



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 5**

This formulary was updated on 10/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.

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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 10/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 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 HMO Blue 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 10/01/2021. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

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

HOW DO I USE THE FORMULARY?

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

- **Medical Condition.** The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 107. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the Index that begins on page 107. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

Medicare 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](https://www.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 105.

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	\$300 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		28%	28%	N/A
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	\$320 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$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	\$260 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		28%	28%	N/A
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	\$200 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		29%	29%	N/A

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	5	B/D PA, MO, HI, NEDS
<i>amphotericin b</i>	2	B/D PA, MO, HI
<i>casposfungin intravenous recon soln 50 mg</i>	5	B/D PA, HI, NEDS
<i>casposfungin 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	MO, NEDS
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO, HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	HI
<i>flucytosine</i>	5	MO, NEDS
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO, QL (120 per 30 days)
<i>itraconazole oral solution</i>	2	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO, HI, NEDS
NOXAFIL INTRAVENOUS	3	HI

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
NOXAFIL ORAL SUSPENSION	5	MO, NEDS
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO, NEDS
<i>terbinafine hcl oral</i>	2	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	5	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 10/01/2021.

ANTI - INFECTIVES: ANTIVIRALS

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>emtricitabine-tenofov (tdf)</i>	5	MO, NEDS
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	2	MO
EPCLUSA	5	PA, MO, QL (28 per 28 days), NEDS
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO, NEDS
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO, NEDS
<i>foscarnet</i>	2	B/D PA, MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO, NEDS
<i>ganciclovir sodium intravenous</i>	2	B/D PA, MO, HI
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA, MO, HI
GENVOYA	5	MO, NEDS
HARVONI	5	PA, MO, QL (28 per 28 days), NEDS
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
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>lopinavir-ritonavir</i>	2	MO
MAVYRET	5	PA, MO, QL (84 per 28 days), NEDS
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
ODEFSEY	5	MO, NEDS
<i>oseltamivir oral capsule 30 mg</i>	2	MO, QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO, QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	MO, QL (600 per 180 days)
PIFELTRO	5	MO, NEDS
PREVYMIS INTRAVENOUS	5	HI, NEDS
PREVYMIS ORAL	5	MO, NEDS
PREZCOBIX	5	MO, NEDS
PREZISTA ORAL SUSPENSION	5	MO, NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO, NEDS
RELENZA DISKHALER	3	MO, QL (60 per 180 days)
RETROVIR INTRAVENOUS	3	MO, HI
REYATAZ ORAL POWDER IN PACKET	5	MO, NEDS
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
RUKOBIA	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 10/01/2021.

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
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
SYM TUZA	5	MO, NEDS
SYNAGIS	5	MO, LA, NEDS
TEMIXYS	5	MO, NEDS
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO, NEDS
TIVICAY PD	5	MO, NEDS
TRIUMEQ	5	MO, NEDS
TROGARZO	5	MO, NEDS
TYBOST	3	MO
<i>valacyclovir</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO, NEDS
<i>valganciclovir oral tablet</i>	2	MO
VEMLIDY	5	MO, NEDS

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
VIEKIRA PAK	5	PA, MO, QL (112 per 28 days), NEDS
VIRACEPT ORAL TABLET	5	MO, NEDS
VIREAD ORAL POWDER	5	MO, NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO, NEDS
VOSEVI	5	PA, MO, QL (28 per 28 days), NEDS
XOFLUZA ORAL TABLET 20 MG	4	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 40 MG	4	MO, QL (2 per 180 days)
ZEPATIER	5	PA, MO, QL (28 per 28 days), NEDS
<i>zidovudine</i>	2	MO

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

ANTI - INFECTIVES: CEPHALOSPORINS

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

ANTI - INFECTIVES: CEPHALOSPORINS (continued)

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

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 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO, HI
<i>ceftriaxone injection recon soln 10 gram</i>	2	HI
<i>ceftriaxone intravenous</i>	2	MO, HI
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO, HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO, HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	HI
<i>cephalexin</i>	2	MO
FETROJA	5	NEDS
SUPRAX ORAL TABLET,CHEWABLE	3	MO
<i>tazicef injection recon soln 1 gram</i>	2	HI
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO, HI
<i>tazicef intravenous</i>	2	
TEFLARO	5	MO, HI, NEDS
ZERBAXA	5	MO, HI, NEDS

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

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

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

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

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

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES**

Drug Name	Tier	Requirements/ Limits
<i>albendazole</i>	5	MO, NEDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	5	MO, NEDS
<i>amikacin injection solution 1,000 mg/4 ml</i>	2	MO, HI
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO, HI
ARIKAYCE	5	PA, MO, LA, NEDS
<i>atovaquone</i>	5	MO, NEDS
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	2	MO, HI
<i>aztreonam injection recon soln 2 gram</i>	2	MO, HI
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	MO
CAPASTAT	3	
CAYSTON	5	MO, LA, NEDS
<i>chloramphenicol sod succinate</i>	2	HI
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO, HI
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	HI

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 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>clindamycin phosphate injection solution 150 mg/ml</i>	2	MO, HI
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	HI
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO, HI
CYCLOSERINE	3	MO
DALVANCE	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

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

Drug Name	Tier	Requirements/ Limits
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO, HI
IMPAVIDO	3	MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
KIMYRSA	5	NEDS
LAMPIT	3	
<i>lincomycin</i>	2	HI
<i>linezolid in dextrose 5%</i>	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

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

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

Drug Name	Tier	Requirements/ Limits
<i>pentamidine injection</i>	2	MO
<i>polymyxin b sulfate</i>	2	MO, HI
<i>praziquantel</i>	2	MO
PRETOMANID	3	
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>primaquine (generic)</i>	2	MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	PA, MO, NEDS
<i>quinine sulfate</i>	2	MO
RECARBRIO	5	NEDS
<i>rifabutin</i>	2	MO
<i>rifampin intravenous</i>	2	MO, HI
<i>rifampin oral</i>	2	MO
SIRTURO ORAL TABLET 100 MG	5	MO, LA, NEDS
SIRTURO ORAL TABLET 20 MG	5	LA, NEDS
SIVEXTRO INTRAVENOUS	5	HI, NEDS
SIVEXTRO ORAL	5	MO, NEDS
STREPTOMYCIN	3	MO
SYNERCID	5	HI, NEDS
<i>tigecycline</i>	5	MO, HI, NEDS
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA, MO, NEDS
<i>tobramycin inhalation</i>	5	B/D PA, MO, NEDS
<i>tobramycin sulfate injection recon soln</i>	2	HI
<i>tobramycin sulfate injection solution</i>	2	MO, HI
TRECTOR	3	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	3	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	3	
VANCOMYCIN IN DEXTROSE ISO- OSM (BRAND)	3	
VANCOMYCIN INJECTION (BRAND)	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	2	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	3	MO, HI

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 10/01/2021.

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

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

ANTI - INFECTIVES: PENICILLINS

Drug Name	Tier	Requirements/ Limits
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 250 mg</i>	2	
<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

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

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

ANTI - INFECTIVES: PENICILLINS (continued)		
Drug Name	Tier	Requirements/ Limits
<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
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	2	MO, 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.

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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>demeclocycline</i>	2	MO
<i>doxy-100</i>	2	MO, HI
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr</i>	2	MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	MO
<i>morgidox oral capsule 100 mg</i>	2	MO
NUZYRA INTRAVENOUS	5	HI, NEDS

ANTI - INFECTIVES: TETRACYCLINES (continued)

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

ANTI - INFECTIVES: URINARY TRACT AGENTS

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

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

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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
<i>abiraterone oral tablet 250 mg</i>	5	PA, MO, QL (120 per 30 days), NEDS
<i>abiraterone oral tablet 500 mg</i>	5	PA, MO, QL (60 per 30 days), NEDS
ABRAXANE	5	PA, MO, HI, NEDS
ADAKVEO	5	PA, MO, NEDS
<i>adriamycin intravenous recon soln 10 mg</i>	2	MO, HI
<i>adriamycin intravenous solution 10 mg/5 ml</i>	2	MO, HI
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	HI
AFINITOR DISPERZ	5	PA, MO, NEDS
AFINITOR ORAL TABLET 10 MG	5	PA, MO, NEDS
ALECENSA	5	PA, MO, NEDS
ALIMTA	5	MO, HI, NEDS
ALIQOPA	5	MO, HI, LA, NEDS
ALUNBRIG	5	PA, MO, NEDS
<i>anastrozole</i>	2	MO
ARRANON	5	HI, NEDS
<i>arsenic trioxide</i>	2	MO
ARZERRA	5	B/D PA, MO, HI, NEDS
ASTAGRAF XL	4	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.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)		
Drug Name	Tier	Requirements/ Limits
AVASTIN	5	PA, MO, HI, NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA, MO, LA, NEDS
<i>azacitidine</i>	5	B/D PA, MO, HI, NEDS
<i>azathioprine</i>	2	B/D PA, MO
<i>azathioprine sodium</i>	2	B/D PA, HI
BALVERSA	5	PA, MO, LA, NEDS
BAVENCIO	5	PA, MO, HI, LA, NEDS
BELEODAQ	5	MO, 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, MO, NEDS
<i>bleomycin</i>	2	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	3	B/D PA, MO
BORTEZOMIB	5	MO, HI, NEDS
BOSULIF	5	PA, MO, NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA, MO, LA, NEDS
BRUKINSA	5	PA, MO, LA, NEDS
<i>busulfan</i>	5	HI, NEDS
CABOMETYX	5	PA, MO, LA, NEDS

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

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

This drug list was last updated on 10/01/2021.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>doxorubicin, peg- liposomal</i>	5	MO, HI, NEDS
ELIGARD	3	MO
ELIGARD (3 MONTH)	3	MO
ELIGARD (4 MONTH)	3	MO
ELIGARD (6 MONTH)	3	MO
ELZONRIS	5	B/D PA, MO, NEDS
EMCYT	5	MO, NEDS
EMPLICITI	5	B/D PA, MO, HI, NEDS
ENHERTU	5	PA, MO, NEDS
ENSPRYNG	5	PA, MO, NEDS
ENVARBUS XR	4	B/D PA, MO
<i>epirubicin intravenous solution</i>	2	MO, HI
ERBITUX	5	PA, MO, HI, NEDS
ERIVEDGE	5	PA, MO, NEDS
ERLEADA	5	PA, MO, QL (120 per 30 days), NEDS
<i>erlotinib</i>	5	PA, MO, NEDS
ERWINAZE	5	MO, NEDS
ETOPOPHOS	3	MO, HI
<i>etoposide intravenous</i>	2	MO, HI
<i>etoposide oral</i>	MB	MO
<i>everolimus (antineoplastic)</i>	5	PA, MO, NEDS
<i>everolimus (immunosuppressive)</i>	5	B/D PA, MO, NEDS
exemestane	2	MO

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
FARYDAK	5	PA, MO, NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	MO, NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	MO, HI
<i>fludarabine intravenous solution</i>	2	HI
<i>fluorouracil intravenous</i>	2	B/D PA, MO, HI
<i>flutamide</i>	2	MO
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ ML (1 ML)	3	MO, HI
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO, HI, NEDS
FOTIVDA	5	PA, MO, QL (21 per 28 days), NEDS
<i>fulvestrant</i>	5	MO, NEDS
GAMIFANT	5	PA, MO, NEDS
GAVRETO	5	PA, MO, LA, QL (120 per 30 days), NEDS

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
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
<i>gengraf</i>	2	B/D PA, MO
GILOTRIF	5	PA, MO, NEDS
HALAVEN	5	PA, MO, HI, NEDS
HERCEPTIN HYLECTA	5	PA, MO, NEDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA, MO, HI, NEDS
HERZUMA	5	PA, MO, NEDS
HYCANTIN ORAL	MB	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA, MO, QL (21 per 28 days), NEDS
ICLUSIG	5	PA, MO, NEDS
<i>idarubicin</i>	2	MO, HI
IDHIFA	5	PA, 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.

This drug list was last updated on 10/01/2021.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>ifosfamide intravenous recon soln</i>	2	MO, HI
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	MO, HI
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	HI
<i>imatinib</i>	5	PA, MO, NEDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA, MO, QL (120 per 30 days), NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA, MO, QL (30 per 30 days), NEDS
IMBRUVICA ORAL TABLET	5	PA, MO, QL (30 per 30 days), NEDS
IMFINZI	5	PA, MO, HI, LA, NEDS
INFUGEM	5	HI, NEDS
INLYTA	5	PA, MO, NEDS
INQOVI	5	PA, MO, NEDS
INREBIC	5	PA, MO, LA, NEDS
IRESSA	5	PA, MO, NEDS
<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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
JAKAFI	5	PA, MO, QL (60 per 30 days), NEDS
JEMPERLI	5	PA, MO, NEDS
JEVTANA	5	PA, MO, HI, NEDS
KADCYLA	5	PA, MO, HI, NEDS
KANJINTI	5	PA, MO, NEDS
KEYTRUDA	5	PA, MO, HI, NEDS
KISQALI	5	PA, MO, NEDS
KISQALI FEMARA CO-PACK	5	PA, MO, NEDS
KLISYRI	5	MO, QL (5 per 30 days), NEDS
KOSELUGO	5	PA, MO, NEDS
KYPROLIS	5	PA, MO, HI, NEDS
<i>lapatinib</i>	5	PA, MO, 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, MO, HI, NEDS
LONSURF	5	PA, MO, NEDS
LORBRENA	5	PA, MO, NEDS
LUMOXITI	5	PA, 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.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
LUPKYNIS	5	PA, MO, LA, NEDS
LUPRON DEPOT	5	MO, NEDS
LUPRON DEPOT (3 MONTH)	5	MO, NEDS
LUPRON DEPOT (4 MONTH)	5	MO, NEDS
LUPRON DEPOT (6 MONTH)	5	MO, NEDS
LUPRON DEPOT- PED	5	MO, NEDS
LUPRON DEPOT- PED (3 MONTH)	5	MO, NEDS
LYNPARZA ORAL TABLET	5	PA, MO, NEDS
LYSODREN	3	MO
MATULANE	5	MO, NEDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA, MO
<i>megestrol oral tablet</i>	2	PA, MO
MEKINIST	5	PA, MO, NEDS
MEKTOVI	5	PA, MO, LA, NEDS
<i>melphalan</i>	2	B/D PA, MO
<i>melphalan hcl</i>	5	MO, HI, NEDS
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA, MO, HI
<i>methotrexate sodium injection</i>	2	B/D PA, MO, HI
<i>methotrexate sodium oral</i>	2	B/D PA, MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	MO, HI
<i>mitomycin intravenous recon soln 40 mg</i>	5	MO, HI, NEDS
<i>mitoxantrone</i>	2	MO, HI
MONJUVI	5	PA, MO, NEDS
MVASI	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
MYLERAN	MB	MO
MYLOTARG	5	MO, HI, LA, NEDS
NERLYNX	5	PA, MO, LA, NEDS
NEXAVAR	5	PA, MO, LA, NEDS

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**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>nilutamide</i>	5	PA, MO, NEDS
NINLARO	5	PA, MO, QL (3 per 28 days), NEDS
NUBEQA	5	PA, MO, LA, NEDS
NULOJIX	5	B/D PA, MO, HI, NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO, NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO, NEDS
ODOMZO	5	PA, MO, LA, NEDS
OGIVRI	5	PA, MO, NEDS
ONCASPAR	5	MO, NEDS
ONIVYDE	5	PA, MO, NEDS
ONTRUZANT	5	PA, MO, NEDS
ONUREG	5	PA, MO, NEDS
OPDIVO	5	PA, MO, HI, NEDS
ORGOVYX	5	PA, MO, LA, NEDS

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	HI
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	MO, HI
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	
<i>paclitaxel</i>	2	MO, HI
PADCEV	5	PA, MO, NEDS
<i>paraplatin</i>	2	HI
PEMAZYRE	5	PA, MO, LA, NEDS
PEPAXTO	5	B/D PA, MO, NEDS
PERJETA	5	PA, MO, HI, NEDS
PHESGO	5	PA, MO, NEDS
PIQRAY	5	PA, MO, NEDS
POLIVY	5	PA, MO, NEDS
POMALYST	5	PA, MO, LA, NEDS
PORTRAZZA	5	B/D PA, MO, NEDS
POTELIGEO	5	PA, MO, NEDS
PROGRAF INTRAVENOUS	3	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA, MO

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)		
Drug Name	Tier	Requirements/ Limits
PURIXAN	5	NEDS
QINLOCK	5	PA, MO, LA, NEDS
RETEVMO	5	PA, MO, LA, NEDS
REVLIMID	5	PA, MO, LA, QL (28 per 28 days), NEDS
RIABNI	5	PA, MO, NEDS
RITUXAN	5	PA, MO, HI, NEDS
RITUXAN HYCELA	5	PA, MO, NEDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	MO, NEDS
ROZLYTREK	5	PA, MO, NEDS
RUBRACA	5	PA, MO, LA, NEDS
RUXIENCE	5	PA, MO, NEDS
RYDAPT	5	PA, MO, NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO, NEDS
SARCLISA	5	PA, MO, NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ ML (1 ML)	5	NEDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)		
Drug Name	Tier	Requirements/ Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ ML (1 ML), 0.9 MG/ ML (1 ML)	5	MO, NEDS
SIKLOS ORAL TABLET 1,000 MG	5	MO, NEDS
SIKLOS ORAL TABLET 100 MG	3	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA, MO, HI
<i>sirolimus oral solution</i>	5	B/D PA, MO, NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA, MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA, MO, NEDS
SOLTAMOX	5	MO, NEDS
SOMATULINE DEPOT	5	MO, NEDS
SPRYCEL	5	PA, MO, NEDS
STIVARGA	5	PA, MO, NEDS
SUTENT	5	PA, MO, NEDS
SYNRIBO	5	MO, NEDS
TABLOID	3	MO
TABRECTA	5	PA, MO, NEDS
<i>tacrolimus oral</i>	2	B/D PA, MO
TAFINLAR	5	PA, MO, NEDS

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This drug list was last updated on 10/01/2021.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
TAGRISSO	5	PA, MO, LA, QL (30 per 30 days), NEDS
TALZENNA	5	PA, MO, NEDS
<i>tamoxifen</i>	2	MO
TARGRETIN 1% GEL	5	PA, MO, NEDS
TASIGNA	5	PA, MO, NEDS
TAZVERIK	5	PA, MO, 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, MO, 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, MO, NEDS
<i>toposar</i>	2	MO, HI
<i>topotecan intravenous recon soln</i>	5	HI, NEDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	MO, HI, NEDS
<i>toremifene</i>	5	MO, NEDS
TRAZIMERA	5	PA, MO, NEDS
TREANDA	5	MO, HI, NEDS

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO, NEDS
<i>tretinoin (antineoplastic)</i>	5	MO, NEDS
TRODELVY	5	PA, MO, NEDS
TRUXIMA	5	PA, MO, NEDS
TUKYSA	5	PA, MO, LA, NEDS
TURALIO	5	MO, LA, NEDS
UKONIQ	5	PA, MO, LA, NEDS
UNITUXIN	5	MO, NEDS
<i>valrubicin</i>	2	MO
VANTAS	3	MO
VECTIBIX	5	B/D PA, MO, HI, NEDS
VELCADE	5	MO, HI, NEDS
VENCLEXTA ORAL TABLET 10 MG	3	PA, MO, LA, QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA, MO, LA, QL (120 per 30 days), NEDS
VENCLEXTA ORAL TABLET 50 MG	5	PA, MO, LA, QL (30 per 30 days), NEDS
VENCLEXTA STARTING PACK	5	PA, MO, LA, QL (42 per 30 days), NEDS
VERZENIO	5	PA, MO, LA, NEDS
<i>vinblastine</i>	2	B/D PA, MO, HI

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>vincasar pfs</i>	2	B/D PA, MO, HI
<i>vincristine</i>	2	B/D PA, MO, HI
<i>vinorelbine</i>	2	MO, HI
VITRAKVI	5	PA, MO, LA, NEDS
VIZIMPRO	5	PA, MO, NEDS
VOTRIENT	5	PA, MO, NEDS
VYXEOS	5	B/D PA, MO, HI, NEDS
XALKORI	5	PA, MO, NEDS
XATMEP	3	B/D PA, MO
XERMELO	5	MO, LA, NEDS
XOSPATA	5	PA, MO, LA, NEDS
XPOVIO	5	PA, MO, LA, NEDS
XTANDI ORAL CAPSULE	5	PA, MO, QL (120 per 30 days), NEDS
XTANDI ORAL TABLET	5	PA, MO, NEDS
YERVOY	5	PA, MO, HI, NEDS
YONDELIS	5	MO, 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, MO, NEDS

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
ZIRABEV	5	PA, MO, NEDS
ZOLADEX	3	MO
ZOLINZA	5	PA, MO, NEDS
ZORTRESS ORAL TABLET 1 MG	5	B/D PA, MO, NEDS
ZYDELIG	5	PA, MO, NEDS
ZYKADIA ORAL TABLET	5	PA, MO, NEDS
ZYNLONTA	5	PA, MO, NEDS

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

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

Drug Name	Tier	Requirements/ Limits
APTIOM	5	MO, NEDS
BRIVIACT INTRAVENOUS	4	HI
BRIVIACT ORAL	5	MO, NEDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	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, MO, LA, NEDS
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA, MO, LA, NEDS

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

Drug Name	Tier	Requirements/ Limits
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO, NEDS
<i>felbamate oral tablet</i>	2	MO
FINTEPLA	5	MO, 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
<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

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>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</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

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

Drug Name	Tier	Requirements/ Limits
<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	
<i>rufinamide</i>	5	MO, NEDS
SPRITAM	4	MO
<i>subvenite</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	MO, NEDS
SYMPAZAN ORAL FILM 5 MG	4	MO
<i>tiagabine</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA, MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	2	MO
<i>topiramate oral tablet</i>	2	PA, MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA, MO

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This drug list was last updated on 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	5	PA, MO, NEDS
<i>valproate sodium</i>	2	MO, HI
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	MO
VALTOCO	5	MO, NEDS
<i>vigabatrin</i>	5	MO, LA, NEDS
<i>vigadrone</i>	5	MO, LA, NEDS
VIMPAT INTRAVENOUS	4	MO, HI
VIMPAT ORAL SOLUTION	5	MO, NEDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	MO, NEDS
VIMPAT ORAL TABLET 50 MG	4	MO
XCOPRI MAINTENANCE PACK	5	MO, NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	MO
XCOPRI ORAL TABLET 200 MG	5	MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
XCOPRI TITRATION PACK	4	MO
<i>zonisamide</i>	2	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
APOKYN	5	MO, LA, 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, MO, 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

**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	MO, NEDS
<i>trihexyphenidyl oral elixir</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
ZELAPAR	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 10/01/2021.

**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	MO
<i>dihydroergotamine nasal</i>	5	MO, QL (8 per 30 days), NEDS
EMGALITY PEN	3	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ ML	3	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA, MO, QL (3 per 30 days), NEDS
<i>ergotamine-caffeine migergot</i>	2	MO
<i>naratriptan</i>	2	MO, QL (18 per 30 days)
NURTEC ODT	5	PA, MO, 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)

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

Drug Name	Tier	Requirements/ Limits
<i>sumatriptan succinate oral</i>	2	MO, QL (18 per 30 days)
<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, MO, QL (16 per 30 days), NEDS
UBRELVY ORAL TABLET 50 MG	4	PA, MO, QL (16 per 30 days)
ZOLMITRIPTAN NASAL	3	MO, QL (18 per 30 days)
<i>zolmitriptan oral</i>	2	MO, QL (18 per 30 days)
ZOMIG NASAL	3	MO, QL (18 per 30 days)

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

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

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>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
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA, MO, QL (30 per 30 days), NEDS

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

Drug Name	Tier	Requirements/ Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA, MO, 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	MO, LA, NEDS
INGREZZA ORAL CAPSULE 40 MG	5	LA, NEDS
INGREZZA ORAL CAPSULE 60 MG	5	MO, NEDS
INGREZZA ORAL CAPSULE 80 MG	5	MO, LA, NEDS
KESIMPTA PEN	5	PA, MO, QL (1.6 per 28 days), NEDS
KEVEYIS	5	MO, 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
MAVENCLAD (6 TABLET PACK)	5	PA, MO, LA, QL (6 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 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
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 2 MG	5	PA, MO, QL (30 per 30 days), NEDS
MAYZENT STARTER PACK	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
OCREVUS	5	PA, MO, NEDS
ONPATTRO	5	PA, MO, 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

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

Drug Name	Tier	Requirements/ Limits
RADICAVA	5	MO, HI, NEDS
<i>rivastigmine tartrate</i>	2	MO
<i>rivastigmine transdermal</i>	2	MO
RUZURGI	5	MO, NEDS
TEGSEDI	5	PA, MO, LA, NEDS
<i>tetrabenazine</i>	5	PA, MO, NEDS
TYSABRI	5	PA, MO, HI, LA, NEDS
ZEPOSIA	5	PA, MO, 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

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

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

Drug Name	Tier	Requirements/ Limits
<i>baclofen intrathecal</i>	2	B/D PA, MO
<i>baclofen oral</i>	2	MO
<i>carisoprodol</i>	2	PA, MO
<i>carisoprodol-aspirin- 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, HI
<i>methocarbamol oral</i>	2	PA, MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>orphenadrine citrate injection</i>	2	MO
<i>orphenadrine citrate oral tablet extended release</i>	2	PA, MO
<i>orphenadrine-asa- caffeine</i>	2	PA

**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

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This drug list was last updated on 10/01/2021.

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caff oral tablet</i>	2	PA, MO
<i>butalbital-aspirin-caffeine</i>	2	PA, MO
<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	MO
<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
<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

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>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 10-325 mg/15 ml(15 ml)</i>	2	
<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
<i>hydrocodone-ibuprofen</i>	2	MO

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

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

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This drug list was last updated on 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>meperidine oral tablet 50 mg</i>	2	MO
<i>methadone injection solution</i>	2	HI
<i>methadone intensol</i>	2	PA, MO
<i>methadone oral concentrate</i>	2	PA, MO
<i>methadone oral solution</i>	2	PA, MO
<i>methadone oral tablet</i>	2	PA, MO
<i>methadose oral concentrate</i>	2	PA, MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO
<i>morphine concentrate oral solution</i>	2	MO
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	3	
<i>morphine injection solution 8 mg/ml</i>	2	
<i>morphine injection syringe 10 mg/ml, 4 mg/ml</i>	2	MO
<i>morphine injection syringe 8 mg/ml</i>	2	
<i>morphine intravenous solution 10 mg/ml</i>	2	MO

**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</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 tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>oxycodone- acetaminophen oral tablet 2.5-300 mg</i>	2	
<i>oxymorphone oral tablet</i>	2	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA, MO
<i>prolactin oral tablet</i>	2	
<i>tenoxicam</i>	2	PA, MO
<i>valproic acid</i>	2	PA, MO
<i>XTAMPZA ER</i>	3	PA, MO
<i>zidovudine</i>	2	PA, MO

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

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

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This drug list was last updated on 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<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>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO
<i>indomethacin sodium</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>ketorolac injection cartridge 30 mg/ml</i>	2	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	MO
<i>ketorolac injection syringe</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>ketorolac intramuscular cartridge</i>	2	MO
<i>ketorolac intramuscular solution</i>	2	MO
<i>ketorolac intramuscular syringe</i>	2	
<i>ketorolac oral</i>	2	MO
LUCEMYRA	5	MO, QL (224 per 180 days), 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
<i>naltrexone</i>	2	MO
<i>naproxen</i>	2	MO
<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

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

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

Drug Name	Tier	Requirements/ Limits
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO
<i>tramadol oral tablet extended release 24 hr</i>	2	PA, MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA, MO
<i>tramadol- acetaminophen</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	5	ST, MO, NEDS
<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

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 10/01/2021.

**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 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	MO
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	2	MO
<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)

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<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 intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA, MO, QL (30 per 30 days), NEDS
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

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

Drug Name	Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	ST, MO, NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	ST, MO
INVEGA TRINZA	5	ST, MO, NEDS
LATUDA	5	ST, MO, NEDS
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	MO
<i>lorazepam injection syringe 4 mg/ml</i>	2	
<i>lorazepam intensol</i>	2	MO
<i>lorazepam oral concentrate</i>	2	MO
<i>lorazepam oral tablet</i>	2	MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
MARPLAN	3	MO
<i>metadate er</i>	2	QL (90 per 30 days)
<i>methamphetamine</i>	2	PA, MO
<i>methylphenidate hcl oral cap,er sprinkle, biphasic 40-60</i>	2	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	MO, QL (90 per 30 days)
<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)

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

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>midazolam (pf) injection cartridge</i>	2	
<i>midazolam (pf) injection solution 1 mg/ml</i>	2	
<i>midazolam (pf) injection solution 5 mg/ml</i>	2	MO
<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
NUPLAZID ORAL CAPSULE	5	ST, MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
NUPLAZID ORAL TABLET 10 MG	5	ST, MO, NEDS
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet, disintegrating</i>	2	MO
<i>olanzapine-fluoxetine</i>	2	MO
<i>oxazepam</i>	2	MO
<i>paliperidone</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
PAXIL ORAL SUSPENSION	4	MO
<i>pentobarbital sodium injection solution</i>	2	
<i>perphenazine</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	PA, MO
PERSERIS	5	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

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

Drug Name	Tier	Requirements/ Limits
<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
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

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

Drug Name	Tier	Requirements/ Limits
<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 TABLET	4	MO, QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	MO, QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	ST, MO, NEDS
VRAYLAR ORAL CAPSULE, DOSE PACK	4	ST, MO
XYREM	5	PA, MO, LA, NEDS
<i>zaleplon</i>	2	MO, QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	4	MO
<i>ziprasidone hcl</i>	2	MO
<i>ziprasidone mesylate</i>	2	
<i>zolpidem oral tablet</i>	2	MO, QL (30 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
<i>zolpidem oral tablet, ext release multiphase</i>	2	MO, QL (30 per 30 days)
ZYPREXA RELPREVV	4	ST, MO

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

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

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS
(continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	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-hcthiiazid</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>corlopam</i>	2	
<i>diltiazem hcl intravenous recon soln</i>	2	HI
<i>diltiazem hcl intravenous solution</i>	2	MO, 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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>methyldopa</i>	1	MO
<i>methyldopa-hydrochlorothiazide</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO, HI
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metyrosine</i>	5	MO, NEDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>nicardipine intravenous solution</i>	2	HI
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO

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CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>nisoldipine oral tablet extended release 24 hr</i>	1	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	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
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	MO, NEDS
<i>phentolamine</i>	2	
<i>pindolol</i>	1	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	HI
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

This drug list was last updated on 10/01/2021.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO
<i>veletri</i>	2	B/D PA, MO
<i>verapamil intravenous solution</i>	2	MO, HI
<i>verapamil intravenous syringe</i>	2	HI
<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
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	5	NEDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
BRILINTA	4	MO
CABLIVI INJECTION KIT	5	MO, LA, NEDS
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	MO, LA, QL (60 per 30 days), NEDS
DOPTELET (15 TAB PACK)	5	MO, LA, QL (60 per 30 days), NEDS
DOPTELET (30 TAB PACK)	5	MO, LA, QL (60 per 30 days), NEDS
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO, QL (180 per 28 days)
<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.

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

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

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

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

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 10/01/2021.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

Drug Name	Tier	Requirements/ Limits
<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	MO, 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	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colestipol</i>	2	MO
<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 oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 54 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg (generic)</i>	2	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fluvastatin oral capsule</i>	1	MO

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

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

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This drug list was last updated on 10/01/2021.

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

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

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS: NITRATES**

Drug Name	Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	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), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA, MO
<i>nitroglycerin intravenous</i>	2	B/D PA, HI
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	2	MO

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

**DERMATOLOGICALS/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-betamethasone</i>	2	MO, QL (400 per 30 days)
<i>calcitriol topical</i>	2	MO
COSENTYX	5	PA, MO, QL (2 per 28 days), NEDS
COSENTYX (2 SYRINGES)	5	PA, MO, QL (2 per 28 days), NEDS
COSENTYX PEN	5	PA, MO, QL (2 per 28 days), NEDS
COSENTYX PEN (2 PENS)	5	PA, MO, QL (10 per 28 days), NEDS
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA, MO, QL (1 per 28 days), NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA, MO, QL (1 per 28 days), NEDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA, MO, QL (1 per 28 days), NEDS

**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

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 10/01/2021.

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chlorprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	2	MO
<i>doxepin topical</i>	5	MO, QL (45 per 30 days), NEDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	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
<i>glydo</i>	2	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	2	MO
IMIQUIMOD TOPICAL CREAM IN PACKET 3.75 %	5	MO, NEDS
<i>imiquimod topical cream in packet 5 %</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO, HI
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	HI
<i>lidocaine hcl injection solution</i>	2	MO, HI
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA, MO
<i>lidocaine topical ointment</i>	2	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine (pf)</i>	2	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	2	

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO
<i>methoxsalen</i>	5	MO, 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>prudoxin</i>	2	MO
REGRANEX	5	MO, NEDS
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA, MO
VALCHLOR	5	MO, NEDS
<i>xylocaine dental-epinephrine</i>	2	

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

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

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

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DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE
(continued)

Drug Name	Tier	Requirements/ Limits
<i>clindamycin-benzoyl peroxide</i>	2	MO
<i>clindamycin-tretinoin</i>	2	PA, MO
<i>dapsone topical</i>	2	MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
FABIOR	4	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	MO
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	5	MO, NEDS
<i>ivermectin topical cream</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	MO
<i>neuac</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene topical cream</i>	2	PA, MO
TAZAROTENE TOPICAL FOAM	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA, MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE
(continued)

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

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
SULFAMYLON TOPICAL CREAM	3	MO

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox</i>	2	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole- betamethasone</i>	2	MO
<i>econazole</i>	2	MO
<i>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</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	MO, 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

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

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DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

Drug Name	Tier	Requirements/ Limits
<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	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

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

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 10/01/2021.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
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
NITYR	3	MO, LA
<i>normal saline flush</i>	MB	MO
ORFADIN ORAL CAPSULE 20 MG	5	MO, LA, NEDS
ORFADIN ORAL SUSPENSION	5	MO, LA, NEDS
OXBRYTA	5	PA, MO, LA, QL (150 per 30 days), NEDS
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA, HI, LA, NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA, MO, HI, LA, NEDS

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
RAVICTI	5	MO, NEDS
REVCIVI	5	MO, 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	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	MB	MO
<i>sodium chloride 0.9 % injection</i>	MB	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO, HI
<i>sodium chloride injection</i>	MB	
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO, NEDS
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral</i>	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	MO, NEDS
THIOLA EC	5	MO, NEDS
TIGLUTIK	5	MO, NEDS
<i>tiopronin</i>	5	MO, NEDS
<i>trientine</i>	5	MO, NEDS
VELTASSA	4	MO
<i>water for inject, bacteriostat</i>	MB	
<i>water for irrigation, sterile</i>	2	MO
XURIDEN	5	MO, NEDS
ZOKINVY	5	PA, MO, NEDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	MO, HI

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

This drug list was last updated on 10/01/2021.

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENENTS

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
<i>azelastine nasal</i>	2	MO, QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental</i>	2	MO
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	MO, QL (30 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	MO, QL (45 per 30 days)
<i>olopatadine nasal</i>	2	MO, QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

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

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

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

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
<i>betamethasone acet, sod phos</i>	2	MO
<i>decadron oral tablet</i>	2	
<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>hidex</i>	2	
<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

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 10/01/2021.

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 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO

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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ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acarbose</i>	1	MO
ALCOHOL PADS	3	
BAQSIMI	3	MO
BYDUREON BCISE	3	MO, QL (3.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO, QL (1.2 per 30 days)
CYCLOSET	4	MO
DEXCOM RECEIVER	MB	QL (1 per 365 days)
DEXCOM SENSOR	MB	
DEXCOM TRANSMITTER	MB	
<i>diazoxide</i>	2	MO
<i>glimepiride</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin</i>	2	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</i>	2	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>glyburide-metformin</i>	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
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO

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This drug list was last updated on 10/01/2021.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/Limits
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
<i>metformin oral solution</i>	2	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR)</i>	1	MO
<i>miglitol</i>	1	MO
<i>nateglinide</i>	2	MO
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ONETOUCH ULTRA TEST	MB	MO, QL (300 per 28 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 28 days)
ONGLYZA	3	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	4	ST, MO, QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	4	ST, MO, QL (3 per 28 days)
<i>pioglitazone</i>	1	MO
<i>pioglitazone-glimepiride</i>	2	MO
<i>pioglitazone-metformin</i>	2	MO
<i>repaglinide</i>	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
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRULICITY	3	MO, QL (2 per 28 days)
VGO	3	

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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<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, MO, LA, NEDS
JYNARQUE	5	MO, LA, NEDS
KANUMA	5	MO, HI, NEDS
KORLYM	5	PA, MO, 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 recon soln</i>	2	
<i>pamidronate intravenous solution</i>	2	MO, HI
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	

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This drug list was last updated on 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>paricalcitol intravenous</i>	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML (BRAND)	2	
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (BRAND)	2	MO
<i>paricalcitol oral</i>	2	MO
PARSABIV	5	MO, NEDS
SAMSCA ORAL TABLET 15 MG	5	MO, NEDS
<i>sapropterin</i>	5	MO, NEDS
SOMAVERT	5	MO, NEDS
STRENSIQ	5	MO, LA, NEDS
SYNAREL	5	MO, NEDS
TEPEZZA	5	PA, MO, NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate</i>	2	MO
<i>testosterone transdermal gel (generic)</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic)</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)</i>	2	MO
<i>testosterone transdermal gel in packet (Androgel generic)</i>	2	MO
<i>testosterone transdermal solution in metered pump w/ app (Axiron generic)</i>	2	MO
<i>tolvaptan oral tablet 30 mg</i>	5	MO, NEDS
VIMIZIM	3	MO
<i>zoledronic acid intravenous solution</i>	2	MO, HI
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO, HI

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

ENDOCRINE/DIABETES: THYROID HORMONES

Drug Name	Tier	Requirements/ Limits
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous</i>	2	MO, HI
<i>liothyronine oral</i>	2	MO
<i>np thyroid</i>	2	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

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

This drug list was last updated on 10/01/2021.

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

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

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

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

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

Drug Name	Tier	Requirements/ Limits
<i>meclizine oral tablet</i> 12.5 mg, 25 mg	2	MO
<i>mesalamine</i>	2	MO
<i>metoclopramide hcl</i> <i>injection solution</i>	2	MO, HI
<i>metoclopramide hcl</i> <i>injection syringe</i>	2	HI
<i>metoclopramide hcl</i> <i>oral</i>	2	MO
OICALIVA	5	MO, LA, QL (30 per 30 days), NEDS
<i>ondansetron hcl (pf)</i>	2	MO, HI
<i>ondansetron hcl</i> <i>intravenous</i>	2	MO, HI
<i>ondansetron hcl oral</i> <i>solution</i>	2	B/D PA, MO
<i>ondansetron hcl oral</i> <i>tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral</i> <i>tablet 4 mg, 8 mg</i>	2	B/D PA, MO
<i>ondansetron oral</i> <i>tablet, disintegrating</i>	2	B/D PA, MO
OSMOPREP	4	MO
<i>palonosetron</i> <i>intravenous solution</i> 0.25 mg/5 ml	2	MO
<i>palonosetron</i> <i>intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i> <i>oral recon soln</i> 236-22.74-6.74 -5.86 gram	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>peg3350-sod sul-nacl- kcl-asb-c</i>	2	MO
<i>peg-electrolyte</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO, NEDS
<i>polyethylene glycol</i> <i>3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine</i> <i>edisyate injection</i> <i>solution 10 mg/2 ml</i> (5 mg/ml)	2	MO
<i>prochlorperazine</i> <i>edisyate injection</i> <i>solution 5 mg/ml</i>	2	
<i>prochlorperazine</i> <i>maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	4	MO
RELISTOR ORAL	5	MO, NEDS
RELISTOR SUBCUTANEOUS SOLUTION	5	MO, NEDS

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 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
RELISTOR SUBCUTANEOUS SYRINGE	5	MO, NEDS
<i>scopolamine base</i>	2	MO
SUCRAID	5	MO, NEDS
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	MO
SYNDROS	5	B/D PA, NEDS
<i>trilyte with flavor packets</i>	2	MO
<i>trimethobenzamide oral</i>	2	B/D PA, MO
UCERIS RECTAL	4	MO
<i>ursodiol</i>	2	MO
VARUBI ORAL	3	B/D PA, MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000- UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO

**GASTROENTEROLOGY: ULCER
THERAPY**

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

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

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	ST, MO, QL (60 per 30 days)
<i>misoprostol</i>	2	MO
<i>nizatidine</i>	2	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	2	MO, QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	2	MO, QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO, HI
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	MO, QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	MO, QL (60 per 30 days)
<i>sucralfate</i>	2	MO

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	5	PA, QL (2 per 28 days), NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA, MO, QL (4 per 28 days), 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	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
PEGASYS SUBCUTANEOUS SOLUTION	5	MO, QL (4 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 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
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
PROLEUKIN	5	PA, 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
REBLOZYL	5	PA, MO, NEDS

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

Drug Name	Tier	Requirements/ Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA, MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA, MO, NEDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA, MO, NEDS
UDENYCA	5	PA, MO, QL (1.2 per 30 days), NEDS
ZARXIO	5	MO, NEDS
ZIEXTENZO	5	PA, MO, NEDS
ZORBTIVE	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.

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

Drug Name	Tier	Requirements/ Limits
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	1	MO
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	4	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DYSPORE	4	PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
<i>fomepizole</i>	2	HI
GAMASTAN	3	MO
GAMASTAN S/D	3	
GAMMAGARD LIQUID	5	PA, MO, HI, NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA, MO, HI, NEDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA, MO, HI, NEDS

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

Drug Name	Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	B/D PA, MO, HI, NEDS
GARDASIL 9 (PF)	1	MO
GRASTEK	4	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	MO
HIBERIX (PF)	1	MO
IMOVAX RABIES VACCINE (PF)	1	MO
<i>infanrix (dtap) (pf) intramuscular syringe</i>	1	MO
IPOLE	1	MO
IXIARO (PF)	1	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	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 10/01/2021.

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
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	MO
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PNEUMOVAX-23	MB	MO
PREVNAR 13 (PF)	MB	MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	MO
RABAVERT (PF)	1	MO
RAGWITEK	4	MO

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

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

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
TICE BCG	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	MO
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA, MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA, MO, NEDS
YF-VAX (PF)	1	MO
ZINPLAVA	5	PA, MO, HI, NEDS
ZOSTAVAX (PF)	1	MO

MISCELLANEOUS SUPPLIES

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

**MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY**

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

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

This drug list was last updated on 10/01/2021.

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</i>	2	MO, QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO, QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO, QL (4 per 28 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
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.

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 10/01/2021.

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

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

**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
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	5	PA, QL (54 per 28 days), NEDS
<i>penicillamine</i>	5	MO, NEDS
RIDAURA	5	MO, NEDS
RINVOQ	5	PA, MO, QL (30 per 30 days), NEDS
SIMPONI ARIA	5	PA, MO, HI, NEDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA, MO, QL (1 per 28 days), NEDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days), NEDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ ML	5	PA, MO, QL (1 per 28 days), NEDS
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days), NEDS
XELJANZ ORAL SOLUTION	5	PA, MO, QL (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.

**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</i>	2	MO
<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	MO, NEDS
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	2	MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
<i>mimvey</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO

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 10/01/2021.

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

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

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

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

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

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS

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	MO
<i>aubra eq</i>	2	MO
<i>aurovela 1.5/30 (21)</i>	2	MO
<i>aurovela 1/20 (21)</i>	2	MO
<i>aurovela 24 fe</i>	2	MO
<i>aurovela fe 1.5/30 (28)</i>	2	MO
<i>aurovela fe 1-20 (28)</i>	2	MO
<i>aviane</i>	2	MO
<i>ayuna</i>	2	
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese</i>	2	MO
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>charlotte 24 fe</i>	2	MO
<i>chateal (28)</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>chateal eq (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<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	MO
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-e. estradiol-lm.fa</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
ELLA	3	
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	MO
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>hailey</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 10/01/2021.

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>lojaimiess</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>merzee</i>	2	MO
<i>mibelas 24 fe</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>portia 28</i>	2	MO
<i>previfem</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	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-mili</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	MO
<i>tri-nymyo</i>	2	
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO

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 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>volnea (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>vylibra</i>	2	MO
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	
<i>zumandimine (28)</i>	2	MO

OBSTETRICS / GYNECOLOGY: OXYTOCICS

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

OPHTHALMOLOGY: ANTIBIOTICS

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

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

OPHTHALMOLOGY: ANTIVIRALS

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

OPHTHALMOLOGY: BETA-BLOCKERS

Drug Name	Tier	Requirements/ Limits
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf)</i>	2	MO
<i>timolol maleate ophthalmic (eye)</i>	2	MO

OPHTHALMOLOGY: MISCELLANEOUS OPTHALMOLOGICS

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

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This drug list was last updated on 10/01/2021.

OPHTHALMOLOGY: NON- STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

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

OPHTHALMOLOGY: STEROID- ANTIBIOTIC COMBINATIONS

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

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

OPHTHALMOLOGY: STEROIDS

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

OPHTHALMOLOGY: SYMPATHOMIMETICS

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Drug Name	Tier	Requirements/ Limits
<i>adrenalin injection</i>	2	MO
<i>carbinoxamine maleate</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral syrup</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	MO
<i>cyproheptadine</i>	2	MO
<i>desloratadine oral tablet</i>	2	MO
<i>desloratadine oral tablet, disintegrating</i>	2	MO
<i>dexchlorpheniramine maleate oral solution</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO, HI
<i>diphenhydramine hcl injection syringe</i>	2	MO, HI
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN)	2	MO
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>epinephrine injection syringe 0.1 mg/ml</i>	2	

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This drug list was last updated on 10/01/2021.

**RESPIRATORY AND ALLERGY:
ANTI-HISTAMINE / ANTI-ALLERGENIC
AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>hydroxyzine hcl intramuscular</i>	2	MO
<i>hydroxyzine hcl oral</i>	2	PA, MO
<i>hydroxyzine pamoate</i>	2	PA, MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO
<i>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	MO
<i>promethegan</i>	2	MO

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS**

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

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

**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)
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	MB	MO
<i>icatibant</i>	5	MO, NEDS
INCRUSE ELLIPTA	3	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA, MO
<i>ipratropium-albuterol</i>	2	B/D PA, MO
KALYDECO ORAL GRANULES IN PACKET	5	PA, MO, QL (56 per 28 days), NEDS

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

This drug list was last updated on 10/01/2021.

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

Drug Name	Tier	Requirements/ Limits
KALYDECO ORAL TABLET	5	PA, MO, QL (60 per 30 days), NEDS
<i>levalbuterol hcl</i>	2	B/D PA, MO
<i>metaproterenol oral syrup</i>	2	MO
<i>montelukast</i>	2	MO
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA	5	PA, MO, LA, NEDS
OFEV	5	PA, MO, QL (60 per 30 days), NEDS
OPSUMIT	5	PA, MO, LA, NEDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA, MO, QL (56 per 28 days), NEDS
ORKAMBI ORAL TABLET	5	PA, MO, QL (112 per 28 days), NEDS
ORLADEYO	5	PA, MO, NEDS
<i>pulmosal</i>	MB	MO
PULMOZYME	5	B/D PA, MO, NEDS
RUCONEST	5	MO, HI, NEDS
SEREVENT DISKUS	3	MO, QL (60 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA, HI, NEDS
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA, MO, NEDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA, MO
<i>sodium chloride inhalation</i>	MB	MO
SPIRIVA RESPIMAT	3	MO, QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO, QL (30 per 30 days)
STIOLTO RESPIMAT	3	MO, QL (4 per 30 days)
SYMBICORT	3	MO, QL (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, MO, NEDS
TAKHZYRO	5	PA, MO, LA, QL (4 per 28 days), NEDS

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

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

Drug Name	Tier	Requirements/ Limits
<i>terbutaline</i>	2	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA, MO, LA, NEDS
TRELEGY ELLIPTA	3	MO, QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	5	PA, MO, QL (84 per 28 days), NEDS
TYVASO	5	B/D PA, MO, NEDS
TYVASO INSTITUTIONAL START KIT	5	B/D PA, NEDS
TYVASO REFILL KIT	5	B/D PA, MO, NEDS
TYVASO STARTER KIT	5	B/D PA, MO, NEDS
VENTAVIS	5	B/D PA, MO, NEDS
XOLAIR	5	PA, MO, LA, NEDS
YUPELRI	5	B/D PA, MO, QL (90 per 30 days), NEDS

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

Drug Name	Tier	Requirements/ Limits
<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.

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UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	2	MO
<i>flavoxate</i>	2	MO
GEMTESA	4	PA, MO, QL (30 per 30 days)
MYRBETRIQ ORAL 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	MO
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	MO, LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
OXLUMO	5	PA, MO, NEDS
<i>potassium citrate oral tablet extended release</i>	2	MO
PROCYSBI	5	MO, NEDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA, MO, QL (30 per 30 days)

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

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

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

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	MO, HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml</i>	2	HI
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	HI
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	MO, HI
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	HI
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	MO
<i>potassium chloride-0.45 % nacl</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.

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
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<i>potassium chloride- d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride- d5-0.9%nacl</i>	2	HI
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2	
<i>ringer's intravenous</i>	2	HI
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO, HI
<i>sodium chloride 3 %</i>	2	MO, HI
<i>sodium chloride 5 %</i>	2	MO, HI
<i>sodium chloride intravenous</i>	2	MO, HI

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>sodium phosphate</i>	2	MO

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

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VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

Drug Name	Tier	Requirements/ Limits
AMINOSYN II 15 %	4	B/D PA, HI
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA, HI
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA, HI
CLINIMIX 4.25%/ D10W SULF FREE	4	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	4	B/D PA, HI
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W (SULFITE-FREE)	4	B/D PA
CLINIMIX E 4.25%/ D10W SUL FREE	4	B/D PA, HI
CLINIMIX E 4.25%/ D5W SULF FREE	4	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PA, HI
CLINIMIX E 8%- D10W SULFITEFREE	4	B/D PA
CLINIMIX E 8%- D14W SULFITEFREE	4	B/D PA
CLINISOL SF 15 %	4	B/D PA, MO, HI
CLINOLIPID	4	B/D PA
DOJOLVI	5	PA, MO, NEDS
<i>electrolyte-48 in d5w</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>freamine iii 10 %</i>	2	B/D PA, HI
HEPATAMINE 8%	4	B/D PA, HI
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA, HI
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA, HI
<i>premasol 10 %</i>	2	B/D PA, MO, HI
PROCALAMINE 3%	4	B/D PA, HI
PROSOL 20 %	4	B/D PA, MO, HI
SMOFLIPID	4	B/D PA, HI
<i>travasol 10 %</i>	2	B/D PA, MO, HI
TROPHAMINE 10 %	4	B/D PA, MO, HI

VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

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

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

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BENZNIDAZOLE.	15
benztropine injection.	35
benztropine oral.	35
bepotastine besilate.	95
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BESPONSA.	23
betamethasone acet,sod phos.	71
betamethasone dipropionate.	66
betamethasone valerate.	66
betamethasone, augmented.	66
betaxolol ophthalmic (eye).	95
betaxolol oral.	52

bethanechol chloride.	102
BEVESPI AEROSPHERE.	99
bexarotene.	23
BEXSERO.	83
bicalutamide.	23
BICILLIN L-A.	19
BIKTARVY.	10
bimatoprost ophthalmic (eye).	96
bisoprolol fumarate.	52
bisoprolol-hydrochlorothiazide.	52
BLENREP.	23
bleomycin.	23
BLEPHAMIDE.	95
BLEPHAMIDE S.O.P..	95
BLINCYTO INTRAVENOUS KIT.	23
blisovi 24 fe.	91
blisovi fe 1.5/30 (28).	91
blisovi fe 1/20 (28).	91
BOOSTRIX TDAP.	83
BORTEZOMIB.	23
bosentan.	99
BOSULIF.	23
BOTOX.	83
BRAFTOVI ORAL CAPSULE 75 MG.	23
BREO ELLIPTA.	99
bretylum tosylate.	51
briellyn.	91
BRILINTA.	56
brimonidine ophthalmic (eye) drops 0.15 %.	97
brimonidine ophthalmic (eye) drops 0.2 %.	97
brinzolamide.	96
BRIVIACT INTRAVENOUS.	32
BRIVIACT ORAL.	32
bromfenac.	96
bromocriptine.	35
BRONCHITOL.	99
BROVANA.	99
BRUKINSA.	23
bss.	95
budesonide inhalation.	99
budesonide oral capsule,delayed,extend.release.	78

budesonide oral tablet, delayed and ext. release.	78	calcipotriene topical cream.	61
bumetanide injection.	52	calcipotriene topical ointment.	61
bumetanide oral.	52	calcipotriene-betamethasone.	61
buprenorphine.	40	calcitonin (salmon) injection.	75
buprenorphine hcl injection solution.	40	calcitonin (salmon) nasal.	75
buprenorphine hcl injection syringe.	40	calcitriol intravenous solution 1 mcg/ml.	75
buprenorphine hcl sublingual.	40	calcitriol oral.	75
buprenorphine-naloxone.	43	calcitriol topical.	61
bupropion hcl (smoking deter) oral tablet extended release.	70	calcium acetate(phosphat bind).	103
bupropion hcl oral tablet.	45	calcium chloride.	103
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg.	45	calcium gluconate intravenous.	103
bupropion hcl oral tablet sustained-release 12 hr.	45	CALQUENCE.	23
bupirone.	46	camila.	89
busulfan.	23	camrese.	91
butalbital compound w/codeine.	40	camrese lo.	91
butalbital-acetaminop-caf-cod.	40	candesartan.	52
butalbital-acetaminophen oral capsule.	40	candesartan-hydrochlorothiazid.	52
butalbital-acetaminophen oral tablet 25-325 mg.	40	CAPASTAT.	15
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg.	40	capecitabine.	23
butalbital-acetaminophen-caff oral tablet.	40	CAPLYTA.	46
butalbital-aspirin-caffeine.	40	CAPRELSA.	23
butorphanol tartrate injection.	43	captopril.	52
butorphanol tartrate nasal.	43	captopril-hydrochlorothiazide.	52
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BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML.	73	carbamazepine oral capsule, er multiphase 12 hr.	32
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML.	73	carbamazepine oral suspension 100 mg/5 ml 32	
		carbamazepine oral suspension 200 mg/10 ml.	32
		carbamazepine oral tablet.	32
		carbamazepine oral tablet extended release 12 hr.	32
		carbamazepine oral tablet, chewable.	32
		carbidopa.	35
		carbidopa-levodopa oral tablet.	35
		carbidopa-levodopa oral tablet extended release.	35
		carbidopa-levodopa oral tablet, disintegrating 35	
		carbidopa-levodopa-entacapone.	35
		carbinoxamine maleate.	97
		carbocaine (pf) injection solution 15 mg/ml (1.5 %).	62
		carboplatin intravenous solution.	23

C

CABENUVA.	10
cabergoline.	75
CABLIVI INJECTION KIT.	56
CABOMETYX.	23
caffeine citrate intravenous.	67
caffeine citrate oral.	67
calcipotriene scalp.	61

cardioplegic soln.	59	cefpodoxime oral suspension for reconstitution 100 mg/5 ml.	13
carisoprodol.	39	cefpodoxime oral suspension for reconstitution 50 mg/5 ml.	13
carisoprodol-aspirin-codeine.	39	cefpodoxime oral tablet.	13
carmustine.	23	cefprozil.	13
carteolol.	95	ceftazidime injection recon soln 1 gram, 2 gram.	13
cartia xt oral capsule,extended release 24hr.	52	ceftazidime injection recon soln 6 gram.	13
carvedilol.	53	ceftriaxone in dextrose,iso-os.	13
carvedilol phosphate oral capsule, er multiphase 24 hr.	53	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg.	14
caspofungin intravenous recon soln 50 mg.	9	ceftriaxone injection recon soln 10 gram.	14
caspofungin intravenous recon soln 70 mg.	9	ceftriaxone intravenous.	14
cataflam.	43	cefuroxime axetil oral tablet.	14
CAYSTON.	15	cefuroxime sodium injection recon soln 750 mg.	14
caziant (28).	91	cefuroxime sodium intravenous recon soln 1.5 gram.	14
cefaclor oral capsule.	13	cefuroxime sodium intravenous recon soln 7.5 gram.	14
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml.	13	celecoxib.	43
cefaclor oral suspension for reconstitution 375 mg/5 ml.	13	CELONTIN ORAL CAPSULE 300 MG.	32
cefaclor oral tablet extended release 12 hr.	13	cephalexin.	14
cefadroxil oral capsule.	13	CERDELGA.	75
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml.	13	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.	75
cefadroxil oral tablet.	13	cetirizine oral solution 1 mg/ml.	97
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml.	13	cevimeline.	67
cefazolin injection recon soln 1 gram, 500 mg	13	CHANTIX.	70
cefazolin injection recon soln 10 gram.	13	CHANTIX CONTINUING MONTH BOX.	70
cefazolin injection recon soln 100 gram, 300 g.	13	CHANTIX STARTING MONTH BOX.	70
cefazolin intravenous.	13	charlotte 24 fe.	91
cefdinir.	13	chateal (28).	91
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml.	13	chateal eq (28).	91
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml.	13	CHEMET.	67
cefepime injection.	13	chloramphenicol sod succinate.	15
cefixime.	13	chlordiazepoxide hcl.	46
cefotaxime injection recon soln 1 gram.	13	chlordiazepoxide-clidinium.	77
cefotetan injection.	13	chlorhexidine gluconate mucous membrane.	70
cefoxitin in dextrose, iso-osm.	13	chloroprocaine (pf).	62
cefoxitin intravenous recon soln 1 gram, 2 gram.	13	chloroquine phosphate.	15
cefoxitin intravenous recon soln 10 gram.	13	chlorothiazide sodium.	53

chlorpromazine injection.	46	clarithromycin oral tablet extended release 24 hr.	14
chlorpromazine oral.	46	clemastine oral syrup.	97
chlorthalidone oral tablet 25 mg, 50 mg.	53	clemastine oral tablet 2.68 mg.	97
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg.	39	CLEOCIN VAGINAL SUPPOSITORY.	90
CHOLBAM.	78	clindacin etz topical swab.	63
cholestyramine (with sugar) oral powder.	58	clindacin p.	63
cholestyramine (with sugar) oral powder in packet.	58	clindamycin hcl.	15
cholestyramine light oral powder.	58	clindamycin in 5 % dextrose.	15
cholestyramine light oral powder in packet.	58	clindamycin pediatric.	15
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR.	75	clindamycin phosphate injection solution 150 (mg/ml) (6 ml).	15
ciclodan topical solution.	65	clindamycin phosphate injection solution 150 mg/ml.	16
ciclopirox.	65	clindamycin phosphate intravenous solution 600 mg/4 ml.	16
cidofovir.	10	clindamycin phosphate topical foam.	63
cilostazol.	56	clindamycin phosphate topical gel.	63
CIMDUO.	10	clindamycin phosphate topical lotion.	63
cimetidine.	80	clindamycin phosphate topical solution.	63
cimetidine hcl oral.	80	clindamycin phosphate topical swab.	63
CIMZIA.	78	clindamycin phosphate vaginal.	90
CIMZIA POWDER FOR RECONST.	78	clindamycin-benzoyl peroxide.	64
CIMZIA STARTER KIT.	78	clindamycin-tretinoin.	64
cinacalcet oral tablet 30 mg.	75	CLINIMIX 5%/D15W SULFITE FREE.	106
cinacalcet oral tablet 60 mg, 90 mg.	75	CLINIMIX 4.25%/D10W SULF FREE.	106
CINRYZE.	99	CLINIMIX 4.25%/D5W SULFIT FREE.	67
CINVANTI.	78	CLINIMIX 5%-D20W(SULFITE-FREE).	106
ciprofloxacin hcl ophthalmic (eye).	94	CLINIMIX 6%-D5W (SULFITE-FREE).	106
ciprofloxacin hcl oral.	20	CLINIMIX 8%-D10W(SULFITE-FREE).	106
ciprofloxacin hcl otic (ear).	71	CLINIMIX 8%-D14W(SULFITE-FREE).	106
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml.	20	CLINIMIX E 2.75%/D5W SULF FREE.	67
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml.	20	CLINIMIX E 4.25%/D10W SUL FREE.	106
ciprofloxacin-dexamethasone.	71	CLINIMIX E 4.25%/D5W SULF FREE.	106
cisplatin intravenous solution.	23	CLINIMIX E 5%/D15W SULFIT FREE.	106
citalopram oral solution.	46	CLINIMIX E 5%/D20W SULFIT FREE.	106
citalopram oral tablet.	46	CLINIMIX E 8%-D10W SULFITEFREE.	106
cladribine.	23	CLINIMIX E 8%-D14W SULFITEFREE.	106
claravis.	63	CLINISOL SF 15 %.	106
clarithromycin oral suspension for reconstitution.	14	CLINOLIPID.	106
clarithromycin oral tablet.	14	clobazam.	32
		clobetasol.	66
		clobetasol-emollient.	66

clodan.	66	COSENTYX PEN (2 PENS).	61
clofarabine.	23	COTELLIC.	23
clomiphene citrate.	75	CREON.	78
clomipramine.	46	CRESEMBA INTRAVENOUS.	9
clonazepam oral tablet.	32	CRESEMBA ORAL.	9
clonazepam oral tablet,disintegrating.	32	cromolyn inhalation.	99
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml).	53	cromolyn ophthalmic (eye).	95
clonidine (pf) epidural solution 5,000 mcg/10 ml.	43	cromolyn oral.	78
clonidine hcl oral tablet.	53	crotan.	67
clonidine hcl oral tablet extended release 12 hr.	46	cryselle (28).	91
clonidine transdermal.	53	CRYSVITA.	75
clopidogrel.	56	CUVPOSA.	77
clorazepate dipotassium.	46	cyclafem 1/35 (28).	91
clotrimazole mucous membrane.	9	cyclafem 7/7/7 (28).	91
clotrimazole topical.	65	cyclobenzaprine oral tablet.	39
clotrimazole-betamethasone.	65	cyclophosphamide intravenous recon soln.	23
clovique.	67	cyclophosphamide oral capsule.	23
clozapine.	46	CYCLOSERINE.	16
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND).	46	CYCLOSET.	73
COARTEM.	16	cyclosporine intravenous.	23
codeine sulfate.	40	cyclosporine modified.	23
codeine-butalbital-asa-caff.	40	cyclosporine oral capsule.	23
colchicine oral tablet	85	cyproheptadine.	97
colestipol.	58	CYRAMZA.	23
colistin (colistimethate na).	16	cyred.	91
COMBIGAN.	96	cyred eq.	91
COMBIVENT RESPIMAT.	99	CYSTADANE.	78
COMETRIQ.	23	CYSTAGON.	102
COMPLERA.	10	CYSTARAN.	95
compro.	78	cytarabine.	23
CONDYLOX TOPICAL GEL.	62	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml).	24
constulose.	78	cytarabine (pf) injection solution 20 mg/ml.	24
COPIKTRA.	23		
CORLANOR ORAL SOLUTION.	59	D	
CORLANOR ORAL TABLET.	59	d10 %-0.45 % sodium chloride.	67
corlopam.	53	d2.5 %-0.45 % sodium chloride.	67
COSENTYX.	61	d5 % and 0.9 % sodium chloride.	67
COSENTYX (2 SYRINGES).	61	d5 %-0.45 % sodium chloride.	68
COSENTYX PEN.	61	dacarbazine.	24
		dactinomycin.	24

dalfampridine oral tablet extended release 12 hr.	37	desog-e.estradiol/e.estradiol.	91
DALIRESP.	99	desogestrel-ethinyl estradiol.	91
DALVANCE.	16	desonide.	66
danazol.	75	desoximetasone.	66
dantrolene intravenous.	39	desrx.	66
dantrolene oral.	39	desvenlafaxine succinate oral tablet extended release 24 hr.	46
DANYELZA.	24	dexabliss.	71
dapsone oral.	16	dexamethasone.	71
dapsone topical.	64	dexamethasone intensol.	71
DAPTACEL (DTAP PEDIATRIC) (PF).	83	dexamethasone sodium phos (pf) injection solution.	71
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND).	16	dexamethasone sodium phosphate injection.	71
daptomycin intravenous recon soln 500 mg.	16	dexamethasone sodium phosphate ophthalmic (eye).	97
darifenacin oral tablet extended release 24 hr.	102	dexchlorpheniramine maleate oral solution.	97
DARZALEX.	24	DEXCOM RECEIVER.	73
DARZALEX FASPRO.	24	DEXCOM SENSOR.	73
dasetta 1/35 (28).	91	DEXCOM TRANSMITTER.	73
dasetta 7/7/7 (28).	91	dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg.	46
daunorubicin intravenous solution.	24	dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.	46
DAURISMO.	24	dexmethylphenidate oral tablet.	46
daysee.	91	dexrazoxane hcl.	22
deblitane.	89	dextroamphetamine oral capsule, extended release.	46
decadron oral tablet.	71	dextroamphetamine oral solution.	46
decitabine.	24	dextroamphetamine oral tablet.	46
deferasirox.	68	dextroamphetamine-amphetamine oral capsule, extended release 24hr.	46
deferiprone.	68	dextroamphetamine-amphetamine oral tablet	46
deferoxamine.	68	dextrose 10 % and 0.2 % nacl.	68
DELSTRIGO.	10	dextrose 10 % in water (d10w).	68
demeclocycline.	21	dextrose 25 % in water (d25w).	68
DENAVIR.	65	dextrose 5 % in water (d5w) intravenous parenteral solution.	68
denta 5000 plus.	70	dextrose 5 % in water (d5w) intravenous piggyback.	68
dentagel.	70	dextrose 5 %-lactated ringers.	68
DESCOVY.	10	dextrose 5%-0.2 % sod chloride.	68
desipramine.	46	dextrose 5%-0.3 % sod.chloride.	68
desloratadine oral tablet.	97	dextrose 50 % in water (d50w).	68
desloratadine oral tablet,disintegrating.	97		
desmopressin injection.	75		
desmopressin nasal spray with pump.	75		
desmopressin nasal spray,non-aerosol.	75		
desmopressin oral.	75		

dextrose 70 % in water (d70w).	68	diltiazem hcl oral capsule,extended release 24 hr.	53
DIACOMIT.	32	diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg.	53
diazepam injection solution.	46	diltiazem hcl oral capsule,extended release 24hr 360 mg.	53
diazepam injection syringe.	46	diltiazem hcl oral tablet.	53
diazepam intensol.	46	diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg.	53
diazepam oral concentrate.	46	diltiazem hcl oral tablet extended release 24 hr 420 mg.	53
diazepam oral solution 5 mg/5 ml (1 mg/ml).	46	dimenhydrinate injection solution.	78
diazepam oral tablet.	46	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg.	37
diazepam rectal.	32	dimethyl fumarate oral capsule,delayed release (dr/ec) 120 mg (14)- 240 mg (46).	37
diazoxide.	73	dimethyl fumarate oral capsule,delayed release (dr/ec) 240 mg.	37
diclofenac potassium.	43	diphenhydramine hcl injection solution 50 mg/ml.	97
diclofenac sodium ophthalmic (eye).	96	diphenhydramine hcl injection syringe.	97
diclofenac sodium oral tablet extended release 24 hr.	43	diphenoxylate-atropine.	77
diclofenac sodium oral tablet,delayed release (dr/ec).	43	dipyridamole intravenous.	56
diclofenac sodium topical drops.	43	dipyridamole oral.	56
diclofenac sodium topical gel 1 %.	43	disopyramide phosphate oral capsule.	51
diclofenac sodium topical gel 3 %.	62	disulfiram.	68
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic.	43	divalproex.	32
dicloxacillin.	19	dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml).	59
dicyclomine intramuscular.	77	dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml).	59
dicyclomine oral capsule.	77	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml).	59
dicyclomine oral solution.	77	docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml).	24
dicyclomine oral tablet.	77	docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml).	24
DIFICID ORAL TABLET.	14	dofetilide.	51
diflorasone topical cream.	66	DOJOLVI.	106
diflunisal.	43	dolishale.	91
digitek.	59	donepezil.	37
digox.	59		
digoxin injection solution.	59		
digoxin oral.	59		
dihydroergotamine injection.	36		
dihydroergotamine nasal.	36		
DILANTIN 30 MG.	32		
dilt-xr oral capsule,ext release degradable.	53		
diltiazem hcl intravenous recon soln.	53		
diltiazem hcl intravenous solution.	53		
diltiazem hcl oral capsule,ext.rel 24h degradable.	53		
diltiazem hcl oral capsule,extended release 12 hr.	53		

dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml).	59	drospirenone-e.estradiol-lm.fa.	91
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml).	60	drospirenone-ethinyl estradiol.	91
dopamine intravenous solution 200 mg/5 ml (40 mg/ml).	60	droxidopa.	68
dopamine intravenous solution 400 mg/10 ml (40 mg/ml).	60	DULERA.	99
DOPTELET (10 TAB PACK).	56	duloxetine oral capsule,delayed release (dr/ec).	47
DOPTELET (15 TAB PACK).	56	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML.	62
DOPTELET (30 TAB PACK).	56	DUPIXENT SYRINGE.	62
dorzolamide.	96	duramorph (pf) injection solution 0.5 mg/ml.	40
dorzolamide-timolol.	96	duramorph (pf) injection solution 1 mg/ml.	40
dorzolamide-timolol (pf) ophthalmic (eye) dropperette.	96	dutasteride.	102
dotti.	89	dutasteride-tamsulosin oral capsule, er multiphase 24 hr.	102
DOVATO.	10	DYSPORT.	83
doxazosin.	53	E	
doxepin oral capsule.	46	ec-naproxen.	43
doxepin oral concentrate.	46	econazole.	65
doxepin oral tablet.	47	EDURANT.	10
doxepin topical.	62	efavirenz.	10
doxercalciferol intravenous.	75	efavirenz-emtricitabin-tenofof.	10
doxercalciferol oral.	75	efavirenz-lamivu-tenofof disop.	10
doxorubicin intravenous recon soln 50 mg.	24	effer-k oral tablet, effervescent 25 meq.	103
doxorubicin intravenous solution.	24	EGRIFTA SV.	81
doxorubicin, peg-liposomal.	24	electrolyte-48 in d5w.	106
doxy-100.	21	ELELYSO.	75
doxycycline hyclate intravenous.	21	ELIGARD.	24
doxycycline hyclate oral capsule.	21	ELIGARD (3 MONTH).	24
doxycycline hyclate oral tablet.	21	ELIGARD (4 MONTH).	24
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg.	21	ELIGARD (6 MONTH).	24
doxycycline monohydrate oral capsule.	21	elinest.	91
doxycycline monohydrate oral suspension for reconstitution.	21	ELIQUIS.	56
doxycycline monohydrate oral tablet.	21	ELIQUIS DVT-PE TREAT 30D START.	56
doxylamine-pyridoxine (vit b6).	78	ELITEK.	22
DRIZALMA SPRINKLE.	47	ELLA.	91
dronabinol.	78	ELMIRON.	102
droperidol injection solution.	78	eluryng.	90
		ELZONRIS.	24
		EMCYT.	24
		EMEND ORAL SUSPENSION FOR RECONSTITUTION.	78
		EMGALITY PEN.	36

EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML.	36	ENTYVIO.	78
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3).	36	enulose.	78
emoquette.	91	ENVARBUS XR.	24
EMPLICITI.	24	EPCLUSA.	10
EMSAM.	47	EPIDIOLEX.	32
emtricitabine.	10	epinastine.	95
emtricitabine-tenofovir (tdf).	10	epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml.	97
EMTRIVA ORAL SOLUTION.	10	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN).	97
EMVERM.	16	epinephrine injection solution 1 mg/ml.	97
enalapril maleate oral tablet.	53	epinephrine injection syringe 0.1 mg/ml.	97
enalapril-hydrochlorothiazide.	53	epirubicin intravenous solution.	24
enalaprilat intravenous solution.	53	epitol.	32
ENBREL MINI.	87	EPIVIR HBV ORAL SOLUTION.	10
ENBREL SUBCUTANEOUS RECON SOLN.	87	epiphenone.	53
ENBREL SUBCUTANEOUS SOLUTION.	87	epoprostenol.	53
ENBREL SUBCUTANEOUS SYRINGE.	87	epoprostenol (glycine).	53
ENBREL SURECLICK.	87	ERBITUX.	24
endocet.	40	ergoloid.	47
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION.	83	ergotamine-caffeine.	36
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE.	83	ERIVEDGE.	24
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE.	83	ERLEADA.	24
ENHERTU.	24	erlotinib.	24
enoxaparin subcutaneous solution.	56	errin.	89
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml.	56	ertapenem.	16
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml.	57	ERWINAZE.	24
enoxaparin subcutaneous syringe 30 mg/0.3 ml.	57	ery pads.	64
enoxaparin subcutaneous syringe 40 mg/0.4 ml.	57	ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg.	14
enoxaparin subcutaneous syringe 60 mg/0.6 ml.	57	erygel.	64
enpresse.	91	erythrocin (as stearate) oral tablet 250 mg.	14
enskyce.	91	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.	14
ENSPRYNG.	24	erythromycin ethylsuccinate oral suspension for reconstitution.	15
entacapone.	35	erythromycin ethylsuccinate oral tablet.	15
entecavir.	10	erythromycin ophthalmic (eye).	94
ENTRESTO.	60	erythromycin oral.	15
		erythromycin with ethanol topical gel.	64
		erythromycin with ethanol topical solution.	64
		erythromycin-benzoyl peroxide.	64

ESBRIET.	99	exemestane.	24
escitalopram oxalate.	47	ezetimibe.	58
esmolol in nacl (iso-osm).	53	ezetimibe-simvastatin.	58
esmolol intravenous solution.	53		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg.	80	F	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg.	80	FABIOR.	64
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg.	80	FABRAZYME.	75
esomeprazole magnesium oral granules dr for susp in packet 40 mg.	80	falmina (28).	91
esomeprazole sodium intravenous recon soln 40 mg.	80	famciclovir.	10
estarylla.	91	famotidine (pf).	80
estazolam.	47	famotidine (pf)-nacl (iso-os).	80
estradiol oral.	89	famotidine intravenous solution.	80
estradiol transdermal.	89	famotidine oral suspension.	80
estradiol vaginal.	89	famotidine oral tablet 20 mg, 40 mg.	80
estradiol valerate intramuscular oil 20 mg/ml, mg/ml.	40 89	FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG.	47
estradiol-norethindrone acet.	89	FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG.	47
eszopiclone.	47	FANAPT ORAL TABLETS,DOSE PACK.	47
ethacrynate sodium.	53	FARYDAK.	25
ethacrynic acid.	53	FASENRA.	99
ethambutol.	16	FASENRA PEN.	99
ethosuximide.	32	fayosim.	91
ethynodiol diac-eth estradiol.	91	febuxostat.	85
etodolac oral capsule.	43	felbamate oral suspension.	32
etodolac oral tablet.	43	felbamate oral tablet.	32
etonogestrel-ethinyl estradiol.	90	felodipine oral tablet extended release 24 hr.	53
ETOPOPHOS.	24	femynor.	91
etoposide intravenous.	24	fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg.	58
etoposide oral.	24	fenofibrate nanocrystallized oral tablet 145 mg, 48 mg.	58
euthyrox.	77	fenofibrate oral tablet 160 mg (generic).	58
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML.	86	fenofibrate oral tablet 54 mg	58
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2).	86	fenofibric acid.	58
everolimus (antineoplastic).	24	fenofibric acid (choline) oral capsule,delayed release(dr/ec).	58
everolimus (immunosuppressive).	24	fenopropfen oral tablet.	44
EVOTAZ.	10	fentanyl citrate (pf) injection solution.	40
EVRYSDI.	37	fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml).	40
		fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg.	40

fentanyl citrate buccal lozenge on a handle 200 mcg.	40	fluocinolone and shower cap.	66
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.	40	fluocinonide.	66
fentanyl transdermal patch 72 hour 87.5 mcg/hour.	41	fluocinonide-e.	66
FERRIPROX.	68	fluocinonide-emollient.	66
FERRIPROX (2 TIMES A DAY).	68	fluoride (sodium) dental.	70
FETROJA.	14	fluoride (sodium) oral tablet.	106
FETZIMA.	47	fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride).	106
finasteride oral tablet 5 mg.	102	fluorometholone.	97
FINTEPLA.	32	fluorouracil intravenous.	25
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.	25	FLUOROURACIL TOPICAL CREAM 0.5 %.	62
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.	25	fluorouracil topical cream 5 %.	62
flac otic oil.	71	fluorouracil topical solution.	62
flavoxate.	102	fluoxetine oral capsule.	47
flecainide.	51	fluoxetine oral capsule, delayed release(dr/ec).	47
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.	99	fluoxetine oral solution.	47
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.	99	fluphenazine decanoate.	47
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION.	99	fluphenazine hcl.	47
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION.	99	flurandrenolide.	66
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION.	99	flurazepam.	47
floxuridine.	25	flurbiprofen oral tablet 100 mg.	44
fluconazole.	9	flurbiprofen sodium.	96
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml.	9	flutamide.	25
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml.	9	fluticasone propionate nasal.	99
flucytosine.	9	fluticasone propionate topical.	66
fludarabine intravenous recon soln.	25	fluvastatin oral capsule.	58
fludarabine intravenous solution.	25	fluvoxamine oral capsule, extended release 24hr.	47
fludrocortisone.	71	fluvoxamine oral tablet.	47
flumazenil.	47	FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML).	25
flunisolide.	99	FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML).	25
fluocinolone.	66	fomepizole.	83
fluocinolone acetone oil.	71	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.	47

fosamprenavir.	10
fosaprepitant.	78
foscarnet.	10
fosfomycin tromethamine.	21
fosinopril.	54
fosinopril-hydrochlorothiazide.	54
fosphenytoin.	32
FOTIVDA.	25
freamine iii 10 %.	106
FULPHILA.	81
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.	89
FYCOMPA ORAL SUSPENSION.	32
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG.	32
FYCOMPA ORAL TABLET 2 MG.	32

G

gabapentin oral capsule.	32
gabapentin oral solution 250 mg/5 ml.	32
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml).	32
gabapentin oral tablet 600 mg, 800 mg.	32
GALAFOLD.	75
galantamine oral capsule, ext rel. pellets 24 hr.	37
galantamine oral solution.	37
galantamine oral tablet.	37
GAMASTAN.	83
GAMASTAN S/D.	83
GAMIFANT.	25
GAMMAGARD LIQUID.	83
GAMMAGARD S-D (IGA < 1 MCG/ML).	83
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %).	83

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 %).	83
ganciclovir sodium intravenous.	10
ganciclovir sodium intravenous recon soln.	10
GARDASIL 9 (PF).	83
gatifloxacin.	94
GATTEX 30-VIAL.	78
GATTEX ONE-VIAL.	78
GAUZE PADS 2X2.	85
gavilyte-c.	78
gavilyte-g.	78
gavilyte-n.	78
GAVRETO.	25
GAZYVA.	25
gemcitabine intravenous recon soln 1 gram, 200 mg.	25
gemcitabine intravenous recon soln 2 gram.	25
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).	25
gemfibrozil.	59
GEMTESA.	102
generlac.	78
gengraf.	25
gentak ophthalmic (eye) ointment.	94
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml.	16
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml.	16
gentamicin injection solution 40 mg/ml.	16
gentamicin ophthalmic (eye) drops.	94
gentamicin sulfate (ped) (pf).	16
gentamicin topical.	64
GENVOYA.	10
GILENYA ORAL CAPSULE 0.5 MG.	37
GILOTRIF.	25
GIVLAARI.	68
GLASSIA.	68
glatiramer subcutaneous syringe 20 mg/ml.	37
glatiramer subcutaneous syringe 40 mg/ml.	37

glatopa subcutaneous syringe 20 mg/ml. . . .	37
glatopa subcutaneous syringe 40 mg/ml. . . .	37
glimepiride.	73
glipizide oral tablet.	73
glipizide oral tablet extended release 24hr. .	73
glipizide-metformin.	73
GLUCAGON (HCL) EMERGENCY KIT.	73
glucagon emergency kit (human).	73
glyburide.	73
glyburide micronized.	73
glyburide-metformin.	73
glycine urologic.	102
glycine urologic solution.	102
GLYCOPHOS.	103
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml).	77
glycopyrrolate injection.	77
glycopyrrolate oral tablet 1 mg, 2 mg.	77
glydo.	62
granisetron (pf) intravenous solution 1 mg/ml (1 ml).	78
granisetron hcl intravenous.	78
granisetron hcl oral.	78
GRANIX.	81
GRASTEK.	83
griseofulvin microsize.	9
griseofulvin ultramicrosize.	9
guanfacine oral tablet.	54
guanfacine oral tablet extended release 24 hr	47
GUARDIAN REAL-TIME GLUCOSE MONITORING SYSTEM.	73
GUARDIAN SENSOR.	73
GUARDIAN TRANSMITTER.	73
GYNAZOLE-1.	90

H

hailey.	91
hailey 24 fe.	92
hailey fe 1.5/30 (28).	92
hailey fe 1/20 (28).	92
HALAVEN.	25
halcinonide.	66

halobetasol propionate topical cream.	66
halobetasol propionate topical ointment. . . .	66
haloperidol.	47
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml).	47
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml.	47
haloperidol lactate injection.	47
haloperidol lactate intramuscular.	47
haloperidol lactate oral.	47
HARVONI.	10
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.	83
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.	83
heather.	89
hep flush-10 (pf).	57
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).	57
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
heparin (porcine) in nacl (pf).	57
heparin (porcine) injection cartridge.	57
heparin (porcine) injection solution.	57
heparin (porcine) injection syringe 5,000 unit/ml.	57
heparin flush(porcine)-0.9nacl.	57
heparin lock flush (porcine).	57
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
heparin, porcine (pf) injection solution.	57
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml.	57
heparin, porcine (pf) intravenous syringe 1 unit/ml.	57
heparin, porcine (pf) intravenous syringe 10 unit/ ml, 100 unit/ml.	58
HEPATAMINE 8%.	106
HERCEPTIN HYLECTA.	25
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG.	25

HERZUMA.	25	hydrocodone bitartrate oral capsule, oral only, er 12hr.	41
HETLIOZ.	47	hydrocodone bitartrate oral tablet,oral only,ext. rel.24 hr 100 mg, 120 mg.	41
HETLIOZ LQ.	47	hydrocodone bitartrate oral tablet,oral only,ext. rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg.	41
HIBERIX (PF).	83	hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml).	41
hidex.	71	hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	41
HUMALOG JUNIOR KWIKPEN U-100.	73	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND).	41
HUMALOG KWIKPEN INSULIN.	73	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
HUMALOG MIX 50-50 INSULN U-100.	73	hydrocodone-ibuprofen.	41
HUMALOG MIX 50-50 KWIKPEN.	73	hydrocortisone butyr-emollient.	66
HUMALOG MIX 75-25 KWIKPEN.	73	hydrocortisone butyrate.	66
HUMALOG MIX 75-25(U-100)INSULN.	73	hydrocortisone oral.	71
HUMALOG U-100 INSULIN.	73	hydrocortisone rectal.	78
HUMIRA PEN.	87	hydrocortisone topical cream 1 %, 2.5 %.	66
HUMIRA PEN CROHNS-UC-HS START.	87	hydrocortisone topical cream with perineal applicator.	78
HUMIRA PEN PSOR-UVEITS-ADOL HS.	87	hydrocortisone topical lotion 2.5 %.	66
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.	87	hydrocortisone topical ointment 1 %, 2.5 %.	66
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML.	87	hydrocortisone valerate.	66
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.	87	hydrocortisone-acetic acid.	71
HUMIRA(CF) PEN CROHNS-UC-HS.	87	hydrocortisone-pramoxine rectal cream 1-1 %.	78
HUMIRA(CF) PEN PEDIATRIC UC.	87	hydromorphone (pf) injection solution 10 (mg/ ml) (5 ml), 2 mg/ml.	41
HUMIRA(CF) PEN PSOR-UV-ADOL HS.	87	hydromorphone (pf) injection solution 10 mg/ml.	41
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML.	87	hydromorphone injection solution 1 mg/ml.	41
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML.	87	hydromorphone injection solution 2 mg/ml.	41
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML.	88	hydromorphone injection syringe 1 mg/ml, 4 mg/ml.	41
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML.	88	hydromorphone injection syringe 2 mg/ml.	41
HUMULIN 70/30 U-100 INSULIN.	73	hydromorphone oral liquid.	41
HUMULIN 70/30 U-100 KWIKPEN.	73	hydromorphone oral tablet.	41
HUMULIN N NPH INSULIN KWIKPEN.	73	hydromorphone oral tablet extended release 24 hr.	41
HUMULIN N NPH U-100 INSULIN.	73	hydroxychloroquine.	16
HUMULIN R REGULAR U-100 INSULN.	73	hydroxyprogesterone caproate.	89
HUMULIN R U-500 (CONC) INSULIN.	73		
HYCAMTIN ORAL.	25		
hydralazine injection.	54		
hydralazine oral	54		
hydrochlorothiazide.	54		

hydroxyurea.	25
hydroxyzine hcl intramuscular.	98
hydroxyzine hcl oral.	98
hydroxyzine pamoate.	98
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %.	99

I

ibandronate intravenous.	86
ibandronate oral.	86
IBRANCE.	25
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
ibutilide fumarate.	51
icatibant.	99
iclevia.	92
ICLUSIG.	25
icosapent ethyl.	59
idarubicin.	25
IDHIFA.	25
ifosfamide intravenous recon soln.	26
ifosfamide intravenous solution 1 gram/20 ml	26
ifosfamide intravenous solution 3 gram/60 ml	26
ILARIS (PF).	81
imatinib.	26
IMBRUVICA ORAL CAPSULE 140 MG.	26
IMBRUVICA ORAL CAPSULE 70 MG.	26
IMBRUVICA ORAL TABLET.	26
IMFINZI.	26
imipenem-cilastatin.	16
imipramine hcl.	47
imipramine pamoate.	47
IMIQUIMOD TOPICAL CREAM IN METERED- DOSE PUMP.	62
IMIQUIMOD TOPICAL CREAM IN PACKET 3.75 %.	62
imiquimod topical cream in packet 5 %.	62
IMOVAX RABIES VACCINE (PF).	83
IMPAVIDO.	16

INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE.	35
incassia.	89
INCRELEX.	68
INCRUSE ELLIPTA.	99
indapamide.	54
indomethacin oral capsule.	44
indomethacin oral capsule, extended release	44
indomethacin sodium.	44
infanrix (dtpa) (pf) intramuscular syringe.	83
INFLECTRA.	78
INFUGEM.	26
INGREZZA INITIATION PACK.	37
INGREZZA ORAL CAPSULE 40 MG.	37
INGREZZA ORAL CAPSULE 60 MG.	37
INGREZZA ORAL CAPSULE 80 MG.	37
INLYTA.	26
INPEN (FOR HUMALOG).	74
INQOVI.	26
INREBIC.	26
INSULIN PEN NEEDLE.	85
INSULIN SYRINGE (DISP) U-100 0.3 ML.	85
INSULIN SYRINGE (DISP) U-100 1 ML.	85
INSULIN SYRINGE (DISP) U-100 1/2 ML.	85
INTELENCE ORAL TABLET 100 MG, 200 MG.	10
INTELENCE ORAL TABLET 25 MG.	10
intralipid intravenous emulsion 20 %.	106
INTRALIPID INTRAVENOUS EMULSION 30 %.	106
INTRON A INJECTION.	81
introvale.	92
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML.	48
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.	48
INVEGA TRINZA.	48
INVIRASE ORAL TABLET.	10
INVOKAMET.	74
INVOKAMET XR.	74
INVOKANA.	74
IPOL.	83

ipratropium bromide inhalation.	99	JAKAFI.	26
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %).	70	jantoven.	58
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %).	70	JANUMET.	74
ipratropium-albuterol.	99	JANUMET XR.	74
irbesartan.	54	JANUVIA.	74
irbesartan-hydrochlorothiazide.	54	JARDIANCE.	74
IRESSA.	26	jasmiel (28).	92
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml.	26	JEMPERLI.	26
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml.	26	jencycla.	89
ISENTRESS HD.	10	JEVTANA.	26
ISENTRESS ORAL POWDER IN PACKET.	11	jinteli.	89
ISENTRESS ORAL TABLET.	11	jolessa.	92
ISENTRESS ORAL TABLET,CHEWABLE 100 MG.	11	juleber.	92
ISENTRESS ORAL TABLET,CHEWABLE 25 MG.	11	JULUCA.	11
isibloom.	92	junel 1.5/30 (21).	92
isoniazid injection.	16	junel 1/20 (21).	92
isoniazid oral.	16	junel fe 1.5/30 (28).	92
isoproterenol hcl.	60	junel fe 1/20 (28).	92
isosorbide dinitrate oral tablet.	60	junel fe 24.	92
isosorbide mononitrate oral tablet.	60	JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG.	59
isosorbide mononitrate oral tablet extended release 24 hr.	60	JYNARQUE.	75
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.	64		
isotretinoin oral capsule 25 mg, 35 mg.	64	K	
isradipine.	54	k-tab oral tablet extended release 8 meq.	103
ISTODAX.	26	KADCYLA.	26
ISTURISA.	75	kaitlib fe.	92
itraconazole oral capsule.	9	KALETRA ORAL TABLET 100-25 MG.	11
itraconazole oral solution.	9	KALETRA ORAL TABLET 200-50 MG.	11
ivermectin oral.	16	kalliga.	92
ivermectin topical cream.	64	KALYDECO ORAL GRANULES IN PACKET.	99
ivermectin topical lotion.	67	KALYDECO ORAL TABLET.	100
IXEMPRA.	26	KANJINTI.	26
IXIARO (PF).	83	KANUMA.	75
		kariva (28).	92
J		kelnor 1-50 (28).	92
jaimiess.	92	kelnor 1/35 (28).	92
		KEPIVANCE.	22
		KESIMPTA PEN.	37
		ketoconazole oral.	9
		ketoconazole topical cream.	65
		ketoconazole topical foam.	65

ketoconazole topical shampoo.	65	labetalol intravenous solution.	54
ketodan.	65	labetalol intravenous syringe 20 mg/4 ml (5 mg/ml).	54
ketoprofen oral capsule 25 mg.	44	labetalol oral.	54
ketoprofen oral capsule 50 mg, 75 mg.	44	LACRISERT.	95
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg.	44	lactated ringers intravenous.	103
ketorolac injection cartridge 30 mg/ml.	44	lactated ringers irrigation.	67
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml).	44	lactulose.	78
ketorolac injection syringe.	44	lamivudine.	11
ketorolac intramuscular cartridge.	44	lamivudine-zidovudine.	11
ketorolac intramuscular solution.	44	lamotrigine.	32
ketorolac intramuscular syringe.	44	LAMPIT.	16
ketorolac ophthalmic (eye).	96	lansoprazole oral capsule,delayed release(dr/ec) 15 mg.	80
ketorolac oral.	44	lansoprazole oral capsule,delayed release(dr/ec) 30 mg.	81
KEVEYIS.	37	lanthanum oral tablet,chewable.	68
KEVZARA.	88	LANTUS SOLOSTAR U-100 INSULIN.	74
KEYTRUDA.	26	LANTUS U-100 INSULIN.	74
KIMYRSA.	16	lapatinib.	26
KINERET.	88	larin 1.5/30 (21).	92
KINRIX (PF) INTRAMUSCULAR SUSPENSION.	83	larin 1/20 (21).	92
KINRIX (PF) INTRAMUSCULAR SYRINGE.	83	larin 24 fe.	92
KISQALI.	26	larin fe 1.5/30 (28).	92
KISQALI FEMARA CO-PACK.	26	larin fe 1/20 (28).	92
KLISYRI.	26	larissia.	92
klor-con 10 oral tablet extended release.	103	latanoprost.	96
klor-con 20 meq packet.	103	LATUDA.	48
klor-con 8 oral tablet extended release.	103	layolis fe.	92
klor-con m10 oral tablet,er particles/crystals	103	leena 28.	92
klor-con m15 oral tablet,er particles/crystals	103	leflunomide.	88
klor-con m20 oral tablet,er particles/crystals	103	LEMTRADA.	37
klor-con/ef.	103	LENVIMA.	26
KOMBIGLYZE XR.	74	lessina.	92
KORLYM.	75	letrozole.	26
KOSELUGO.	26	leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg.	22
KRYSTEXXA.	85	leucovorin calcium injection recon soln 500 mg.	22
kurvelo (28).	92	leucovorin calcium injection solution.	22
KYPROLIS.	26	leucovorin calcium oral.	22
		LEUKERAN.	26
L		LEUKINE INJECTION RECON SOLN.	81
l norgest/e.estradiol-e.estrad.	92		

leuprolide subcutaneous kit.	26	lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %).	62
levabuterol hcl.	100	lidocaine (pf) injection solution 15 mg/ml (1.5 %).	62
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	32	lidocaine (pf) intravenous solution.	51
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml.	32	lidocaine (pf) intravenous syringe.	51
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levetiracetam oral solution 500 mg/5 ml (5 ml).	33	lidocaine hcl mucous membrane jelly.	62
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levetiracetam oral tablet extended release 24 hr.	33	lidocaine hcl mucous membrane solution 2 %	62
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ondansetron hcl oral tablet 4 mg, 8 mg.	79	oseltamivir oral suspension for reconstitution	11
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perphenazine.	49	PLEGRIDY INTRAMUSCULAR.	82
perphenazine-amitriptyline.	49	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML.	82
PERSERIS.	49	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.	82
pfizerpen-g.	19	PLEGRIDY SUBCUTANEOUS SYRINGE.	82
phenelzine.	49	plenamine.	106
phenobarbital.	33	PNEUMOVAX-23.	84
phenobarbital sodium injection solution 130 mg/ml.	33	podofilox.	63
phenobarbital sodium injection solution 65 mg/ml.	33	POLIVY.	28
phenoxybenzamine.	55	polocaine injection solution 1 % (10 mg/ml).	63
phentolamine.	55	polocaine-mpf.	63
phenytoin oral suspension 100 mg/4 ml.	33	polycin.	94
phenytoin oral suspension 125 mg/5 ml.	33	polyethylene glycol 3350 oral powder.	79
phenytoin oral tablet, chewable.	33	polymyxin b sulf-trimethoprim.	94
phenytoin sodium extended.	33	polymyxin b sulfate.	17
phenytoin sodium intravenous solution.	33	POMALYST.	28
PHESGO.	28	PONVORY.	38
philit.	93	PONVORY 14-DAY STARTER PACK.	38
PIFELTRO.	11	portia 28.	93
		PORTRAZZA.	28

posaconazole oral tablet,delayed release (dr/ec)	9
potassium acetate.	104
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.	104
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l.	104
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.	104
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l.	104
potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l.	104
potassium chloride in water intravenous piggyback 10 meq/100 ml.	104
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml.	104
potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml	104
potassium chloride intravenous solution 2 meq/ml.	104
potassium chloride intravenous solution 2 meq/ml (20 ml).	104
potassium chloride oral capsule, extended release.	104
potassium chloride oral liquid.	104
potassium chloride oral packet.	104
potassium chloride oral tablet extended release.	104
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq.	104
potassium chloride-0.45 % nacl.	104
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.	105
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l.	105
potassium chloride-d5-0.9%nacl.	105
potassium citrate oral tablet extended release.	102
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml.	105
POTELIGEO.	28
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.	59

PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML.	59
pramipexole oral tablet.	35
pramipexole oral tablet extended release 24 hr.	35
prasugrel.	58
pravastatin.	59
PRAXBIND.	58
praziquantel.	17
prazosin.	55
prednicarbate.	66
prednisolone acetate.	97
prednisolone oral solution.	71
prednisolone sodium phosphate ophthalmic (eye).	97
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml).	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 10 mg (48 pack), 5 mg (48 pack).	72
prednisone oral tablets,dose pack 10 mg, 5 mg.	72
Pregabalin.	33
PREMARIN INJECTION.	90
premasol 10 %.	106
prenatal vitamin oral tablet.	106
PRETOMANID.	17
prevalite oral powder.	59
prevalite oral powder in packet.	59
previfem.	93
PREVNAR 13 (PF).	84
PREVYMIS INTRAVENOUS.	11
PREVYMIS ORAL.	11
PREZCOBIX.	11
PREZISTA ORAL SUSPENSION.	11
PREZISTA ORAL TABLET 150 MG, 75 MG.	11

PREZISTA ORAL TABLET 600 MG, 800 MG	11
PRIFTIN.	17
PRIMAQUINE.	17
primaquine (generic).	17
primidone.	33
probenecid.	85
probenecid-colchicine.	85
procainamide injection solution 100 mg/ml.	51
procainamide injection solution 500 mg/ml.	51
PROCALAMINE 3%.	106
procentra.	49
prochlorperazine.	79
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml).	79
prochlorperazine edisylate injection solution 5 mg/ml.	79
prochlorperazine maleate oral.	79
procto-med hc.	79
procto-pak.	79
proctosol hc topical.	79
proctozone-hc.	79
PROCYSBI.	102
progesterone.	90
progesterone micronized.	90
PROGRAF INTRAVENOUS.	28
PROGRAF ORAL GRANULES IN PACKET.	28
PROLASTIN-C INTRAVENOUS RECON SOLN.	68
PROLASTIN-C INTRAVENOUS SOLUTION	68
prolate oral tablet.	43
PROLEUKIN.	82
PROLIA.	86
PROMACTA.	58
promethazine injection solution.	98
promethazine oral.	98
promethazine rectal suppository 12.5 mg, 25 mg.	98
promethegan.	98
propafenone oral capsule,extended release 12 hr.	52
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
propylthiouracil.	72
PROQUAD (PF).	84
PROSOL 20 %.	106
protamine.	58
protriptyline.	49
prudoxin.	63
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PULMOZYME.	100
PURIXAN.	29
pyrazinamide.	17
pyridostigmine bromide oral syrup.	39
pyridostigmine bromide oral tablet 60 mg.	39
pyridostigmine bromide oral tablet extended release.	39
pyrimethamine.	17

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QINLOCK.	29
QUADRACEL (PF).	84
quetiapine oral tablet.	49
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

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RABAVERT (PF).	84
RADICAVA.	38
RAGWITEK.	84
raloxifene.	86
ramelteon.	50
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ranolazine.	60
rasagiline.	35
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REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML.....	82	rifabutin.....	17
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6).....	82	rifampin intravenous.....	17
REBIF TITRATION PACK.....	82	rifampin oral.....	17
REBLOZYL.....	82	riluzole.....	69
RECARBRIO.....	17	rimantadine.....	11
reclipsen (28).....	93	ringer's intravenous.....	105
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML. .	84	ringer's irrigation.....	67
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML.....	84	RINVOQ.....	88
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.....	84	risedronate oral tablet 150 mg.....	86
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.....	84	risedronate oral tablet 30 mg.....	69
RECTIV.....	79	risedronate oral tablet 35 mg.....	86
regonol.....	39	risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack).....	86
REGRANEX.....	63	risedronate oral tablet 5 mg.....	86
RELENZA DISKHALER.....	11	risedronate oral tablet,delayed release (dr/ec).....	86
RELISTOR ORAL.....	79	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML.....	50
RELISTOR SUBCUTANEOUS SOLUTION. .	79	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML.....	50
RELISTOR SUBCUTANEOUS SYRINGE. .	80	risperidone oral solution.....	50
repaglinide.....	74	risperidone oral tablet.....	50
RESTASIS.....	95	risperidone oral tablet,disintegrating.....	50
RESTASIS MULTIDOSE.....	95	ritonavir.....	11
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML.....	82	RITUXAN.....	29
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RETEVMO.....	29	rivastigmine tartrate.....	38
RETROVIR INTRAVENOUS.....	11	rivastigmine transdermal.....	38
REVCovi.....	69	rivelsa.....	93
REVLIMID.....	29	rizatriptan oral tablet.....	36
revonto.....	39	rizatriptan oral tablet,disintegrating.....	36
REXULTI.....	50	ROMIDEPSIN INTRAVENOUS SOLUTION.....	29
REYATAZ ORAL POWDER IN PACKET. . .	11	ropinirole oral tablet.....	35
RIABNI.....	29	ropinirole oral tablet extended release 24 hr.....	35
ribavirin oral capsule.....	11	rosadan topical cream.....	64
ribavirin oral tablet 200 mg.....	11	rosadan topical gel.....	64
		rosuvastatin.....	59
		ROTARIX.....	84
		ROTATEQ VACCINE.....	84
		roweepra oral tablet 500 mg.....	33

ROZLYTREK.	29
RUBRACA.	29
RUCONEST.	100
rufinamide.	33
RUKOBIA.	11
RUXIENCE.	29
RUZURGI.	38
RYBELSUS.	74
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S

salsalate.	45
SAMSCA ORAL TABLET 15 MG.	76
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.	29
SANTYL.	63
sapropterin.	76
SARCLISA.	29
scopolamine base.	80
SECUADO.	50
selegiline hcl.	35
selenium sulfide topical lotion.	61
SELZENTRY ORAL SOLUTION.	12
SELZENTRY ORAL TABLET 150 MG, 300 MG.	12
SELZENTRY ORAL TABLET 25 MG, 75 MG	12
SEREVENT DISKUS.	100
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG.	82
sertraline oral concentrate.	50
sertraline oral tablet.	50
setlakin.	93
sevelamer carbonate oral powder in packet.	69
sevelamer carbonate oral tablet.	69
sevelamer hcl.	69
sf.	70
sf 5000 plus.	70
sharobel.	90
SHINGRIX (PF).	84
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML).	29

SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML).	29
SIKLOS ORAL TABLET 1,000 MG.	29
SIKLOS ORAL TABLET 100 MG.	29
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml.	100
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml. . .	100
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg.	100
silodosin.	102
silver sulfadiazine.	63
simliya (28).	93
simpesse.	93
SIMPONI ARIA.	88
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML.	88
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML.	88
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML.	88
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML.	88
SIMULECT INTRAVENOUS RECON SOLN 10 MG.	29
SIMULECT INTRAVENOUS RECON SOLN 20 MG.	29
simvastatin oral tablet.	59
sirolimus oral solution.	29
sirolimus oral tablet 0.5 mg, 1 mg.	29
sirolimus oral tablet 2 mg.	29
SIRTURO ORAL TABLET 100 MG.	17
SIRTURO ORAL TABLET 20 MG.	17
SIVEXTRO INTRAVENOUS.	17
SIVEXTRO ORAL.	17
SKYRIZI SUBCUTANEOUS PEN INJECTOR	61
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML.	61
SKYRIZI SUBCUTANEOUS SYRINGE KIT. .	61
SMOFLIPID.	106
sodium acetate.	105
sodium benzoate-sod phenylacet.	69
sodium bicarbonate intravenous solution 1 meq/ ml (8.4 %).	105

sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml) . . .	105	SPRITAM.	33
sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml).	105	SPRYCEL.	29
sodium chlor 0.9% bacteriostat.	69	sps (with sorbitol) oral.	69
sodium chloride 0.45 % intravenous parenteral solution.	105	sps (with sorbitol) rectal.	69
sodium chloride 0.9 % (flush) injection syringe.	69	sronyx.	93
sodium chloride 0.9 % injection.	69	ssd.	63
sodium chloride 0.9 % intravenous parenteral solution.	69	STAMARIL (PF).	84
sodium chloride 0.9 % intravenous piggyback	69	stavudine oral capsule.	12
sodium chloride 3 %.	105	STELARA INTRAVENOUS.	61
sodium chloride 5 %.	105	STELARA SUBCUTANEOUS.	61
sodium chloride inhalation.	100	STIOLTO RESPIMAT.	100
sodium chloride injection.	69	STIVARGA.	29
sodium chloride intravenous.	105	STRENSIQ.	76
sodium chloride irrigation.	69	STREPTOMYCIN.	17
sodium fluoride 5000 dry mouth.	70	STRIBILD.	12
sodium fluoride 5000 plus.	70	subvenite.	33
sodium fluoride-pot nitrate.	70	subvenite starter (blue) kit.	33
sodium nitroprusside.	60	subvenite starter (green) kit.	33
sodium phenylbutyrate.	69	subvenite starter (orange) kit.	33
sodium phosphate.	105	SUCRAID.	80
sodium polystyrene sulfonate oral powder. . .	69	sucralfate.	81
solifenacin.	102	sulfacetamide sodium (acne).	64
SOLQUA 100/33.	74	sulfacetamide sodium ophthalmic (eye) drops.	95
SOLTAMOX.	29	sulfacetamide sodium ophthalmic (eye) ointment.	95
SOMATULINE DEPOT.	29	sulfacetamide-prednisolone.	95
SOMAVERT.	76	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	SULFAMYLON TOPICAL CREAM.	64
sotalol oral.	52	sulfasalazine oral tablet.	80
SOVALDI.	12	sulfasalazine oral tablet, delayed release (dr/ec).	80
spinosad.	67	sulindac.	45
SPIRIVA RESPIMAT.	100	sumatriptan nasal spray, non-aerosol 20 mg/actuation.	36
SPIRIVA WITH HANDIHALER.	100	sumatriptan nasal spray, non-aerosol 5 mg/actuation.	36
spironolacton-hydrochlorothiaz.	55	sumatriptan succinate oral.	36
spironolactone.	55		
sprintec (28).	93		

sumatriptan succinate subcutaneous cartridge.	36	tamoxifen.	30
sumatriptan succinate subcutaneous pen injector.	36	tamsulosin oral capsule,extended release 24hr.	102
sumatriptan succinate subcutaneous solution	36	TARGRETIN 1% GEL.	30
sumatriptan-naproxen.	36	tarina 24 fe.	93
SUPRAX ORAL TABLET,CHEWABLE.	14	tarina fe 1-20 eq (28).	93
SUTENT.	29	tarina fe 1/20 (28).	93
syeda.	93	TASIGNA.	30
SYMBICORT.	100	tavaborole.	65
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N).	100	TAVALISSE.	58
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N).	100	tazarotene topical cream.	64
SYMLINPEN 120.	74	TAZAROTENE TOPICAL FOAM.	64
SYMLINPEN 60.	74	tazicef injection recon soln 1 gram.	14
SYMPAZAN ORAL FILM 10 MG, 20 MG.	33	tazicef injection recon soln 2 gram, 6 gram.	14
SYMPAZAN ORAL FILM 5 MG.	33	tazicef intravenous.	14
SYMTUZA.	12	TAZORAC TOPICAL CREAM 0.05 %.	64
SYNAGIS.	12	TAZORAC TOPICAL GEL.	64
SYNAREL.	76	taztia xt oral capsule, extended release.	55
SYNDROS.	80	TAZVERIK.	30
SYNERCID.	17	TDVAX.	84
SYNJARDY.	74	TECENTRIQ.	30
SYNJARDY XR.	74	TEFLARO.	14
SYNRIBO.	29	TEGSEDI.	38
		TEKTURNA HCT.	55
T		telmisartan.	55
TABLOID.	29	telmisartan-amlodipine.	55
TABRECTA.	29	telmisartan-hydrochlorothiazid.	55
tacrolimus oral.	29	temazepam.	50
tacrolimus topical.	63	TEMIXYS.	12
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.	100	TEMODAR INTRAVENOUS.	30
tadalafil oral tablet 2.5 mg, 5 mg.	102	temozolomide.	30
TAFINLAR.	29	temsirolimus.	30
TAGRISSO.	30	tencon.	43
TAKHZYRO.	100	TENIVAC (PF) INTRAMUSCULAR SUSPENSION.	84
TALTZ AUTOINJECTOR.	61	TENIVAC (PF) INTRAMUSCULAR SYRINGE.	84
TALTZ AUTOINJECTOR (2 PACK).	61	tenofovir disoproxil fumarate.	12
TALTZ AUTOINJECTOR (3 PACK).	61	TEPEZZA.	76
TALTZ SYRINGE.	61	TEPMETKO.	30
TALZENNA.	30	terazosin.	55
		terbinafine hcl oral.	9

terbutaline.	101	timolol maleate (pf).	95
terconazole.	90	timolol maleate ophthalmic (eye).	95
TERIPARATIDE.	86	timolol maleate oral.	55
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml.	76	tinidazole.	17
testosterone cypionate intramuscular oil 200 mg/ml (1 ml).	76	tiopronin.	69
testosterone enanthate.	76	tis-u-sol pentalyte.	67
testosterone transdermal gel (generic).	76	TIVICAY ORAL TABLET 10 MG.	12
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic).	76	TIVICAY ORAL TABLET 25 MG, 50 MG.	12
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (AndroGel generic).	76	TIVICAY PD.	12
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel generic).	76	tizanidine.	39
testosterone transdermal gel in packet (AndroGel generic).	76	TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE.	17
testosterone transdermal solution in metered pump w/app (Axiron generic).	76	tobramycin in 0.225 % nacl.	17
TETANUS,DIPHThERIA TOX PED(PF).	84	tobramycin inhalation.	17
tetrabenazine.	38	tobramycin ophthalmic (eye).	94
tetracycline.	21	tobramycin sulfate injection recon soln.	17
THALOMID.	30	tobramycin sulfate injection solution.	17
theophylline oral elixir.	101	tobramycin-dexamethasone.	96
theophylline oral solution.	101	tolcapone.	35
theophylline oral tablet extended release 12 hr 300 mg, 450 mg.	101	tolmetin oral capsule.	45
theophylline oral tablet extended release 24 hr.	101	tolmetin oral tablet 600 mg.	45
THIOLA.	69	tolterodine oral capsule,extended release 24hr.	102
THIOLA EC.	69	tolterodine oral tablet.	102
thioridazine.	50	tolvaptan oral tablet 30 mg.	76
thiotepa injection recon soln 100 mg.	30	topiramate oral capsule, sprinkle.	33
thiotepa injection recon soln 15 mg.	30	topiramate oral capsule,sprinkle,er 24hr.	33
thiothixene.	50	topiramate oral tablet.	33
tiadylt er.	55	toposar.	30
tiagabine.	33	topotecan intravenous recon soln.	30
TIBSOVO.	30	topotecan intravenous solution 4 mg/4 ml (1 mg/ml).	30
TICE BCG.	85	toremifene.	30
tigecycline.	17	torsemide oral.	55
TIGLUTIK.	69	TOUJEO MAX U-300 SOLOSTAR.	74
tilia fe.	93	TOUJEO SOLOSTAR U-300 INSULIN.	74
		tovet emollient.	66
		TRACLEER ORAL TABLET FOR SUSPENSION.	101
		tramadol oral tablet 50 mg.	45
		tramadol oral tablet extended release 24 hr.	45
		tramadol oral tablet, er multiphase 24 hr.	45
		tramadol-acetaminophen.	45

trandolapril.	55	trientine.	69
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr.	55	trifluoperazine.	50
tranexamic acid oral.	90	trifluridine.	95
tranylcypromine.	50	trihexyphenidyl oral elixir.	35
travasol 10 %.	106	trihexyphenidyl oral tablet.	35
travoprost.	96	TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N).	101
TRAZIMERA.	30	trilyte with flavor packets.	80
trazodone.	50	trimethobenzamide oral.	80
TREANDA.	30	trimethoprim.	21
TRECTOR.	17	trimipramine.	50
TRELEGY ELLIPTA.	101	TRINTELLIX.	50
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION.	30	tritocin.	66
treprostinil sodium.	55	TRIUMEQ.	12
tretinoin (antineoplastic).	30	trivora (28).	93
tretinoin microspheres.	64	TRODELVY.	30
tretinoin topical.	64	TROGARZO.	12
tri femynor.	93	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG.	33
tri-estarylla.	93	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG.	34
tri-legest fe.	93	TROPHAMINE 10 %.	106
tri-linyah.	93	tropium oral capsule,extended release 24hr.	102
tri-lo-estarylla.	93	tropium oral tablet.	102
tri-lo-marzia.	93	TRULICITY.	74
tri-lo-mili.	93	TRUMENBA.	85
tri-lo-sprintec.	93	TRUXIMA.	30
tri-mili.	93	TUKYSA.	30
tri-nymyo.	93	TURALIO.	30
tri-previfem (28).	93	TWINRIX (PF) INTRAMUSCULAR SYRINGE.	85
tri-sprintec (28).	93	TYBOST.	12
tri-vylibra.	93	tydemy.	94
tri-vylibra lo.	93	TYPHIM VI INTRAMUSCULAR SOLUTION.	85
triamcinolone acetonide dental.	70	TYPHIM VI INTRAMUSCULAR SYRINGE.	85
triamcinolone acetonide injection suspension 40 mg/ml.	72	TYSABRI.	38
triamcinolone acetonide topical.	66	TYVASO.	101
triamterene.	55	TYVASO INSTITUTIONAL START KIT.	101
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg.	55	TYVASO REFILL KIT.	101
triamterene-hydrochlorothiazid oral tablet.	55	TYVASO STARTER KIT.	101
trianex.	66		
triazolam.	50	U	
triderm topical cream.	66	UBRELVY ORAL TABLET 100 MG.	36

UBRELVY ORAL TABLET 50 MG.	36
UCERIS RECTAL.	80
UDENYCA.	82
UKONIQ.	30
unithroid.	77
UNITUXIN.	30
UPTRAVI ORAL.	55
ursodiol.	80

V

valacyclovir.	12
VALCHLOR.	63
valganciclovir oral recon soln.	12
valganciclovir oral tablet.	12
valproate sodium.	34
valproic acid.	34
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml).	34
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml).	34
valrubicin.	30
valsartan.	56
valsartan-hydrochlorothiazide.	56
VALTOCO.	34
vanadom.	39
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BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

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

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

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

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

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

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

Arabic/العربية:

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

Mon-Khmer, Cambodian ខ្មែរ ភាសាខ្មែរ: បើនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចុះ ទូរស័ព្ទ **1-800-200-4255** (TTY: 711).

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

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

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

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

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



RESOURCES

Medicare Plan Sales:

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

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

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

bluecrossma.com/medicare

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

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

This formulary was updated on 10/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.

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