals	2	MO
klor-con/ef	2	MO
lactated ringers intravenous	2	MO, HI
magnesium chloride injection	2	
magnesium sulfate in water	2	
magnesium sulfate injection solution	2	MO, HI
magnesium sulfate injection syringe	2	HI
potassium acetate	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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
potassium chloride-d5-0.45%nacl	2	HI
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	2	HI
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l	2	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	2	HI
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	2	HI
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	2	HI
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	2	HI
potassium chloride intravenous	2	HI
potassium chloride oral capsule, extended release	2	MO
potassium chloride oral liquid	2	MO
potassium chloride oral packet	2	MO

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

Drug Name	Tier	Requirements/ Limits
potassium chloride oral tablet extended release 10 meq, 8 meq	2	MO
potassium chloride oral tablet extended release 20 meq	2	
potassium chloride oral tablet,er particles/crystals 10 meq	2	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	2	
potassium chloride-0.45 % nacl	2	HI
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	2	HI
potassium chloride-d5-0.9%nacl	2	HI
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	2	
ringer's intravenous	2	HI
sodium acetate	2	
sodium bicarbonate intravenous	2	
sodium chloride 0.45 % intravenous parenteral solution	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.

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

Drug Name	Tier	Requirements/ Limits
sodium chloride 3 % <i>hypertonic</i>	2	HI
sodium chloride 5 % <i>hypertonic</i>	2	MO, HI
sodium chloride <i>intravenous</i>	2	HI
sodium phosphate	2	MO

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

Drug Name	Tier	Requirements/ Limits
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
electrolyte-48 in d5w	2	
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA, 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 12/01/2022.

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

Drug Name	Tier	Requirements/ Limits
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
<i>PROSOL 20 %</i>	4	B/D PA, HI
<i>SMOFLIPID</i>	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	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	

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

Index of Drugs

A

abacavir.....	10
abacavir-lamivudine.....	10
ABILITY MAINTENA.....	46
abiraterone oral tablet 250 mg.....	22
abiraterone oral tablet 500 mg.....	22
ABRAXANE.....	22
acamprosate oral tablet,delayed release (dr/ec).	68
acarbose.....	73
accutane.....	64
acebutolol.....	52
acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml).....	44
acetaminophen-caff-dihydrocod oral capsule	40
acetaminophen-caff-dihydrocod oral tablet. .	40
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml... .	40
acetaminophen-codeine oral solution 120-12 mg/5 ml.....	40
acetaminophen-codeine oral tablet.....	40
acetazolamide oral capsule, extended release.....	98
acetazolamide oral tablet.....	98
acetazolamide sodium.....	98
acetic acid irrigation.....	68
acetic acid otic (ear).....	71
acetylcysteine.....	100
acetylcysteine intravenous.....	67
acitretin.....	61
ACTEMRA ACTPEN.....	89
ACTEMRA INTRAVENOUS.....	89
ACTEMRA SUBCUTANEOUS.....	89
ACTHIB (PF).....	84
ACTIMMUNE.....	83
acyclovir oral capsule.....	10
acyclovir oral suspension 200 mg/5 ml.	10
acyclovir oral tablet.	10
acyclovir sodium intravenous solution.....	10
acyclovir topical cream.....	66

acyclovir topical ointment.....	66
ADACEL(TDAP ADOLESN/ADULT)(PF).....	84
ADA KVEO.....	22
adapalene topical cream.....	64
adapalene topical gel.....	64
adapalene topical gel with pump.....	64
adapalene topical solution.....	64
adapalene topical swab.....	64
adapalene-benzoyl peroxide.....	64
ADBRY.....	62
adefovir.....	10
ADEMPAS.....	100
adenosine.....	51
adrenalin injection solution 1 mg/ml.....	99
adrenalin injection solution 1 mg/ml (1 ml) .	99
ADVAIR DISKUS.....	100
ADVAIR HFA.....	100
afirmelle.....	93
AFLURIA QD 2022-23(3YR UP)(PF).....	84
AFLURIA QUAD 2022-2023(6MO UP).....	84
AIMOVIG AUTOINJECTOR.....	36
ak-poly-bac.....	96
ala-cort topical cream 1 %.....	66
ala-cort topical cream 2.5 %.....	66
albendazole.....	15
albumin, human 25 %.....	105
alburx (human) 25 %.....	105
alburx (human) 5 %.....	105
albutein 25 %.....	105
albutein 5 %.....	105
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation.....	100
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503).....	100
albuterol sulfate inhalation solution for nebulization.....	100
albuterol sulfate oral syrup.....	100
albuterol sulfate oral tablet.....	100
albuterol sulfate oral tablet extended release 12 hr.....	100
alclometasone.....	66
ALCOHOL PADS.....	73
ALDURAZYME.....	75

ALECENSA	22	amiodarone oral tablet 100 mg, 400 mg	51
alendronate oral solution	88	amiodarone oral tablet 200 mg	51
alendronate oral tablet 10 mg, 5 mg	88	amitriptyline	46
alendronate oral tablet 35 mg, 70 mg	88	amitriptyline-chlordiazepoxide	46
alfuzosin oral tablet extended release 24 hr	104	amlodipine	52
ALIMTA	22	amlodipine-atorvastatin	58
ALIQOPA	22	amlodipine-benazepril	52
aliskiren	52	amlodipine-olmesartan	52
allopurinol oral tablet 100 mg, 300 mg	88	amlodipine-valsartan	52
allopurinol sodium	88	amlodipine-valsartan-hcthiazid	52
aloprim	88	ammonium lactate	62
alosetron	79	amnesteem	64
ALPHAGAN P OPHTHALMIC (EYE) DROPS		amoxapine	46
0.1 %	99	amoxicil-clarithromy-lansopraz	82
alprazolam intensol	46	amoxicillin oral capsule	18
alprazolam oral tablet	46	amoxicillin oral suspension for reconstitution	18
alprazolam oral tablet extended release 24 hr	46	amoxicillin oral tablet	18
alprazolam oral tablet,disintegrating	46	amoxicillin oral tablet, chewable 125 mg, 250	18
alprostadil	104	mg	18
altavera (28)	93	amoxicillin-pot clavulanate oral suspension for	
ALUNBRIG	22	reconstitution	18
alyacen 1/35 (28)	93	amoxicillin-pot clavulanate oral tablet	18
alyacen 7/7/7 (28)	93	amoxicillin-pot clavulanate oral tablet extended	
ALYMSYS	22	release 12 hr	18
alyq	100	amoxicillin-pot clavulanate oral	
amabelz	91	tablet, chewable	18
amantadine hcl	10	amphetamine sulfate	46
AMBISOME	9	amphotericin b	9
ambrisentan	100	amphotericin b liposome	9
amcinonide topical cream	66	ampicillin oral capsule 500 mg	18
amcinonide topical lotion	66	ampicillin sodium injection recon soln 1 gram,	
amcinonide topical ointment	66	10 gram, 125 mg	18
amethia	93	ampicillin sodium injection recon soln 2 gram,	
amethyst (28)	93	250 mg, 500 mg	18
amikacin injection solution 1,000 mg/4 ml	15	ampicillin sodium intravenous	18
amikacin injection solution 500 mg/2 ml	15	ampicillin-sulbactam injection recon soln 1.5	
amiloride	52	gram, 3 gram	18
amiloride-hydrochlorothiazide	52	ampicillin-sulbactam injection recon soln 15	
aminocaproic acid	56	gram	19
aminophylline intravenous	100	ampicillin-sulbactam intravenous	19
amiodarone intravenous solution	51	anagrelide	68
amiodarone intravenous syringe	51	anastrozole	22
		ANDEXXA	56

ANORO ELLIPTA.....	100	atropine injection solution.....	78
apexicon e.....	66	atropine injection syringe 0.05 mg/ml, 0.1 mg/ml.....	78
APOKYN.....	35	atropine ophthalmic (eye) drops.....	97
apomorphine.....	35	ATROVENT HFA.....	101
apraclonidine.....	99	AUBAGIO.....	37
aprepitant.....	79	aubra.....	93
APRETUDE.....	10	aubra eq.....	93
apri.....	93	aurovela 1.5/30 (21).....	93
APTIOM.....	32	aurovela 1/20 (21).....	93
APTIVUS.....	10	aurovela 24 fe.....	93
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG.....	68	aurovela fe 1-20 (28).....	93
ARALAST NP INTRAVENOUS RECON SOLN 500 MG.....	68	aurovela fe 1.5/30 (28).....	93
aranelle (28).....	93	AUSTEDO.....	37
ARCALYST.....	83	AVASTIN.....	22
arformoterol.....	100	aviane.....	93
ARIKAYCE.....	15	avita topical cream.....	64
ariPIPRAZOLE oral solution.....	46	AVONEX INTRAMUSCULAR PEN INJECTOR KIT.....	83
ariPIPRAZOLE oral tablet.....	46	AVONEX INTRAMUSCULAR SYRINGE KIT.....	83
ariPIPRAZOLE oral tablet,disintegrating.....	46	ayuna.....	93
ARISTADA.....	46	AYVAKIT.....	22
ARISTADA INITIO.....	46	azacitidine.....	22
armodafinil.....	46	azathioprine.....	22
ARNUITY ELLIPTA.....	100	azathioprine sodium.....	22
ARRANON.....	22	azelaic acid.....	64
arsenic trioxide intravenous solution 1 mg/ml	22	azelastine nasal.....	71
arsenic trioxide intravenous solution 2 mg/ml	22	azelastine ophthalmic (eye).....	97
ARZERRA.....	22	azelastine-fluticasone.....	101
ascomp with codeine.....	40	azithromycin intravenous.....	14
asenapine maleate.....	46	azithromycin oral packet.....	14
ashlyna.....	93	azithromycin oral suspension for reconstitution.....	14
aspirin-dipyridamole oral capsule, er multiphase 12 hr.....	56	azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack).....	14
ASTAGRAF XL.....	22	azithromycin oral tablet 250 mg, 500 mg, 600 mg.....	14
atazanavir.....	10	aztreonam injection recon soln 1 gram.....	15
atenolol.....	52	aztreonam injection recon soln 2 gram.....	15
atenolol-chlorthalidone.....	52	azurette (28).....	93
atomoxetine.....	46		
atorvastatin.....	58		
atovaquone.....	15		
atovaquone-proguanil.....	15		

B

bacitracin intramuscular.....

bacitracin ophthalmic (eye)	96	bimatoprost ophthalmic (eye)	98
bacitracin-polymyxin b.	96	bisoprolol fumarate	52
baclofen intrathecal.	39	bisoprolol-hydrochlorothiazide.	52
baclofen oral tablet.	39	BLENREP.	23
bacteriostatic water(parabens).	68	bleomycin.	23
balanced salt.	97	BLEPHAMIDE S.O.P.	97
balsalazide.	79	BLINCYTO INTRAVENOUS KIT.	23
BALVERSA.	22	blisovi 24 fe.	93
balziva (28).	93	blisovi fe 1.5/30 (28).	93
BAQSIMI.	73	blisovi fe 1/20 (28).	93
BARACLUDE ORAL SOLUTION.	10	BOOSTRIX TDAP.	84
BAVENCIO.	23	bortezomib injection recon soln 1 mg, 2.5 mg	23
BAXDELA INTRAVENOUS.	20	bortezomib injection recon soln 3.5 mg. . . .	23
BAXDELA ORAL.	20	BORTEZOMIB INTRAVENOUS RECON SOLN.	23
BCG VACCINE, LIVE (PF).	84	bosentan.	101
bd posiflush normal saline 0.9.	68	BOSULIF.	23
BELEODAQ.	23	BOTOX.	84
benazepril.	52	BRAFTOVI ORAL CAPSULE 75 MG.	23
benazepril-hydrochlorothiazide.	52	BREO ELLIPTA.	101
BENDEKA.	23	bretylium tosylate.	51
BENLYSTA INTRAVENOUS.	89	brielllyn.	93
BENLYSTA SUBCUTANEOUS.	89	BRILINTA.	56
BENZNIDAZOLE.	15	brimonidine ophthalmic (eye) drops 0.15 %. .	99
benztropine injection.	35	brimonidine ophthalmic (eye) drops 0.2 %. .	99
benztropine oral.	35	brimonidine-timolol.	98
bepotastine besilate.	97	brinzolamide.	98
BESPONSA.	23	BRIVIACT INTRAVENOUS.	32
BESREMI.	83	BRIVIACT ORAL.	32
betaine.	79	bromfenac.	98
betamethasone acet,sod phos.	72	bromocriptine.	35
betamethasone dipropionate.	66	BRONCHITOL.	101
betamethasone valerate.	66	BROVANA.	101
betamethasone, augmented.	66	BRUKINSA.	23
betaxolol ophthalmic (eye).	97	bss.	97
betaxolol oral.	52	budesonide inhalation.	101
bethanechol chloride.	104	budesonide oral	
BEVESPI AEROSPHERE.	101	capsule,delayed,extend.release.	79
bexarotene.	23	budesonide oral tablet,delayed and	
BEXSERO.	84	ext.release.	79
bicalutamide.	23	bumetanide injection.	52
BICILLIN L-A.	19	bumetanide oral.	52
BIKTARVY.	10		

buprenorphine	40	calcipotriene-betamethasone	61
buprenorphine hcl injection solution	40	calcitonin (salmon) injection	75
buprenorphine hcl injection syringe	40	calcitonin (salmon) nasal	75
buprenorphine hcl sublingual	40	calcitriol intravenous solution 1 mcg/ml	75
buprenorphine-naloxone	44	calcitriol oral capsule	75
bupropion hcl (smoking deter) oral tablet extended release	70	calcitriol oral solution	75
bupropion hcl oral tablet	46	calcitriol topical	61
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	46	calcium acetate(phosphat bind)	105
bupropion hcl oral tablet sustained-release 12 hr	46	calcium chloride	105
buspirone	46	calcium gluconate intravenous	105
busulfan	23	CALQUENCE	23
butalbital compound w/codeine	40	CALQUENCE (ACALABRUTINIB MAL)	23
butalbital-acetaminop-caf-cod	40	camila	91
butalbital-acetaminophen oral capsule	40	camrese	93
butalbital-acetaminophen oral tablet 25-325 mg	40	camrese lo	93
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	41	CAMZYOS	60
butalbital-acetaminophen-caff oral tablet	41	candesartan	52
butalbital-aspirin-caffeine oral capsule	41	candesartan-hydrochlorothiazid	52
butalbital-aspirin-caffeine oral tablet	41	capecitabine	23
butorphanol tartrate injection	44	CAPLYTA	46
butorphanol tartrate nasal	44	CAPRELSA	23
BYDUREON BCISE	73	captopril	52
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	73	captopril-hydrochlorothiazide	52
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	73	CARBAGLU	68
BYLVAY	79	carbamazepine oral capsule, er multiphase 12 hr	32
C		carbamazepine oral suspension 100 mg/5 ml	32
CABENUVA	10	carbamazepine oral suspension 200 mg/10 ml	32
cabergoline	75	carbamazepine oral tablet	32
CABLIVI INJECTION KIT	56	carbamazepine oral tablet extended release 12 hr	32
CABOMETYX	23	carbamazepine oral tablet,chewable	32
caffeine citrate intravenous	68	carbidopa	35
caffeine citrate oral	68	carbidopa-levodopa oral tablet	35
calcipotriene scalp	61	carbidopa-levodopa oral tablet extended release	35
calcipotriene topical cream	61	carbidopa-levodopa oral tablet,disintegrating	35
calcipotriene topical ointment	61	carbidopa-levodopa-entacapone	35
		carbinoxamine maleate	99
		carbocaine (pf) injection solution 15 mg/ml (1.5 %).	62
		carboplatin intravenous solution	23

cardioplegic soln.....	60	ceftazidime injection recon soln 1 gram, 2 gram.....	13
carglumic acid.....	68	ceftazidime injection recon soln 6 gram.....	13
carisoprodol.....	39	ceftriaxone in dextrose,iso-os.....	13
carisoprodol-aspirin-codeine.....	39	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg.....	13
carmustine intravenous recon soln 100 mg..	23	ceftriaxone injection recon soln 10 gram.....	13
carteolol.....	97	ceftriaxone intravenous.....	13
cartia xt oral capsule,extended release 24hr.	52	cefuroxime axetil oral tablet.....	13
carvedilol.....	53	cefuroxime sodium injection recon soln 750 mg.....	13
carvedilol phosphate oral capsule, er multiphase 24 hr.....	53	cefuroxime sodium intravenous recon soln 1.5 gram.....	13
caspofungin intravenous recon soln 50 mg..	9	cefuroxime sodium intravenous recon soln 7.5 gram.....	13
caspofungin intravenous recon soln 70 mg..	9	celecoxib.....	44
cataflam.....	44	CELONTIN ORAL CAPSULE 300 MG.....	32
CAYSTON.....	15	cephalexin.....	14
cefaclor oral capsule.....	13	CERDELGA.....	75
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml.....	13	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.....	75
cefaclor oral suspension for reconstitution 375 mg/5 ml.....	13	cetirizine oral solution 1 mg/ml.....	99
cefaclor oral tablet extended release 12 hr..	13	cevimeline.....	68
cefadroxil oral capsule.....	13	CHANTIX CONTINUING MONTH BOX....	70
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml.....	13	CHANTIX ORAL TABLET 1 MG....	70
cefadroxil oral tablet.....	13	CHANTIX STARTING MONTH BOX....	70
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml....	13	charlotte 24 fe.....	93
cefazolin injection recon soln 1 gram, 500 mg	13	chateal (28).....	93
cefazolin injection recon soln 10 gram.....	13	chateal eq (28).....	93
cefazolin injection recon soln 100 gram, 300 g.....	13	CHEMET.....	68
cefazolin intravenous.....	13	chloramphenicol sod succinate.....	15
cefdinir.....	13	chlordiazepoxide hcl.....	46
cefepime in dextrose,iso-osm.....	13	chlordiazepoxide-clidinium.....	78
cefepime injection.....	13	chlorhexidine gluconate mucous membrane.	71
cefixime.....	13	chlorprocaine (pf).....	62
cefotetan injection.....	13	chloroquine phosphate.....	15
cefoxitin in dextrose, iso-osm.....	13	chlorothiazide sodium.....	53
cefoxitin intravenous recon soln 1 gram, 2 gram.....	13	chlorpromazine.....	46
cefoxitin intravenous recon soln 10 gram...	13	chlorpromazine injection.....	46
cefpodoxime.....	13	chlorpromazine oral.....	46
cefprozil.....	13	chlorthalidone oral tablet 25 mg, 50 mg....	53
		chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg.....	39

CHOLBAM	79	clemastine oral tablet 2.68 mg.	99
cholestyramine (with sugar) oral powder	58	CLEOCIN VAGINAL SUPPOSITORY	92
cholestyramine (with sugar) oral powder in packet	58	clindacin etz topical swab	64
cholestyramine light oral powder	58	clindacin p.	64
cholestyramine light oral powder in packet	58	clindamycin hcl	15
cholestyramine-aspartame	58	clindamycin in 5 % dextrose	15
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	75	clindamycin pediatric	15
CIBINQO	62	clindamycin phosphate injection	15
cyclodan topical solution	65	clindamycin phosphate intravenous	15
ciclopirox	65	clindamycin phosphate topical foam	64
cidofovir	10	clindamycin phosphate topical gel	64
cilostazol	56	clindamycin phosphate topical gel, once daily	64
CIMDUO	10	clindamycin phosphate topical lotion	64
cimetidine	82	clindamycin phosphate topical solution	64
cimetidine hcl oral	82	clindamycin phosphate topical swab	64
CIMZIA	79	clindamycin phosphate vaginal	92
CIMZIA POWDER FOR RECONST	79	clindamycin-benzoyl peroxide	64
CIMZIA STARTER KIT	79	clindamycin-tretinoin	64
cinacalcet oral tablet 30 mg	75	CLINIMIX 5%/D15W SULFITE FREE	107
cinacalcet oral tablet 60 mg, 90 mg	75	CLINIMIX 4.25%/D10W SULF FREE	107
CINRYZE	101	CLINIMIX 4.25%/D5W SULFIT FREE	68
CINVANTI	79	CLINIMIX 5%-D20W(SULFITE-FREE)	107
ciprofloxacin hcl ophthalmic (eye)	96	CLINIMIX 6%-D5W (SULFITE-FREE)	107
ciprofloxacin hcl oral	20	CLINIMIX 8%-D10W(SULFITE-FREE)	107
ciprofloxacin hcl otic (ear)	71	CLINIMIX 8%-D14W(SULFITE-FREE)	107
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	20	CLINIMIX E 2.75%/D5W SULF FREE	68
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml	20	CLINIMIX E 4.25%/D10W SUL FREE	107
ciprofloxacin-dexamethasone	71	CLINIMIX E 4.25%/D5W SULF FREE	107
cisplatin intravenous solution	23	CLINIMIX E 5%/D15W SULFIT FREE	107
citalopram oral solution	46	CLINIMIX E 5%/D20W SULFIT FREE	107
citalopram oral tablet	46	CLINIMIX E 8%-D10W SULFITEFREE	107
cladribine	23	CLINIMIX E 8%-D14W SULFITEFREE	107
claravis	64	CLINISOL SF 15 %	107
clarithromycin oral suspension for reconstitution	14	CLINOLIPID	107
clarithromycin oral tablet	14	clobazam	32
clarithromycin oral tablet extended release 24 hr	14	clobetasol	66
clemastine oral syrup	99	clobetasol-emollient	66
		clocortolone pivalate	66
		clodan	66
		clofarabine	23
		clomid	75
		clomiphene citrate	75

clomipramine	46	CRESEMBA ORAL	9
clonazepam oral tablet	32	cromolyn inhalation	101
clonazepam oral tablet,disintegrating	32	cromolyn ophthalmic (eye)	97
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	53	cromolyn oral	79
clonidine (pf) epidural solution 5,000 mcg/10 ml	44	crotan	67
clonidine hcl oral tablet	53	cryselle (28)	93
clonidine hcl oral tablet extended release 12 hr	46	CRYSVITA	75
clonidine transdermal	53	CUVPOSA	78
clopidoget	56	cyclobenzaprine oral tablet	39
clorazepate dipotassium	46	cyclophosphamide intravenous recon soln.	23
clotrimazole mucous membrane	9	cyclophosphamide oral capsule	23
clotrimazole topical	65	CYCLOSERINE	15
clotrimazole-betamethasone	65	CYCLOSET	73
clozapine	46	cyclosporine intravenous	23
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND)	46	cyclosporine modified oral capsule	23
COARTEM	15	cyclosporine modified oral solution	23
codeine sulfate	41	cyclosporine ophthalmic (eye)	97
codeine-butalbital-asa-caff	41	cyclosporine oral capsule	23
colchicine oral tablet	88	cyproheptadine	99
colestipol	58	CYRAMZA	23
colistin (colistimethate na)	15	cyred	93
COMBIGAN	98	cyred eq	93
COMBIVENT RESPIMAT	101	CYSTADANE	79
COMETRIQ	23	CYSTAGON	104
COMIRNATY TRIS VACCINE(PF)	84	CYSTARAN	97
COMPLERA	10	cytarabine	23
compro	79	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	24
CONDYLOX TOPICAL GEL	62	cytarabine (pf) injection solution 20 mg/ml	24
constulose	79	D	
COPIKTRA	23	d10 %-0.45 % sodium chloride	68
CORLANOR ORAL SOLUTION	60	d2.5 %-0.45 % sodium chloride	68
CORLANOR ORAL TABLET	60	d5 % and 0.9 % sodium chloride	68
COSENTYX	61	d5 %-0.45 % sodium chloride	68
COSENTYX (2 SYRINGES)	61	dabigatran etexilate	56
COSENTYX PEN	61	dacarbazine	24
COSENTYX PEN (2 PENS)	61	dactinomycin	24
COTELLIC	23	dalfampridine oral tablet extended release 12 hr	37
CREON	79	DALIRESP	101
CRESEMBA INTRAVENOUS	9	DALVANCE	16

danazol	75	desoximetasone	66
dantrolene intravenous	39	desrx	66
dantrolene oral	39	desvenlafaxine succinate oral tablet extended release 24 hr.	46
DANYELZA	24	dexabliss	72
dapsone oral	16	dexamethasone	72
dapsone topical	64	dexamethasone intensol	72
DAPTACEL (DTAP PEDIATRIC) (PF)	84	dexamethasone sodium phos (pf) injection solution	72
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	16	dexamethasone sodium phosphate injection	72
daptomycin intravenous recon soln 500 mg	16	dexamethasone sodium phosphate ophthalmic (eye)	99
darifenacin oral tablet extended release 24 hr	104	dexchlorpheniramine maleate oral solution	99
DARZALEX	24	DEXCOM RECEIVER	73
DARZALEX FASPRO	24	DEXCOM SENSOR	73
dasetta 1/35 (28)	93	DEXCOM TRANSMITTER	73
dasetta 7/7/7 (28)	93	dexamethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg	46
daunorubicin intravenous solution	24	dexamethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	47
DAURISMO	24	dexamethylphenidate oral tablet	47
daysee	93	dexrazoxane hcl	22
deblitane	91	dextroamphetamine oral capsule, extended release	47
decitabine	24	dextroamphetamine oral solution	47
deferasirox	68	dextroamphetamine oral tablet	47
deferiprone	68	dextroamphetamine sulfate	47
deferoxamine	68	dextroamphetamine-amphetamine oral capsule, extended release 24hr	47
DELSTRIGO	10	dextroamphetamine-amphetamine oral tablet	47
demecclocycline	21	dextrose 10 % and 0.2 % nacl	68
DENAVIR	66	dextrose 10 % in water (d10w)	68
DENGVAXIA (PF)	84	dextrose 25 % in water (d25w)	68
denta 5000 plus	71	dextrose 5 % in water (d5w) intravenous parenteral solution	68
dentagel	71	dextrose 5 % in water (d5w) intravenous piggyback	68
DESCOVY	10	dextrose 5 %-lactated ringers	68
desipramine	46	dextrose 5%-0.2 % sod chloride	68
desloratadine oral tablet	99	dextrose 5%-0.3 % sod.chloride	68
desloratadine oral tablet,disintegrating	99	dextrose 50 % in water (d50w)	68
desmopressin injection	75	dextrose 70 % in water (d70w)	68
desmopressin nasal spray with pump	75	DIACOMIT	32
desmopressin nasal spray,non-aerosol 10 mcg/ spray (0.1 ml)	75		
desmopressin oral	76		
desog-e.estradiol/e.estriadiol	93		
desogestrel-ethynodiol dihydrogenated estriadiol	93		
desonide	66		

diazepam injection.....	47	diltiazem hcl oral capsule,extended release 12 hr.....	53
diazepam intensol.....	47	diltiazem hcl oral capsule,extended release 24 hr.....	53
diazepam oral concentrate.....	47	diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg.....	53
diazepam oral solution 5 mg/5 ml (1 mg/ml).....	47	diltiazem hcl oral capsule,extended release 24hr 360 mg.....	53
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml).....	47	diltiazem hcl oral tablet.....	53
diazepam oral tablet.....	47	diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg.....	53
diazepam rectal.....	32	diltiazem hcl oral tablet extended release 24 hr 420 mg.....	53
diazoxide.....	73	dimenhydrinate injection solution.....	79
diclofenac potassium oral capsule.....	44	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg.....	37
diclofenac potassium oral tablet 50 mg.....	44	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg (14)- 240 mg (46).....	37
diclofenac sodium ophthalmic (eye).....	98	dimethyl fumarate oral capsule,delayed release (dr/ec) 240 mg.....	37
diclofenac sodium oral tablet extended release 24 hr.....	44	diphenhydramine hcl injection solution 50 mg/ml.....	99
diclofenac sodium oral tablet,delayed release (dr/ec)	44	diphenhydramine hcl injection syringe.....	99
diclofenac sodium topical drops.....	44	diphenhydramine hcl oral elixir.....	99
diclofenac sodium topical gel 1 %.....	44	diphenoxylate-atropine.....	78
diclofenac sodium topical gel 3 %.....	62	dipyridamole intravenous.....	56
diclofenac sodium topical solution in metered-dose pump.....	44	dipyridamole oral.....	56
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic.....	44	disopyramide phosphate oral capsule.....	51
dicloxacillin.....	19	disulfiram oral tablet 250 mg.....	68
dicyclomine intramuscular.....	78	disulfiram oral tablet 500 mg.....	68
dicyclomine oral capsule.....	78	divalproex oral capsule, delayed rel sprinkle.....	32
dicyclomine oral solution.....	78	divalproex oral tablet extended release 24 hr.....	33
dicyclomine oral tablet.....	78	divalproex oral tablet,delayed release (dr/ec).....	33
DIFICID ORAL TABLET.....	14	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).....	60
diflorasone topical cream.....	66	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml).....	60
diflunisal.....	44	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
difluprednate.....	99	docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml).....	24
digitek.....	60		
digoxin injection solution.....	60		
digoxin oral.....	60		
dihydroergotamine injection.....	36		
dihydroergotamine nasal.....	36		
DILANTIN 30 MG.....	32		
dilt-xr oral capsule,ext release degradable.....	53		
diltiazem hcl intravenous.....	53		
diltiazem hcl oral capsule,ext.rel 24h degradable.....	53		

dofetilide	51
DOJOLVI	107
dolishale	93
donepezil	37
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)	60
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	60
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	60
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	60
DOPTELET (10 TAB PACK)	56
DOPTELET (15 TAB PACK)	56
DOPTELET (30 TAB PACK)	56
dorzolamide	98
dorzolamide-timolol	98
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	98
dotti	91
DOVATO	10
doxazosin	53
doxepin oral capsule	47
doxepin oral concentrate	47
doxepin oral tablet	47
doxepin topical	62
doxercalciferol intravenous	76
doxercalciferol oral	76
doxorubicin intravenous recon soln 10 mg	24
doxorubicin intravenous recon soln 50 mg	24
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	24
doxorubicin intravenous solution 2 mg/ml	24
doxorubicin, peg-liposomal	24
doxy-100	21
doxycycline hyclate intravenous	21
doxycycline hyclate oral capsule	21
doxycycline hyclate oral tablet	21
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	21
doxycycline monohydrate oral capsule	21

doxycycline monohydrate oral suspension for reconstitution	21
doxycycline monohydrate oral tablet	21
doxylamine-pyridoxine (vit b6)	79
DRIZALMA SPRINKLE	47
dronabinol	79
droperidol injection solution	79
drospirenone-e.estradiol-lm.fa	93
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	93
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	93
droxidopa	68
DULERIA	101
duloxetine oral capsule,delayed release (dr/ec)	47
DUPIXENT PEN	62
DUPIXENT SYRINGE	62
duramorph (pf) injection solution 0.5 mg/ml	41
duramorph (pf) injection solution 1 mg/ml	41
dutasteride	104
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	104
DYSPORT	84

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e.e.s. 400 oral tablet	14
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	44
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	44
econazole	65
EDURANT	10
efavirenz	10
efavirenz-emtricitab-in-tenofovir	10
efavirenz-lamivu-tenofovir disop	10
effer-k oral tablet, effervescent 25 meq	105
EGRIFTA SV	83
electrolyte-48 in d5w	107
ELELYSO	76
ELIGARD	24
ELIGARD (3 MONTH)	24
ELIGARD (4 MONTH)	24

ELIGARD (6 MONTH).....	24	enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml.....	56
elinest.....	93	enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml.....	57
ELIQUIS.....	56	enoxaparin subcutaneous syringe 30 mg/0.3 ml.....	57
ELIQUIS DVT-PE TREAT 30D START.....	56	enoxaparin subcutaneous syringe 40 mg/0.4 ml.....	57
ELITEK.....	22	enoxaparin subcutaneous syringe 60 mg/0.6 ml.....	57
ELMIRON.....	104	enpresse.....	93
eluryng.....	92	enskyce.....	93
ELZONRIS.....	24	ENSPRYNG.....	24
EMCYT.....	24	entacapone.....	35
EMEND ORAL SUSPENSION FOR RECONSTITUTION.....	79	entecavir.....	10
EMGALITY PEN.....	36	ENTRESTO.....	60
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML.....	36	ENTYVIO.....	79
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3).....	36	enulose.....	79
emoquette.....	93	ENVARSUS XR.....	24
EMPAVELI.....	68	EPCLUSA.....	10
EMPLICITI.....	24	EPIDIOLEX.....	33
EMSAM.....	47	epinastine.....	97
emtricitabine.....	10	epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml.....	99
emtricitabine-tenofovir (tdf).....	10	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN).....	100
EMTRIVA ORAL SOLUTION.....	10	epinephrine injection solution 1 mg/ml.....	100
EMVERM.....	16	epinephrine injection syringe 0.1 mg/ml... ..	100
enalapril maleate oral solution.....	53	epirubicin intravenous solution 200 mg/100 ml.....	24
enalapril maleate oral tablet.....	53	epitol.....	33
enalapril-hydrochlorothiazide.....	53	EPIVIR HBV ORAL SOLUTION.....	10
enalaprilat intravenous solution.....	53	eplerenone.....	53
ENBREL MINI.....	89	epoprostenol.....	53
ENBREL SUBCUTANEOUS RECON SOLN.....	89	epoprostenol (glycine).....	53
ENBREL SUBCUTANEOUS SOLUTION.....	89	EPRONTIA.....	33
ENBREL SUBCUTANEOUS SYRINGE.....	89	ERBITUX.....	24
ENBREL SURECLICK.....	89	ergoloid.....	47
endocet.....	41	ergotamine-caffeine.....	36
engerix-b (pf).....	84	ERIVEDGE.....	24
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE.....	84	ERLEADA.....	24
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE.....	84	erlotinib.....	24
ENHERTU.....	24	errin.....	91
ENJAYMO.....	69		
enoxaparin subcutaneous solution.....	56		

ertapenem	16
ery pads	64
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	14
erygel	64
erythrocin (as stearate) oral tablet 250 mg.	14
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	14
erythromycin ethylsuccinate oral suspension for reconstitution	15
erythromycin ethylsuccinate oral tablet	15
erythromycin lactobionate	15
erythromycin ophthalmic (eye)	96
erythromycin oral	15
erythromycin with ethanol topical gel	64
erythromycin with ethanol topical solution	64
erythromycin-benzoyl peroxide	64
ESBRIET	101
escitalopram oxalate	47
esmolol in nacl (iso-osm)	53
esmolol intravenous solution	53
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	82
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	82
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	82
esomeprazole magnesium oral granules dr for susp in packet 40 mg	82
esomeprazole sodium intravenous recon soln 40 mg	82
estarrylla	93
estazolam	47
estradiol oral	91
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %)	91
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	91
estradiol transdermal patch semiweekly	91
estradiol transdermal patch weekly	91
estradiol vaginal	91
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	91
estradiol-norethindrone acet	91
eszopiclone	47
ethacrynat sodium	53
ethacrynic acid	53
ethambutol	16
ethosuximide	33
ethynodiol diac-eth estradiol	93
etodolac oral capsule	44
etodolac oral tablet	44
etonogestrel-ethinyl estradiol	92
ETOPOPHOS	24
etoposide intravenous	24
etoposide oral	25
etravirine	10
euthyrox	77
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	88
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	88
everolimus (antineoplastic)	25
everolimus (immunosuppressive)	25
EVKEEZA	58
EVOTAZ	10
EVRYSDI	37
exemestane	25
EXKIVITY	25
ezetimibe	58
ezetimibe-simvastatin	58
F	
FABIOR	64
FABRAZYME	76
falmina (28)	93
famciclovir	10
famotidine (pf)	82
famotidine (pf)-nacl (iso-os)	82
famotidine intravenous	82
famotidine oral suspension	82
famotidine oral tablet 20 mg, 40 mg	82
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	47

FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG.	47
FANAPT ORAL TABLETS,DOSE PACK.	47
FARYDAK.	25
FASENRA.	101
FASENRA PEN.	101
febuxostat.	88
felbamate oral suspension.	33
felbamate oral tablet.	33
felodipine oral tablet extended release 24 hr.	53
femynor.	93
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg.	58
fenofibrate nanocrystallized.	58
fenofibrate oral tablet.	58
fenofibrate oral tablet 120 mg, 40 mg, 54 mg	58
fenofibrate oral tablet 160 mg (generic).	58
fenofibric acid.	58
fenofibric acid (choline) oral capsule,delayed release(dr/ec).	59
fenoprofen oral capsule 400 mg.	44
fenoprofen oral tablet.	44
fentanyl citrate (pf) injection solution.	41
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml).	41
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg.	41
fentanyl citrate buccal lozenge on a handle 200 mcg.	41
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr.	41
fentanyl transdermal patch 72 hour 87.5 mcg/hour.	41
FERRIPROX ORAL SOLUTION.	69
FERRIPROX ORAL TABLET 500 MG.	69
fesoterodine.	104
FETROJA.	14
FETZIMA.	47
finasteride oral tablet 5 mg.	104
fingolimod.	37
FINTEPLA.	33
finzala.	93
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.	25
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.	25
flac otic oil.	71
flavoxate.	104
flecainide.	51
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.	101
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.	101
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION.	101
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION.	101
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION.	101
flouxuridine.	25
FLUAD QUAD 2022-23(65Y UP)(PF).	84
FLUARIX QUAD 2022-2023 (PF).	84
FLUBLOK QUAD 2022-2023 (PF).	85
FLUCELVAX QUAD 2022-2023.	85
FLUCELVAX QUAD 2022-2023 (PF).	85
fluconazole.	9
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml.	9
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml.	9
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml.	9
flucytosine.	9
fludarabine intravenous recon soln.	25
fludarabine intravenous solution.	25
fludrocortisone.	72
FLULAVAL QUAD 2022-2023 (PF).	85
flumazenil.	47
FLUMIST QUAD 2022-2023.	85
flunisolide.	101
fluocinolone.	66
fluocinolone acetonide oil.	71
fluocinolone and shower cap.	66
fluocinonide.	66
fluocinonide-e.	66

fluocinonide-emollient	67
fluoride (sodium) dental cream	71
fluoride (sodium) dental gel	71
fluoride (sodium) dental paste	71
fluoride (sodium) dental solution	71
fluoride (sodium) oral tablet	108
fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	108
fluorometholone	99
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	25
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	25
FLUOROURACIL TOPICAL CREAM 0.5 %	62
fluorouracil topical cream 5 %	62
fluorouracil topical solution	62
fluoxetine oral capsule	47
fluoxetine oral capsule, delayed release(dr/ec)	47
fluoxetine oral solution	47
fluphenazine decanoate	47
fluphenazine hcl	48
flurandrenolide	67
flurazepam	48
flurbiprofen oral tablet 100 mg	44
flurbiprofen sodium	98
flutamide	25
fluticasone propionate nasal	101
fluticasone propionate topical	67
fluvastatin oral capsule	59
fluvoxamine oral capsule, extended release 24hr	48
fluvoxamine oral tablet	48
FLUZONE HIGHDOSE QUAD 22-23 PF	85
FLUZONE QUAD 2022-2023	85
FLUZONE QUAD 2022-2023 (PF)	85
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	25
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	25
fomepizole	85
fondaparinux subcutaneous syringe 10 mg/0.8 ml	57
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	57
fondaparinux subcutaneous syringe 5 mg/0.4 ml	57
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	57
FORFIVO XL	48
formoterol fumarate	101
fosamprenavir	10
fosaprepitant	79
foscarnet	10
fosfomycin tromethamine	21
fosinopril	53
fosinopril-hydrochlorothiazide	53
fosphenytoin	33
FOTIVDA	25
FREESTYLE LIBRE 2 READER	73
FREESTYLE LIBRE 2 SENSOR	73
FREESTYLE LIBRE READER	73
FREESTYLE LIBRE SENSOR	73
FULPHILA	83
fulvestrant	25
furosemide injection	54
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	54
furosemide oral tablet	54
FUZEON SUBCUTANEOUS RECON SOLN	10
fyavolv	91
FYCOMPA ORAL SUSPENSION	33
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	33
FYCOMPA ORAL TABLET 2 MG	33
G	
gabapentin oral capsule	33
gabapentin oral solution 250 mg/5 ml	33
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	33
gabapentin oral tablet 600 mg, 800 mg	33
GALAFOLD	76
galantamine oral capsule, ext rel. pellets 24 hr	37
galantamine oral solution	37

galantamine oral tablet	37	GENVOYA	10
GAMASTAN	85	GILENYA ORAL CAPSULE 0.5 MG	37
GAMASTAN S/D	85	GILOTrif	25
GAMIFANT	25	GIVLAARI	69
GAMMAGARD LIQUID	85	GLASSIA	69
GAMMAGARD S-D (IGA < 1 MCG/ML)	85	glatiramer subcutaneous syringe 20 mg/ml.	38
GAMUNEX-C INJECTION SOLUTION 1		glatiramer subcutaneous syringe 40 mg/ml.	38
GRAM/10 ML (10 %)	85	glatopa subcutaneous syringe 20 mg/ml.	38
GAMUNEX-C INJECTION SOLUTION 10		glatopa subcutaneous syringe 40 mg/ml.	38
GRAM/100 ML (10 %), 2.5 GRAM/25 ML		glimepiride	73
(10 %), 20 GRAM/200 ML (10 %), 40		glipizide oral tablet	73
GRAM/400 ML (10 %), 5 GRAM/50 ML (10		glipizide oral tablet extended release 24hr.	73
%)	85	glipizide-metformin	73
ganciclovir sodium intravenous	10	GLUCAGON (HCL) EMERGENCY KIT	73
ganciclovir sodium intravenous recon soln.	10	glucagon emergency kit (human)	73
GARDASIL 9 (PF)	85	glyburide	73
gatifloxacin	96	glyburide micronized	73
GATTEX 30-VIAL	79	glyburide-metformin	73
GATTEX ONE-VIAL	79	glycine urologic	104
GAUZE PADS 2X2	87	glycine urologic solution	104
gavilyte-c	79	GLYCOPHOS	105
gavilyte-g	79	glycopyrrolate (pf)	78
GAVRETO	25	glycopyrrolate (pf) in water intravenous syringe	
GAZYVA	25	0.4 mg/2 ml (0.2 mg/ml)	78
gemcitabine intravenous recon soln 1 gram, 200		glycopyrrolate injection	78
mg	25	glycopyrrolate oral solution	78
gemcitabine intravenous recon soln 2 gram	25	glycopyrrolate oral tablet 1 mg, 2 mg	78
gemcitabine intravenous solution 1 gram/26.3		glycopyrrolate oral tablet 1.5 mg	78
ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200		glydo	62
mg/5.26 ml (38 mg/ml)	25	granisetron (pf) intravenous solution 1 mg/ml (1	
gemfibrozil	59	ml)	79
GEMTESA	104	granisetron hcl intravenous	79
generlac	79	granisetron hcl oral	79
gengraf	25	GRANIX	83
gentak ophthalmic (eye) ointment	96	GRASTEK	85
gentamicin in nacl (iso-osm) intravenous		griseofulvin microsize	9
piggyback 100 mg/100 ml, 60 mg/50 ml, 80		griseofulvin ultramicrosize	9
mg/50 ml	16	guanfacine oral tablet	54
gentamicin in nacl (iso-osm) intravenous		guanfacine oral tablet extended release 24 hr	48
piggyback 80 mg/100 ml	16	GUARDIAN REAL-TIME GLUCOSE	
gentamicin injection solution 40 mg/ml	16	MONITORING SYSTEM	73
gentamicin ophthalmic (eye) drops	96	GUARDIAN SENSOR	73
gentamicin sulfate (ped) (pf)	16		
gentamicin topical	65		

GUARDIAN TRANSMITTER	73	heparin, porcine (pf) injection solution 1,000 unit/ml	57
GYNAZOLE-1	92	heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	58
H		heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	58
hailey	93	heparin, porcine (pf) intravenous syringe 1 unit/ml	58
hailey 24 fe	93	heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	58
hailey fe 1.5/30 (28)	94	HERCEPTIN HYLECTA	25
hailey fe 1/20 (28)	94	HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	26
HALAVEN	25	HERZUMA	26
halcinonide	67	HETLIOZ	48
halobetasol propionate topical cream	67	HETLIOZ LQ	48
halobetasol propionate topical ointment	67	HIBERIX (PF)	85
haloperidol	48	HUMALOG JUNIOR KWIKPEN U-100	73
haloperidol decanoate	48	HUMALOG KWIKPEN INSULIN	73
haloperidol lactate injection	48	HUMALOG MIX 50-50 INSULN U-100	73
haloperidol lactate intramuscular	48	HUMALOG MIX 50-50 KWIKPEN	73
haloperidol lactate oral	48	HUMALOG MIX 75-25 KWIKPEN	73
HARVONI	10	HUMALOG MIX 75-25(U-100)INSULN	73
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	85	HUMALOG U-100 INSULIN	73
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	85	HUMIRA PEN	89
heather	91	HUMIRA PEN CROHNS-UC-HS START	89
hep flush-10 (pf)	57	HUMIRA PEN PSOR-UVEITS-ADOL HS	89
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	57	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	89
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	57	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	89
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	57	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	89
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	57	HUMIRA(CF) PEN CROHNS-UC-HS	89
heparin (porcine) injection cartridge	57	HUMIRA(CF) PEN PEDIATRIC UC	89
heparin (porcine) injection solution	57	HUMIRA(CF) PEN PSOR-UV-ADOL HS	89
heparin (porcine) injection syringe 5,000 unit/ml	57	HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	89
heparin flush(porcine)-0.9nacl	57	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	89
heparin lock flush (porcine)	57	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	90
heparin lockflush(porcine)(pf)	57		
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	57		

HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	
40 MG/0.4 ML.	90
HUMULIN 70/30 U-100 INSULIN.	73
HUMULIN 70/30 U-100 KWIKPEN.	73
HUMULIN N NPH INSULIN KWIKPEN.	74
HUMULIN N NPH U-100 INSULIN.	74
HUMULIN R REGULAR U-100 INSULN.	74
HUMULIN R U-500 (CONC) INSULIN.	74
HYCAMTIN ORAL.	26
hydralazine injection.	54
hydralazine oral.	54
hydrochlorothiazide.	54
hydrocodone bitartrate oral capsule, oral only, er 12hr.	41
hydrocodone bitartrate oral tablet,oral only,ext. rel.24 hr 100 mg, 120 mg.	41
hydrocodone bitartrate oral tablet,oral only,ext. rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg.	41
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	41
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND).	41
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg.	41
hydrocodone-ibuprofen.	42
hydrocortisone butyr-emollient.	67
hydrocortisone butyrate.	67
hydrocortisone oral.	72
hydrocortisone rectal.	79
hydrocortisone topical cream 1 %, 2.5 %.	67
hydrocortisone topical cream with perineal applicator.	79
hydrocortisone topical lotion 2.5 %.	67
hydrocortisone topical ointment 1 %, 2.5 %.	67
hydrocortisone valerate.	67
hydrocortisone-acetic acid.	71
hydrocortisone-pramoxine rectal cream 1-1 %.	79
hydromorphone (pf) injection solution 10 (mg/ ml) (5 ml), 10 mg/ml, 2 mg/ml.	42
hydromorphone injection solution 1 mg/ml.	42
hydromorphone injection solution 2 mg/ml.	42
hydromorphone injection syringe 1 mg/ml, 4 mg/ml.	42
hydromorphone injection syringe 2 mg/ml.	42
hydromorphone oral liquid.	42
hydromorphone oral tablet.	42
hydromorphone oral tablet extended release 24 hr.	42
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG.	16
hydroxychloroquine oral tablet 200 mg.	16
hydroxyprogesterone caproate.	91
hydroxyurea.	26
hydroxyzine hcl intramuscular.	100
hydroxyzine hcl oral solution 10 mg/5 ml.	100
hydroxyzine hcl oral tablet.	100
hydroxyzine pamoate.	100
HYPER-SAL.	101
 I	
ibandronate intravenous.	88
ibandronate oral.	88
IBRANCE.	26
ibu oral tablet 400 mg.	44
ibu oral tablet 600 mg, 800 mg.	44
ibuprofen lysine (pf).	44
ibuprofen oral suspension.	44
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.	44
ibuprofen-famotidine.	44
ibutilide fumarate.	51
icatibant.	101
iclevia.	94
ICLUSIG.	26
icosapent ethyl.	59
idarubicin.	26
IDHIFA.	26
ifosfamide intravenous recon soln.	26
ifosfamide intravenous solution 1 gram/20 ml	26
ifosfamide intravenous solution 3 gram/60 ml	26
ILARIS (PF).	83
imatinib.	26
IMBRUVICA ORAL CAPSULE 140 MG.	26
IMBRUVICA ORAL CAPSULE 70 MG.	26

IMBRUVICA ORAL SUSPENSION	26	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	48
IMBRUVICA ORAL TABLET	26	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	48
IMFINZI	26	INVEGA TRINZA	48
imipenem-cilastatin	16	INVIRASE ORAL TABLET	10
imipramine hcl	48	INVOKAMET	74
imipramine pamoate	48	INVOKAMET XR	74
imiquimod	62	INVOKANA	74
IMOVAX RABIES VACCINE (PF)	85	IPOL	85
IMPAVIDO	16	ipratropium bromide inhalation	101
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE	35	ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	71
incassia	91	ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	71
INCRELEX	69	ipratropium-albuterol	101
INCRUSE ELLIPTA	101	irbesartan	54
indapamide	54	irbesartan-hydrochlorothiazide	54
indomethacin oral capsule	44	IRESSA	26
indomethacin oral capsule, extended release	44	irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	26
indomethacin sodium	45	irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	26
infanrix (dtap) (pf) intramuscular syringe . .	85	ISENTRESS HD	10
INFLECTRA	79	ISENTRESS ORAL POWDER IN PACKET . .	11
INFUGEM	26	ISENTRESS ORAL TABLET	11
INGREZZA INITIATION PACK	38	ISENTRESS ORAL TABLET,CHEWABLE 100 MG	11
INGREZZA ORAL CAPSULE 40 MG, 80 MG . .	38	ISENTRESS ORAL TABLET,CHEWABLE 25 MG	11
INGREZZA ORAL CAPSULE 60 MG	38	isibloom	94
INLYTA	26	isoniazid injection	16
INPEN (FOR HUMALOG)	74	isoniazid oral	16
INQOVI	26	isoproterenol hcl	60
INREBIC	26	isosorbide dinitrate oral tablet	61
INSULIN PEN NEEDLE	87	isosorbide mononitrate oral tablet	61
INSULIN SYRINGE (DISP) U-100 0.3 ML . .	87	isosorbide mononitrate oral tablet extended release 24 hr	61
INSULIN SYRINGE (DISP) U-100 1 ML . . .	87	isosorbide-hydralazine	54
INSULIN SYRINGE (DISP) U-100 1/2 ML . .	87	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	64
INTELENCE ORAL TABLET 100 MG, 200 MG	10	isotretinoin oral capsule 25 mg, 35 mg	64
INTELENCE ORAL TABLET 25 MG	10	isradipine	54
intralipid intravenous emulsion 20 % . . .	107		
INTRALIPID INTRAVENOUS EMULSION 30 %	108		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	83		
introvale	94		
INVEGA HAFYERA	48		

ISTODAX	26	kalliga	94
ISTURISA	76	KALYDECO ORAL GRANULES IN PACKET	101
itraconazole oral capsule	9	KALYDECO ORAL TABLET	101
itraconazole oral solution	9	KANJINTI	26
ivermectin oral	16	KANUMA	76
ivermectin topical cream	64	kariva (28)	94
ivermectin topical lotion	67	kelnor 1-50 (28)	94
IXEMPRA	26	kelnor 1/35 (28)	94
IXIARO (PF)	85	KEPIVANCE	22
 J		KESIMPTA PEN	38
jaimiess	94	ketoconazole oral	9
JAKAFI	26	ketoconazole topical cream	65
JANSSEN COVID-19 VACCINE (EUA)	85	ketoconazole topical foam	65
jantoven	58	ketoconazole topical shampoo	65
JANUMET	74	ketodan	65
JANUMET XR	74	ketoprofen oral capsule 25 mg	45
JANUVIA	74	ketoprofen oral capsule 50 mg, 75 mg	45
JARDIANCE	74	ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	45
jasmiel (28)	94	ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	45
javygtor	76	ketorolac injection syringe	45
JEMPERLI	26	ketorolac intramuscular solution	45
jencycla	91	ketorolac intramuscular syringe	45
JEVTANA	26	ketorolac ophthalmic (eye)	98
jinteli	91	ketorolac oral	45
jolessa	94	KEVEYIS	38
juleber	94	KEVZARA	90
JULUCA	11	KEYTRUDA	26
junel 1.5/30 (21)	94	KIMMTRAK	26
junel 1/20 (21)	94	KIMYRSA	16
junel fe 1.5/30 (28)	94	KINERET	90
junel fe 1/20 (28)	94	KINRIX (PF) INTRAMUSCULAR SYRINGE	85
junel fe 24	94	KISQALI	26
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	59	KISQALI FEMARA CO-PACK	26
JYNARQUE	76	KLISYRI	27
 K		klor-con 10 oral tablet extended release	105
KADCYLA	26	klor-con 20 meq packet	105
kaitlib fe	94	klor-con 8 oral tablet extended release	105
KALETRA ORAL TABLET 100-25 MG	11	klor-con m10 oral tablet,er particles/crystals	105
KALETRA ORAL TABLET 200-50 MG	11	klor-con m15 oral tablet,er particles/crystals	105

klor-con m20 oral tablet,er particles/crystals	105
klor-con/ef.	105
KOMBIGLYZE XR.	74
KORLYM.	76
KOSELUGO.	27
KRYSTEXXA.	88
kurvelo (28).	94
KYPROLIS.	27

L

I norgest/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).	94
I norgest/e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg.	94
labetalol intravenous solution.	54
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml).	54
labetalol oral.	54
lacosamide intravenous.	33
lacosamide oral.	33
LACRISERT.	97
lactated ringers intravenous.	105
lactated ringers irrigation.	67
lactulose oral packet.	79
lactulose oral solution 10 gram/15 ml.	80
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml.	80
LAGEVRIO (EUA).	11
lamivudine.	11
lamivudine-zidovudine.	11
lamotrigine.	33
LAMPIT.	16
lansoprazole oral capsule,delayed release(dr/ ec) 15 mg.	82
lansoprazole oral capsule,delayed release(dr/ ec) 30 mg.	82
lanthanum oral tablet,chewable.	69
LANTUS SOLOSTAR U-100 INSULIN.	74
LANTUS U-100 INSULIN.	74
lapatinib.	27
larin 1.5/30 (21).	94

larin 1/20 (21).	94
larin 24 fe.	94
larin fe 1.5/30 (28).	94
larin fe 1/20 (28).	94
latanoprost.	98
LATUDA.	48
layolis fe.	94
leena 28.	94
leflunomide.	90
LEMTRADA.	38
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg.	27
lenalidomide oral capsule 2.5 mg, 20 mg.	27
LENVIMA.	27
lessina.	94
letrozole.	27
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg.	22
leucovorin calcium injection recon soln 500 mg.	22
leucovorin calcium injection solution.	22
leucovorin calcium oral.	22
LEUKERAN.	27
LEUKINE INJECTION RECON SOLN.	83
leuprolide subcutaneous kit.	27
levalbuterol hcl.	101
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	33
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml.	33
levetiracetam intravenous.	33
levetiracetam oral solution 100 mg/ml.	33
levetiracetam oral solution 500 mg/5 ml (5 ml).	33
levetiracetam oral tablet.	33
levetiracetam oral tablet extended release 24 hr.	33
levo-t.	77
levobunolol ophthalmic (eye) drops 0.5 %.	97
levocarnitine (with sugar).	69
levocarnitine oral solution 100 mg/ml.	69
levocarnitine oral tablet.	69
levocetirizine oral solution.	100

levocetirizine oral tablet.....	100	lidocaine topical adhesive patch,medicated 5 %.....	63
levofloxacin in d5w intravenous piggyback 250 mg/50 ml.....	20	lidocaine topical ointment.....	63
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml.....	20	lidocaine viscous.....	63
levofloxacin intravenous.....	20	lidocaine-epinephrine.....	63
levofloxacin ophthalmic (eye) drops 0.5 %..	96	lidocaine-epinephrine (pf).....	63
levofloxacin ophthalmic (eye) drops 1.5 %..	96	lidocaine-prilocaine topical cream.....	63
levofloxacin oral.....	20	lincomycin.....	16
levoleucovorin calcium intravenous recon soln.....	22	lindane topical shampoo.....	67
levoleucovorin calcium intravenous solution.....	22	linezolid in dextrose 5%.....	16
levonest (28).....	94	linezolid oral suspension for reconstitution..	16
levonorg-eth estrad triphasic.....	94	linezolid oral tablet.....	16
levonorgestrel-ethynodiol dihydrotestosterone oral tablet 0.1-20 mg-mcg.....	94	linezolid-0.9% sodium chloride.....	16
levonorgestrel-ethynodiol dihydrotestosterone oral tablet 0.15-0.03 mg, 90-20 mcg (28).....	94	LINZESS.....	80
levonorgestrel-ethynodiol dihydrotestosterone oral tablets,dose pack,3 month.....	94	liothyronine intravenous.....	77
levora-28.....	94	liothyronine oral.....	77
levorphanol tartrate oral tablet 2 mg.....	42	lisinopril.....	54
levorphanol tartrate oral tablet 3mg	42	lisinopril-hydrochlorothiazide.....	54
levothyroxine intravenous recon soln.....	77	lithium carbonate oral capsule.....	48
levothyroxine oral tablet.....	77	lithium carbonate oral tablet.....	48
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.....	77	lithium carbonate oral tablet extended release.....	48
LEXIVA ORAL SUSPENSION.....	11	LIVMARLI.....	80
LIBTAYO.....	27	LIVTENCITY.....	11
lidocaine (pf) in d7.5w.....	51	lo-zumandimine (28).....	94
lidocaine (pf) injection solution.....	62	lofena.....	45
lidocaine (pf) intravenous.....	51	lojaimiess.....	94
lidocaine hcl injection solution.....	62	LONSURF.....	27
lidocaine hcl laryngotracheal.....	62	loperamide oral capsule.....	78
lidocaine hcl mucous membrane jelly.....	62	lopinavir-ritonavir.....	11
lidocaine hcl mucous membrane jelly in applicator.....	63	lorazepam injection solution.....	48
lidocaine hcl mucous membrane solution 2 %	63	lorazepam injection syringe 2 mg/ml.....	48
lidocaine hcl mucous membrane solution 4 % (40 mg/ml).....	63	lorazepam intensol.....	48
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %).....	51	lorazepam oral concentrate.....	48
		lorazepam oral tablet.....	48
		LORBRENA.....	27
		loryna (28).....	94
		losartan.....	54
		losartan-hydrochlorothiazide.....	54
		loteprednol etabonate.....	99
		lovastatin.....	59
		low-oestrel (28).....	94

loxapine succinate.....	48	MAVENCLAD (7 TABLET PACK).....	38
LUCEMYRA.....	45	MAVENCLAD (8 TABLET PACK).....	38
LULICONAZOLE.....	65	MAVENCLAD (9 TABLET PACK).....	38
LUMAKRAS.....	27	MAVYRET ORAL PELLETS IN PACKET.....	11
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %.....	98	MAVYRET ORAL TABLET.....	11
LUMOXITI.....	27	MAYZENT ORAL TABLET 0.25 MG.....	38
LUPKYNIS.....	27	MAYZENT ORAL TABLET 1 MG.....	38
LUPRON DEPOT.....	27	MAYZENT ORAL TABLET 2 MG.....	38
LUPRON DEPOT (3 MONTH).....	27	MAYZENT STARTER(FOR 1MG MAINT)....	38
LUPRON DEPOT (4 MONTH).....	27	MAYZENT STARTER(FOR 2MG MAINT)....	38
LUPRON DEPOT (6 MONTH).....	27	meclizine oral tablet 12.5 mg, 25 mg.....	80
LUPRON DEPOT-PED.....	27	meclofenamate.....	45
LUPRON DEPOT-PED (3 MONTH).....	27	medroxyprogesterone.....	92
lutera (28).....	94	mefenamic acid.....	45
LUZU.....	65	mefloquine.....	16
LYBALVI.....	48	megestrol oral suspension 400 mg/10 ml (10 ml).....	27
lyleq.....	92	megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml).....	27
lyllana.....	92	megestrol oral tablet.....	27
LYNPARZA.....	27	MEKINIST.....	27
LYSODREN.....	27	MEKTOVI.....	27
lyza.....	92	meloxicam oral tablet.....	45
M		melphalan.....	27
M-M-R II (PF).....	86	melphalan hcl.....	27
mafénide acetate.....	65	memantine oral capsule,sprinkle,er 24hr....	38
magnesium chloride injection.....	105	memantine oral solution.....	38
magnesium sulfate in water.....	105	memantine oral tablet.....	38
magnesium sulfate injection solution.....	105	MENACTRA (PF) INTRAMUSCULAR SOLUTION.....	86
magnesium sulfate injection syringe.....	105	menquadfi (pf).....	86
malathion.....	67	MENVEO A-C-Y-W-135-DIP (PF).....	86
mannitol 20 %.....	54	meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml.....	42
mannitol 25 % intravenous solution.....	54	meperidine oral solution.....	42
maraviroc.....	11	meperidine oral tablet 50 mg.....	42
marlissa (28).....	94	meprobamate.....	39
MARPLAN.....	48	MEPSEVII.....	76
MATULANE.....	27	mercaptopurine.....	27
matzim la oral tablet extended release 24 hr.	54	meropenem.....	16
MAVENCLAD (10 TABLET PACK).....	38	merzee.....	94
MAVENCLAD (4 TABLET PACK).....	38	mesalamine oral capsule (with del rel tablets)	80
MAVENCLAD (5 TABLET PACK).....	38	mesalamine oral capsule, extended release.	80
MAVENCLAD (6 TABLET PACK).....	38		

mesalamine oral capsule,extended release 24hr.....	80	methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg.....	49
mesalamine oral tablet,delayed release (dr/ec).....	80	methylphenidate hcl oral capsule,er biphasic 50- 50.....	49
mesalamine rectal.....	80	methylphenidate hcl oral solution.....	49
mesna.....	22	methylphenidate hcl oral tablet.....	49
MESNEX ORAL.....	22	methylphenidate hcl oral tablet extended release 10 mg.....	49
metaproterenol oral syrup.....	102	methylphenidate hcl oral tablet extended release 20 mg.....	49
metaxalone.....	39	methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating).....	49
metformin oral solution.....	74	methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.....	49
metformin oral tablet 1,000 mg, 500 mg, 850 mg.....	74	methylphenidate hcl oral tablet extended release 24hr 36 mg.....	49
metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR).....	74	methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating).....	49
methadone injection solution.....	42	methylphenidate hcl oral tablet, chewable.....	49
methadone intensol.....	42	methylprednisolone acetate.....	72
methadone oral concentrate.....	42	methylprednisolone oral tablet.....	72
methadone oral solution.....	42	methylprednisolone oral tablets,dose pack..	72
methadone oral tablet.....	42	methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.....	72
methadose oral concentrate.....	42	methylprednisolone sodium succ intravenous	72
methamphetamine.....	48	methyltestosterone oral capsule.....	76
methazolamide.....	98	metoclopramide hcl injection solution.....	80
methenamine hippurate.....	21	metoclopramide hcl injection syringe.....	80
methenamine mandelate.....	21	metoclopramide hcl oral solution.....	80
methergine.....	96	metoclopramide hcl oral tablet.....	80
methimazole oral tablet 10 mg, 5 mg.....	72	metoclopramide hcl oral tablet,disintegrating 5 mg.....	80
METHITEST.....	76	metolazone.....	54
methocarbamol injection.....	39	metoprolol succinate oral tablet extended release 24 hr.....	54
methocarbamol oral	39	metoprolol ta-hydrochlorothiaz.....	54
methotrexate sodium (pf) injection recon soln	27	metoprolol tartrate intravenous solution.....	54
methotrexate sodium (pf) injection solution..	27	metoprolol tartrate oral tablet.....	54
methotrexate sodium injection.....	27	metro i.v.....	16
methotrexate sodium oral.....	27	metronidazole in nacl (iso-os).....	16
methoxsalen.....	63	metronidazole oral.....	16
methscopolamine.....	78	metronidazole topical.....	64
methyldopa-hydrochlorothiazide.....	54	metronidazole vaginal.....	92
methylergonovine oral.....	96		
methylphenidate.....	48		
methylphenidate hcl oral cap,er sprinkle, biphasic 40-60.....	48		
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg.....	48		

metyrosine	54	MONJUVI	28
mexiletine	51	mono-linyah	95
micafungin	9	monoject 0.9% sodium chloride	69
miconazole-3 vaginal suppository	92	monoject prefill advanced ns	69
microgestin 1.5/30 (21)	94	montelukast	102
microgestin 1/20 (21)	94	morphine (pf) injection solution 0.5 mg/ml	42
microgestin fe 1.5/30 (28)	95	morphine (pf) injection solution 1 mg/ml	42
microgestin fe 1/20 (28)	95	morphine (pf) intravenous patient control.	
midazolam (pf) injection solution	49	analgesia soln 30 mg/30 ml (1 mg/ml)	42
midazolam (pf) injection syringe	49	morphine concentrate oral solution	42
midazolam injection	49	MORPHINE INJECTION SOLUTION 10 MG/	
midazolam oral syrup 2 mg/ml	49	ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	
midodrine	69	(BRAND)	42
migergot	36	morphine injection syringe 4 mg/ml	42
miglitol	74	morphine injection syringe 8 mg/ml	42
miglustat	76	morphine intravenous solution 10 mg/ml	42
mili	95	MORPHINE INTRAVENOUS SOLUTION 4 MG/	
millipred oral tablet	72	ML, 8 MG/ML (BRAND)	43
milrinone	60	MORPHINE INTRAVENOUS SYRINGE 10 MG/	
milrinone in 5 % dextrose	60	ML, 8 MG/ML (BRAND)	43
mimvey	92	morphine intravenous syringe 2 mg/ml, 4	
minocycline oral capsule	21	mg/ml	43
minocycline oral tablet	21	morphine oral capsule, er multiphase 24 hr	43
minocycline oral tablet extended release 24			
hr	21	morphine oral capsule,extend.release pellets 10	
minoxidil oral	54	mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80	
miostat	98	mg	43
mirtazapine	49	morphine oral solution	43
misoprostol	82	morphine oral tablet	43
mitomycin intravenous recon soln 20 mg, 5			
mg	27	morphine oral tablet extended release	43
mitomycin intravenous recon soln 40 mg	28	MOUNJARO	74
mitoxantrone	28	moxifloxacin ophthalmic (eye) drops	96
modafinil	49	moxifloxacin ophthalmic (eye) drops, viscous	96
MODERNA COVID BIVAL(6Y UP)(PF)	86	moxifloxacin oral	20
MODERNA COVID(6M-5Y) VACC(EUA)	86	moxifloxacin-sod.chloride(iso)	20
MODERNA COVID-19 (6-11YR)(EUA)	86	MOZOBIL	83
MODERNA COVID-19 VACCINE (EUA)	86	MULPLETA	58
moexipril	54	MULTAQ	51
molindone	49	mupirocin ointment	65
mometasone topical	67	MVASI	28
mondoxyne nl oral capsule 100 mg	21	MYALEPT	76
		mycophenolate mofetil (hcl)	28
		mycophenolate mofetil oral capsule	28
		mycophenolate mofetil oral suspension for	
		reconstitution	28

mycophenolate mofetil oral tablet	28
mycophenolate sodium oral tablet,delayed release (dr/ec)	28
MYLERAN	28
MYLOTARG	28
myorisan	64
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	104
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	104
MYTESI	78

N

nabumetone	45
nadolol	54
nafcillin in dextrose iso-osm	19
nafcillin injection recon soln 1 gram, 2 gram	19
nafcillin injection recon soln 10 gram	19
nafcillin intravenous recon soln 2 gram	19
naftifine topical cream	65
NAGLAZYME	76
nalbuphine	45
naloxone injection solution	45
naloxone injection syringe	45
naloxone nasal	45
naltrexone	45
naproxen oral suspension	45
naproxen oral tablet	45
naproxen oral tablet,delayed release (dr/ec) 375 mg	45
naproxen oral tablet,delayed release (dr/ec) 500 mg	45
naproxen sodium oral tablet 275 mg, 550 mg	45
naratriptan	36
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	45
NATACYN	96
nateglinide	74
NATPARA	76
NAYZILAM	33
nebivolol	54
nebusal inhalation solution for nebulization 3 %	102

NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	102
necon 0.5/35 (28)	95
NEEDLES, INSULIN DISP.,SAFETY	87
nefazodone	49
nelarabine	28
neo-polycin	96
neo-polycin hc	98
neomycin	16
neomycin-bacitracin-poly-hc	98
neomycin-bacitracin-polymyxin	96
neomycin-polymyxin b gu	67
neomycin-polymyxin b-dexameth	98
neomycin-polymyxin-gramicidin	96
neomycin-polymyxin-hc ophthalmic (eye)	98
neomycin-polymyxin-hc otic (ear)	71
neostigmine methylsulfate intravenous solution	39
neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)	39
NERLYNX	28
neuac	64
NEULASTA	83
NEULASTA ONPRO	83
NEUPOGEN	83
NEUPRO	35
nevirapine oral suspension	11
nevirapine oral tablet	11
nevirapine oral tablet extended release 24 hr	11
NEXLETOL	59
NEXLIZET	59
niacin oral tablet 500 mg	59
niacin oral tablet extended release 24 hr	59
nicardipine intravenous solution	54
nicardipine oral	54
NICOTROL	70
NICOTROL NS	70
nifedipine oral capsule	54
nifedipine oral tablet extended release	54
nifedipine oral tablet extended release 24hr	54
nikki (28)	95
nilutamide	28

nimodipine	54	nortrel 1/35 (28)	95
NINLARO	28	nortrel 7/7/7 (28)	95
nisoldipine oral tablet extended release 24 hr	54	nortriptyline	49
nitazoxanide	16	NORVIR ORAL POWDER IN PACKET	11
nitixinone	69	NORVIR ORAL SOLUTION	11
nitro-bid	61	NOURIANZ	35
nitrofurantoin	21	NOVAREL	76
nitrofurantoin macrocrystal	21	NOXAFIL INTRAVENOUS	9
nitrofurantoin monohyd/m-cryst	21	NOXAFIL ORAL SUSPENSION	9
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	61	np thyroid	77
nitroglycerin intravenous	61	NPLATE	58
nitroglycerin sublingual	61	NUBEQA	28
nitroglycerin transdermal patch 24 hour	61	NUCALA SUBCUTANEOUS AUTO- INJECTOR	102
nitroglycerin translingual	61	NUCALA SUBCUTANEOUS RECON SOLN	102
NITYR	69	NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	102
NIVESTYM	83	NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	102
nizatidine oral capsule 150 mg	82	NUEDEXTA	38
nizatidine oral capsule 300 mg	82	NULIBRY	38
nolix topical lotion	67	NULOJIX	28
nora-be	92	NUPLAZID	49
norepinephrine bitartrate	60	NURTEC ODT	36
noreth-ethinyl estradiol-iron	95	NUZYRA INTRAVENOUS	21
norethindrone (contraceptive)	92	NUZYRA ORAL	21
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	92	nyamyc	65
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	95	nylia 1/35 (28)	95
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	92	nylia 7/7/7 (28)	95
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	95	nymyo	95
norethindrone acetate	92	nystatin oral	9
norethindrone-e.estradiol-iron	95	nystatin topical cream	65
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg- mcg	95	nystatin topical ointment	65
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	95	nystatin topical powder	65
normal saline flush	69	nystatin-triamcinolone	65
nortrel 0.5/35 (28)	95	nystop	65
nortrel 1/35 (21)	95	NYVEPRIA	83

O

OCALIVA	80
ocella	95
OCREVUS	39

octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml.....	28
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml.....	28
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml).....	28
octreotide acetate injection syringe 500 mcg/ml (1 ml).....	28
ODEFSEY.....	11
ODOMZO.....	28
OFEV.....	102
ofloxacin ophthalmic (eye).....	96
ofloxacin oral tablet 300 mg, 400 mg.....	20
ofloxacin otic (ear).....	71
OGIVRI.....	28
olanzapine intramuscular recon soln.....	49
olanzapine oral tablet.....	49
olanzapine oral tablet,disintegrating.....	49
olanzapine-fluoxetine.....	49
olmesartan.....	55
olmesartan-amlodipin-hcthiazid.....	55
olmesartan-hydrochlorothiazide.....	55
olopatadine nasal.....	71
olopatadine ophthalmic (eye).....	97
omega-3 acid ethyl esters.....	59
omeprazole oral capsule,delayed release(dr/ec) 10 mg.....	82
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg.....	82
OMNITROPE.....	83
ONCASPAR.....	28
ondansetron hcl (pf).....	80
ondansetron hcl intravenous.....	80
ondansetron hcl oral solution.....	80
ondansetron hcl oral tablet 4 mg, 8 mg.....	80
ondansetron oral tablet,disintegrating.....	80
ONETOUCH BLOOD GLUCOSE METERS.....	74
ONETOUCH ULTRA TEST.....	74
ONETOUCH VERIO TEST STRIPS.....	74
ONGENTYS.....	35
ONGLYZA.....	74
ONIVYDE.....	28
ONPATTRON.....	39
ONTRUZANT.....	28
ONUREG.....	28
OPDIVO.....	28
OPDUALAG.....	28
opium tincture.....	78
OPSUMIT.....	102
OPZELURA.....	63
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY.....	86
oralone.....	71
ORBACTIV.....	16
ORENCIA (WITH MALTPOSE).....	90
ORENCIA CLICKJECT.....	90
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML.....	90
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML.....	90
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML.....	90
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG.....	55
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG.....	55
ORFADIN ORAL CAPSULE 20 MG.....	69
ORFADIN ORAL SUSPENSION.....	69
ORGOVYX.....	28
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG.....	102
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG.....	102
ORKAMBI ORAL TABLET.....	102
ORLADEYO.....	102
orphenadrine citrate injection.....	39
orphenadrine citrate oral tablet extended release.....	39
orphenadrine-asa-caffeine oral tablet 25-385-30 mg.....	39
orphengesic forte.....	40
oseltamivir oral capsule 30 mg.....	11
oseltamivir oral capsule 45 mg, 75 mg.....	11
oseltamivir oral suspension for reconstitution	11
osmitrol 20 %.....	55
OSMOPREP.....	80
OTEZLA.....	90

OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	90
oxacillin in dextrose(iso-osm).	19
oxacillin injection recon soln 1 gram, 10 gram	19
oxacillin injection recon soln 2 gram.	19
oxaliplatin intravenous recon soln 100 mg.	28
oxaliplatin intravenous recon soln 50 mg.	28
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml).	28
oxaliplatin intravenous solution 200 mg/40 ml	29
oxandrolone.	76
oxaprozin.	45
oxazepam.	49
OXBRYTA ORAL TABLET.	69
OXBRYTA ORAL TABLET FOR SUSPENSION.	69
oxcarbazepine.	33
OXERVATE.	97
oxiconazole.	65
OXLUMO.	104
OXTELLAR XR.	33
oxybutynin chloride oral syrup.	104
oxybutynin chloride oral tablet.	104
oxybutynin chloride oral tablet extended release 24hr.	104
oxycodone oral capsule.	43
oxycodone oral concentrate.	43
oxycodone oral solution.	43
oxycodone oral tablet.	43
oxycodone-acetaminophen oral solution.	43
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 7.5-300 mg.	43
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.	43
oxymorphone oral tablet.	43
oxymorphone oral tablet extended release 12 hr.	43
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	74
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML).	74
 P	
pacerone oral tablet 100 mg, 200 mg, 400 mg.	51
paclitaxel.	29
PADCEV.	29
paliperidone.	49
palonosetron intravenous solution 0.25 mg/5 ml.	80
palonosetron intravenous syringe.	80
PALYNZIQ.	76
pamidronate intravenous solution.	76
PANRETIN.	63
pantoprazole intravenous.	82
pantoprazole oral tablet,delayed release (dr/ec) 20 mg.	82
pantoprazole oral tablet,delayed release (dr/ec) 40 mg.	82
paraplatin.	29
paricalcitol intravenous.	76
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML (BRAND).	76
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (BRAND).	76
paricalcitol oral.	76
paromomycin.	16
paroxetine hcl oral suspension.	49
paroxetine hcl oral tablet.	49
paroxetine hcl oral tablet extended release 24 hr.	49
paroxetine mesylate(menop.sym).	49
PARSABIV.	76
PASER.	16
PAXLOVID (EUA).	11
PEDIARIX (PF).	86
PEDVAX HIB (PF).	86
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram.	80
peg-electrolyte.	80
peg3350-sod sul-nacl-kcl-asb-c.	80
PEGASYS SUBCUTANEOUS SOLUTION.	83
PEGASYS SUBCUTANEOUS SYRINGE.	83
PEMAZYRE.	29
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg.	29
pemetrexed disodium intravenous recon soln 750 mg.	29
penicillamine.	90

penicillin g potassium injection recon soln 20 million unit.	19	phenytoin oral tablet, chewable.	34
penicillin g potassium injection recon soln 5 million unit.	19	phenytoin sodium extended.	34
penicillin g procaine.	19	phenytoin sodium intravenous solution.	34
penicillin g sodium.	19	PHESGO.	29
penicillin v potassium.	19	philith.	95
pentacel (pf).	86	PHOSPHOLINE IODIDE.	97
pentamidine inhalation.	16	PIFELTRO.	11
pentamidine injection.	16	pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %.	97
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG.	80	pilocarpine hcl oral.	69
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG.	80	pimecrolimus.	63
pentazocine-naloxone.	45	pimozide.	50
pentobarbital sodium injection solution.	50	pimtrea (28).	95
pentoxifylline oral tablet extended release.	58	pindolol.	55
perindopril erbumine.	55	pioglitazone.	74
periogard.	71	pioglitazone-glimepiride.	74
PERJETA.	29	pioglitazone-metformin.	74
permethrin.	67	piperacillin-tazobactam intravenous recon soln 13.5 gram.	19
perphenazine.	50	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram.	19
perphenazine-amitriptyline.	50	piperacillin-tazobactam intravenous recon soln 40.5 gram.	19
PERSERIS.	50	PIQRAY.	29
PFIZER COVID BIVAL(12Y UP)(PF).	86	pirfenidone oral tablet 267 mg, 801 mg.	102
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION.	86	pirmella.	95
PFIZER COVID-19 VACCINE (EUA).	86	piroxicam.	45
pfiZerpen-g.	19	plasbumin 25 %.	105
phenelzine.	50	plasbumin 5 %.	105
phenobarbital oral elixir.	33	plasmanate.	108
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg.	33	PLEGRIDY INTRAMUSCULAR.	83
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg.	34	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML.	83
phenobarbital sodium injection solution 130 mg/ml.	34	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.	83
phenobarbital sodium injection solution 65 mg/ml.	34	PLEGRIDY SUBCUTANEOUS SYRINGE.	83
phenoxybenzamine.	55	plenamine.	108
phentolamine.	55	PNEUMOVAX-23.	86
phenytoin oral suspension 100 mg/4 ml.	34	podofilox.	63
phenytoin oral suspension 125 mg/5 ml.	34	POLIVY.	29

polymyxin b sulf-trimethoprim.	96
polymyxin b sulfate.	16
POMALYST.	29
PONVORY.	39
PONVORY 14-DAY STARTER PACK.	39
portia 28.	95
PORTRAZZA.	29
posaconazole.	9
potassium acetate.	105
potassium chlorid-d5-0.45%nacl.	106
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.	106
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l.	106
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l.	106
potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l.	106
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml.	106
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml.	106
potassium chloride intravenous.	106
potassium chloride oral capsule, extended release.	106
potassium chloride oral liquid.	106
potassium chloride oral packet.	106
potassium chloride oral tablet extended release 10 meq, 8 meq.	106
potassium chloride oral tablet extended release 20 meq.	106
potassium chloride oral tablet,er particles/ crystals 10 meq.	106
potassium chloride oral tablet,er particles/ crystals 15 meq, 20 meq.	106
potassium chloride-0.45 % nacl.	106
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.	106
potassium chloride-d5-0.9%nacl.	106
potassium citrate oral tablet extended release.	104
potassium phosphate m/d-basic intravenous solution 3 mmol/ml.	106
POTELIGEO.	29
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
PAXBIND.	58
praziquantel.	16
prazosin.	55
prednicarbate.	67
prednisolone acetate.	99
prednisolone oral solution.	72
prednisolone sodium phosphate ophthalmic (eye).	99
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).	72
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml).	72
prednisolone sodium phosphate oral tablet,disintegrating.	72
prednisone intensol.	72
prednisone oral solution.	72
prednisone oral tablet.	72
prednisone oral tablets,dose pack.	72
Pregabalin.	34
prehevbrio (pf).	86
PREMARIN INJECTION.	92
premasol 10 %.	108
prenatal vitamin oral tablet.	108
PRETOMANID.	16
prevalite oral powder.	59
prevalite oral powder in packet.	59
PREVNAR 13 (PF).	86
PREVNAR 20 (PF).	86
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	propylthiouracil	72
PRIFTIN	16	PROQUAD (PF)	86
PRIMAQUINE	16	PROSOL 20 %	108
primaquine (generic)	17	protamine	58
primidone	34	protriptyline	50
priorix (pf)	86	prudoxin	63
probencid	88	pulmosal	102
probencid-colchicine	88	PULMOZYME	102
procainamide injection	51	PURIXAN	29
procenutra	50	pyrazinamide	17
prochlorperazine	80	pyridostigmine bromide oral syrup	40
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	81	pyridostigmine bromide oral tablet 60 mg	40
prochlorperazine maleate oral	81	pyridostigmine bromide oral tablet extended release	40
procto-med hc	81	pyrimethamine	17
procto-pak	81	PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	69
proctosol hc topical	81	PYRUKYND ORAL TABLETS,DOSE PACK	69
proctozone-hc	81		
PROCYSBI	104		
progesterone	92		
progesterone micronized	92		
PROGRAF INTRAVENOUS	29		
PROGRAF ORAL GRANULES IN PACKET	29		
PROLASTIN-C INTRAVENOUS RECON SOLN	69		
PROLASTIN-C INTRAVENOUS SOLUTION	69		
prolate oral tablet	43		
PROLIA	88		
PROMACTA	58		
promethazine injection solution	100		
promethazine oral	100		
promethazine rectal suppository 12.5 mg, 25 mg	100		
promethegan	100		
propafenone oral capsule,extended release 12 hr	51		
propafenone oral tablet	52		
propranolol intravenous	55		
propranolol oral capsule,extended release 24 hr	55		
propranolol oral solution	55		
propranolol oral tablet	55		
propranolol-hydrochlorothiazid	55		
		Q	
		QINLOCK	29
		QUADRACEL (PF)	86
		quetiapine oral tablet	50
		quetiapine oral tablet extended release 24 hr	50
		quinapril	55
		quinapril-hydrochlorothiazide	55
		quinidine gluconate oral tablet extended release	52
		quinidine sulfate oral tablet	52
		quinine sulfate	17
		R	
		RABAVERT (PF)	86
		RADICAVA	39
		RADICAVA ORS	39
		RADICAVA ORS STARTER KIT SUSP	39
		RAGWITEK	86
		raloxifene	88
		ramelteon	50
		ramipril	55
		ranolazine	60
		rasagiline	35
		RAVICTI	69

REBIF (WITH ALBUMIN).....	83	ribavirin oral capsule.....	12
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML.....	83	ribavirin oral tablet 200 mg.....	12
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6).....	83	RIDAURA.....	90
REBIF TITRATION PACK.....	83	rifabutin.....	17
REBLOZYL.....	84	rifampin intravenous.....	17
RECARBRIOS.....	17	rifampin oral.....	17
reclipsen (28).....	95	riluzole.....	69
recombivax hb (pf).....	86	rimantadine.....	12
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML ..	86	ringer's intravenous.....	106
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.....	86	ringer's irrigation.....	67
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.....	86	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG.....	90
RECORLEV.....	76	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG.....	90
RECTIV.....	81	risedronate oral tablet 150 mg.....	88
regionol.....	40	risedronate oral tablet 30 mg.....	69
REGRANEX.....	63	risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack).....	88
RELENZA DISKHALER.....	11	risedronate oral tablet 5 mg.....	88
RELEUKO.....	84	risedronate oral tablet,delayed release (dr/ec).....	88
RELISTOR ORAL.....	81	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML.....	50
RELISTOR SUBCUTANEOUS SOLUTION..	81	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML.....	50
RELISTOR SUBCUTANEOUS SYRINGE... .	81	risperidone oral solution.....	50
repaglinide.....	74	risperidone oral tablet.....	50
RESTASIS.....	97	risperidone oral tablet,disintegrating.....	50
RESTASIS MULTIDOSE.....	97	ritonavir.....	12
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML.....	84	RITUXAN.....	29
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML.....	84	RITUXAN HYCELA.....	29
RETEVMO.....	29	rivastigmine tartrate.....	39
RETROVIR INTRAVENOUS.....	11	rivastigmine transdermal.....	39
REVCovi.....	69	rivilsa.....	95
REVLIMID.....	29	rizatriptan oral tablet.....	36
revonto.....	40	rizatriptan oral tablet,disintegrating.....	36
REXULTI.....	50	roflumilast.....	102
REYATAZ ORAL POWDER IN PACKET.....	12	romidepsin intravenous recon soln.....	29
REZUROCK.....	29	ROMIDEPSIN INTRAVENOUS SOLUTION.....	29
RIABNI.....	29	ropinirole oral tablet.....	35
		ropinirole oral tablet extended release 24 hr.	36

rosadan topical cream	64	sevelamer carbonate oral tablet	69
rosadan topical gel	64	sevelamer hcl	69
rosuvastatin	59	sf	71
ROTARIX	86	sf 5000 plus	71
ROTAQ VACCINE	86	sharobel	92
roweepra oral tablet 500 mg	34	SHINGRIX (PF)	86
ROZLYTREK	29	SIGNIFOR	29
RUBRACA	29	SIKLOS ORAL TABLET 1,000 MG	29
RUCONEST	102	SIKLOS ORAL TABLET 100 MG	30
rufinamide	34	sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	102
RUKOBIA	12	sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	102
RUXIENCE	29	sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	102
RYBELSUS	74	silodosin	104
RYBREVANT	29	silver sulfadiazine	63
RYDAPT	29	simliya (28)	95
RYLAZE	29	simpesse	95
S		SIMPONI ARIA	90
sajazir	102	SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	90
salsalate	45	SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	90
SAMSCA ORAL TABLET 15 MG	76	SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	90
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	29	SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	90
SANTYL	63	SIMULECT INTRAVENOUS RECON SOLN 10 MG	30
sapropterin	76	SIMULECT INTRAVENOUS RECON SOLN 20 MG	30
SARCLISA	29	simvastatin oral tablet	59
SCEMBLIX	29	sirolimus oral solution	30
scopolamine base	81	sirolimus oral tablet 0.5 mg, 1 mg	30
SECUADO	50	sirolimus oral tablet 2 mg	30
selegiline hcl	36	SIRTURO	17
selenium sulfide topical lotion	61	SIVEXTRO INTRAVENOUS	17
SELZENTRY ORAL SOLUTION	12	SIVEXTRO ORAL	17
SELZENTRY ORAL TABLET 150 MG, 300 MG	12	SKYRIZI INTRAVENOUS	81
SELZENTRY ORAL TABLET 25 MG, 75 MG	12	SKYRIZI SUBCUTANEOUS PEN INJECTOR	61
SEREVENT DISKUS	102	SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	61
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	84	SKYRIZI SUBCUTANEOUS SYRINGE KIT	61
sertraline oral concentrate	50		
sertraline oral tablet	50		
setlakin	95		
sevelamer carbonate oral powder in packet	69		

SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	81	spinosad	67
SMOFLIPID	108	SPIRIVA RESPIMAT	102
sodium acetate	106	SPIRIVA WITH HANDIHALER	102
sodium benzoate-sod phenylacet	69	spironolacton-hydrochlorothiaz	55
sodium bicarbonate intravenous	106	spironolactone	55
sodium chlor 0.9% bacteriostat	69	sprintec (28)	95
sodium chloride 0.45 % intravenous parenteral solution	106	SPRITAM	34
sodium chloride 0.9 % (flush) injection syringe	69	SPRYCEL	30
sodium chloride 0.9 % injection	70	sps (with sorbitol) oral	70
sodium chloride 0.9 % intravenous parenteral solution	70	sps (with sorbitol) rectal	70
sodium chloride 0.9 % intravenous piggyback	70	sronyx	95
sodium chloride 3 % hypertonic	107	ssd	63
sodium chloride 5 % hypertonic	107	STAMARIL (PF)	86
sodium chloride inhalation	102	stavudine oral capsule	12
sodium chloride injection	70	STELARA INTRAVENOUS	62
sodium chloride intravenous	107	STELARA SUBCUTANEOUS	62
sodium chloride irrigation	70	STIOLTO RESPIMAT	102
sodium fluoride 5000 dry mouth	71	STIVARGA	30
sodium fluoride 5000 plus	71	STRENSIQ	76
sodium fluoride-pot nitrate	71	STREPTOMYCIN	17
sodium nitroprusside	60	STRIBILD	12
sodium phenylbutyrate oral powder	70	subvenite	34
sodium phenylbutyrate oral tablet	70	subvenite starter (blue) kit	34
sodium phosphate	107	subvenite starter (green) kit	34
sodium polystyrene sulfonate oral powder	70	subvenite starter (orange) kit	34
sodium,potassium,mag sulfates	81	SUCRAID	81
solifenacin	104	sucralfate	82
SOLIQUA 100/33	74	sulfacetamide sodium (acne)	65
SOLTAMOX	30	sulfacetamide sodium ophthalmic (eye) drops	97
SOMATULINE DEPOT	30	sulfacetamide sodium ophthalmic (eye) ointment	97
SOMAVERT	76	sulfacetamide-prednisolone	98
sorafenib	30	sulfadiazine	20
SORBITOL IRRIGATION SOLUTION 3 %	67	sulfamethoxazole-trimethoprim intravenous	20
sorine oral tablet 120 mg, 160 mg, 80 mg	52	sulfamethoxazole-trimethoprim oral suspension	20
sorine oral tablet 240 mg	52	sulfamethoxazole-trimethoprim oral tablet	20
sotalol af	52	SULFAMYLYON TOPICAL CREAM	65
sotalol oral	52	sulfasalazine oral tablet	81
SOVALDI	12	sulfasalazine oral tablet,delayed release (dr/ec)	81
SPIKEVAX (PF)	86	sulindac	45

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
sumatriptan-naproxen.	37
sunitinib.	30
SUPRAX ORAL TABLET,CHEWABLE.	14
syeda.	95
SYMBICORT.	103
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N).	103
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N).	103
SYMLINPEN 120.	74
SYMLINPEN 60.	74
SYMPAZAN ORAL FILM 10 MG, 20 MG.	34
SYMPAZAN ORAL FILM 5 MG.	34
SYMTUZA.	12
SYNAGIS.	12
SYNAREL.	76
SYNDROS.	81
SYNJARDY.	74
SYNJARDY XR.	74
SYNRIBO.	30
 T	
TABLOID.	30
TABRECTA.	30
tacrolimus oral.	30
tacrolimus topical.	63
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.	103
tadalafil oral tablet 2.5 mg, 5 mg.	104
TADLIQ.	103
TAFINLAR.	30
TAGRISSO.	30
TAKHZYRO SUBCUTANEOUS SOLUTION	103
TAKHZYRO SUBCUTANEOUS SYRINGE.	103
TALTZ AUTOINJECTOR.	62
TALTZ AUTOINJECTOR (2 PACK).	62
TALTZ AUTOINJECTOR (3 PACK).	62
TALTZ SYRINGE.	62
TALZENNA.	30
tamoxifen.	30
tamsulosin oral capsule,extended release 24hr.	104
tarina 24 fe.	95
tarina fe 1-20 eq (28).	95
tarina fe 1/20 (28).	95
TARPEYO.	72
TASIGNA.	30
tavaborole.	65
TAVALISSE.	58
TAVNEOS.	70
taysofy.	95
tazarotene topical cream.	64
TAZAROTENE TOPICAL FOAM.	65
tazarotene topical gel.	65
tazicef injection.	14
tazicef intravenous.	14
TAZORAC TOPICAL CREAM 0.05 %.	65
TAZORAC TOPICAL GEL.	65
taztia xt oral capsule, extended release.	55
TAZVERIK.	30
TDVAX.	86
TECENTRIQ.	30
TEFLARO.	14
TEGSEDI.	39
TEKTURN HCT.	55
telmisartan.	55
telmisartanamlodipine.	55
telmisartan-hydrochlorothiazid.	55
temazepam.	50
TEMIXYS.	12
TEMODAR INTRAVENOUS.	30
temozolomide.	30
temsirolimus.	30
tencon.	43
tenivac (pf).	86

TENIVAC (PF) INTRAMUSCULAR SYRINGE.....	87	tiagabine.....	34
tenofovir disoproxil fumarate.....	12	TIBSOVO.....	30
TEPEZZA.....	76	TICE BCG.....	87
TEPMETKO.....	30	ticovac.....	87
terazosin.....	55	tigecycline.....	17
terbinafine hcl oral.....	9	TIGLUTIK.....	70
terbutaline.....	103	tilia fe.....	95
terconazole.....	92	timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %.....	97
TERIPARATIDE.....	88	timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %.....	97
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml).....	76	timolol maleate ophthalmic (eye).....	97
testosterone enanthate.....	76	timolol maleate oral.....	55
testosterone transdermal gel (generic).....	76	tinidazole.....	17
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic).....	76	tiopronin.....	70
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic).....	77	tis-u-sol pentalyte.....	67
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic).....	77	TIVDAK.....	30
testosterone transdermal gel in packet (Androgel generic).....	77	TIVICAY ORAL TABLET 10 MG.....	12
testosterone transdermal solution in metered pump w/app (Axiron generic).....	77	TIVICAY ORAL TABLET 25 MG, 50 MG.....	12
TETANUS,DIPHTHERIA TOX PED(PF).....	87	TIVICAY PD.....	12
tetrabenazine.....	39	tizanidine.....	40
tetracycline.....	21	TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE.....	17
TEZSPIRE.....	103	tobramycin in 0.225 % nacl.....	17
THALOMID.....	30	tobramycin inhalation.....	17
theophylline oral elixir.....	103	tobramycin ophthalmic (eye).....	97
theophylline oral solution.....	103	tobramycin sulfate injection recon soln.....	17
theophylline oral tablet extended release 12 hr 300 mg, 450 mg.....	103	tobramycin sulfate injection solution.....	17
theophylline oral tablet extended release 24 hr.....	103	tobramycin-dexamethasone.....	98
THIOLA.....	70	tolcapone.....	36
THIOLA EC.....	70	tolterodine oral capsule,extended release 24hr.....	104
thioridazine.....	50	tolterodine oral tablet.....	104
thiotepa injection recon soln 100 mg.....	30	tolvaptan.....	77
thiotepa injection recon soln 15 mg.....	30	topiramate oral capsule, sprinkle.....	34
thiothixene.....	50	topiramate oral capsule,sprinkle,er 24hr.....	34
tiadylt er.....	55	topiramate oral tablet.....	34
		toposar.....	30
		topotecan intravenous recon soln.....	30
		topotecan intravenous solution 4 mg/4 ml (1 mg/ml).....	30
		toremifene.....	30
		torsemide oral.....	55

TOUJEO MAX U-300 SOLOSTAR	75	triamcinolone acetonide topical	67
TOUJEO SOLOSTAR U-300 INSULIN	75	triamterene	55
tovet emollient	67	triamterene-hydrochlorothiazid	55
TRACLEER ORAL TABLET FOR SUSPENSION	103	trianex	67
tramadol oral tablet 50 mg	45	triazolam	50
tramadol oral tablet extended release 24 hr.	45	triderm topical cream	67
tramadol oral tablet, er multiphase 24 hr.	45	trientine	70
tramadol-acetaminophen	45	trifluoperazine	50
trandolapril	55	trifluridine	97
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	55	trihexyphenidyl oral elixir	36
tranexamic acid oral	92	trihexyphenidyl oral tablet	36
tranylcyprromine	50	TRIKAFTA	103
travasol 10 %	108	trimethobenzamide oral	81
travoprost	98	trimethoprim	21
TRAZIMERA	30	trimipramine	50
trazodone	50	TRINTELLIX	50
TREANDA	30	tritocin	67
TRECATOR	17	TRIUMEQ	12
TRELEGY ELLIPTA	103	TRIUMEQ PD	12
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	30	trivora (28)	96
treprostinil sodium	55	TRIZIVIR	12
tretinoin (antineoplastic)	30	TRODELVY	31
tretinoin microspheres	65	TROGARZO	12
tretinoin topical	65	TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	34
tri-femynor	95	TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	34
tri-estarrylla	95	TROPHAMINE 10 %	108
tri-legest fe	95	trospium oral capsule,extended release 24hr	104
tri-linyah	95	trospium oral tablet	104
tri-lo-estarrylla	95	TRULICITY	75
tri-lo-marzia	95	TRUMENBA	87
tri-lo-mili	95	TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	31
tri-lo-sprintec	95	TRUSELTIQ ORAL CAPSULE 125 MG/DAY (100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	31
tri-mili	95	TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	31
tri-nymyo	95	TRUXIMA	31
tri-sprintec (28)	96	TUKYSA	31
tri-vylibra	96	TURALIO	31
tri-vylibra lo	96		
triamcinolone acetonide dental	71		
triamcinolone acetonide injection suspension 40 mg/ml	72		

TWINRIX (PF) INTRAMUSCULAR SYRINGE.....	87	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND) ..	17
TYBOST.....	12	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND).....	17
tydemy.....	96	VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND).....	17
TYPHIM VI INTRAMUSCULAR SOLUTION.....	87	VANCOMYCIN INJECTION (BRAND).....	17
TYPHIM VI INTRAMUSCULAR SYRINGE.....	87	vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg.....	17
TYSABRI.....	39	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND).....	17
TYVASO.....	103	vancomycin intravenous recon soln 10 gram.....	17
TYVASO DPI.....	103	vancomycin intravenous recon soln 5 gram.....	17
TYVASO INSTITUTIONAL START KIT.....	103	vancomycin oral.....	17
TYVASO REFILL KIT.....	103	vandazole.....	92
TYVASO STARTER KIT.....	103	VAQTA (PF).....	87
U		varenicline.....	70
UBRELVY ORAL TABLET 100 MG.....	37	VARIVAX (PF).....	87
UBRELVY ORAL TABLET 50 MG.....	37	VARIZIG INTRAMUSCULAR SOLUTION.....	87
UCERIS RECTAL.....	81	VARUBI.....	81
UDENYCA.....	84	VASCEPA.....	59
unithroid.....	77	vasopressin.....	77
UNITUXIN.....	31	VAXNEUVANCE.....	87
UPLIZNA.....	31	VECAMYL.....	60
UPTRAVI INTRAVENOUS.....	55	VECTIBIX.....	31
UPTRAVI ORAL.....	55	VEKLURY.....	12
ursodiol oral capsule 200 mg, 400 mg.....	81	VELCADE.....	31
ursodiol oral capsule 300 mg.....	81	veletri.....	55
ursodiol oral tablet.....	81	velvet triphasic regimen (28).....	96
V		VELTASSA.....	70
valacyclovir.....	12	VEMLIDY.....	12
VALCHLOR.....	63	VENCLEXTA ORAL TABLET 10 MG.....	31
valganciclovir oral recon soln.....	12	VENCLEXTA ORAL TABLET 100 MG.....	31
valganciclovir oral tablet.....	12	VENCLEXTA ORAL TABLET 50 MG.....	31
valproate sodium.....	34	VENCLEXTA STARTING PACK.....	31
valproic acid.....	34	venlafaxine oral capsule,extended release 24hr.....	50
valproic acid (as sodium salt) oral solution 250 mg/5 ml.....	34	venlafaxine oral tablet.....	50
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml).....	34	VENTAVIS.....	103
valrubicin.....	31	verapamil intravenous.....	55
valsartan oral tablet.....	55	verapamil oral capsule, 24 hr er pellet ct.....	56
valsartan-hydrochlorothiazide.....	55	verapamil oral capsule,ext rel. pellets 24 hr ..	56
VALTOCO.....	34		
vanadom.....	40		

verapamil oral tablet	56	VRAYLAR ORAL CAPSULE	50
verapamil oral tablet extended release	56	VRAYLAR ORAL CAPSULE,DOSE PACK	50
VERQUVO	60	VTAMA	62
VERSACLOZ	50	vtof lg	43
VERZENIO	31	VUITY	98
vestura (28)	96	vyfemla (28)	96
VGO	75	vylibra	96
VIBATIV INTRAVENOUS RECON SOLN 750 MG	17	VYNDAMAX	60
VIEKIRA PAK	12	VYNDAQEL	60
vienna	96	VYXEOS	31
vigabatrin	34		
vigadrone	35		
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	50	W	
VIJOICE	31	warfarin	58
vilazodone	50	water for inject, bacteriostat	70
VIMIZIM	77	water for irrigation, sterile	70
VIMPAT INTRAVENOUS	35	WELIREG	31
VIMPAT ORAL SOLUTION	35	wera (28)	96
vinblastine	31	wescap-pn dha	108
vincasar pfs	31	wymzya fe	96
vincristine	31		
vinorelbine	31		
viorele (28)	96		
VIRACEPT ORAL TABLET	12		
VIREAD ORAL POWDER	12		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	12		
VISTOGARD	22		
VITRAKVI	31		
VIZIMPRO	31		
volnea (28)	96		
VONJO	31		
VOQUEZNA DUAL PAK	82		
VOQUEZNA TRIPLE PAK	82		
voriconazole intravenous	9		
voriconazole oral suspension for reconstitution	9		
voriconazole oral tablet	9		
VOSEVI	12		
VOTRIENT	31		
VOXZOGO	77		
		X	
		XALKORI	31
		XATMEP	31
		XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	35
		XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	35
		XCOPRI ORAL TABLET 200 MG	35
		XCOPRI TITRATION PACK	35
		XELJANZ ORAL SOLUTION	90
		XELJANZ ORAL TABLET	91
		XELJANZ XR	91
		XENLETA INTRAVENOUS	18
		XENLETA ORAL	18
		XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	87
		XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	87
		XERMELO	31
		XGEVA	22
		XIFAXAN ORAL TABLET 550 MG	18
		XOFLUZA ORAL TABLET 40 MG	12

XOFLUZA ORAL TABLET 80 MG	12
XOLAIR	103
XOSPATA	31
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)	31
XTAMPZA ER	43
XTANDI ORAL CAPSULE	32
XTANDI ORAL TABLET	32
xulane	92
XURIDEN	70
xylocaine dental-epinephrine	63
XYREM	50
 Y	
YERVOY	32
YF-VAX (PF)	87
YONDELIS	32
YONSA	32
YUPELRI	103
yuvafem	92
 Z	
zafemy	92
zaflirlukast	103
zaleplon	51
ZALTRAP	32
ZANOSAR	32
ZARXIO	84
zebutal	43
ZEJULA	32
ZELAPAR	36
ZELBORA F	32
zenatane	65
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	81
zenzedi oral tablet 10 mg, 5 mg	51
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	51
ZEPATIER	12
ZEPOSIA	39
ZEPOSIA STARTER KIT	39
ZEPOSIA STARTER PACK	39
ZEPZELCA	32
ZERBAXA	14
zidovudine	12
ZIEXTENZO	84
zileuton oral tablet,extended release 12hr mphase	103
ZINPLAVA	87
ziprasidone hcl	51
ziprasidone mesylate	51
ZIRABEV	32
ZIRGAN	97
ZOKINVY	70
ZOLADEX	32
zoledronic acid intravenous solution	77
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	77
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	70
ZOLINZA	32
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	37
zolmitriptan nasal spray,non-aerosol 5 mg . .	37
zolmitriptan oral	37
zolpidem oral tablet	51
zolpidem oral tablet,ext release multiphasic .	51
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	37
ZONISADE	35
zonisamide	35
ZORBTIVE	84
ZORTRESS ORAL TABLET 1 MG	32
zovia 1-35 (28)	96
ZTALMY	35
zumandimine (28)	96
ZYDELIG	32
ZYKADIA	32

ZYNLONTA	32
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG.....	51
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG.....	51

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

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

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

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

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

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

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

Arabic/العربية:

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

Mon-Khmer, Cambodian: ខ្សែរ សាបៃខ្លួន: ពីរិនុកម្មគិយាយ តាមភូមិ, អេរ៉ានុយចុះការការណ៍ ដោយជិទសនិករូបរាង និងរាជរាជសងប័ណ្ណុការ ចូល ខ្សែខ្លួន **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).

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

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

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

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

RESOURCES



Medicare Plan Sales:

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

Medicare Member Service:

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

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

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

bluecrossma.com/medicare

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

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

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