



MASSACHUSETTS



Medicare
Advantage Group

2022 FORMULARY

(List of Covered Drugs)
3-Tier

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
22213, Version 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 formulary (drug list) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare HMO Blue or Medicare PPO Blue.

This document includes a list of the drugs (formulary) for our plan, which is current as of 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 ADVANTAGE GROUP PLAN'S FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

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

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

The enclosed formulary is current as of 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 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 99. 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 99. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

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

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

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOR MORE INFORMATION

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

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

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

MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 99.

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

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

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

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

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

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

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

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

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

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

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

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

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

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	2	B/D PA, MO, HI
<i>amphotericin b</i>	1	B/D PA, MO, HI
<i>caspofungin</i>	1	B/D PA, HI
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	2	HI
CRESEMBA ORAL	2	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO, HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	HI
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO, QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO, HI
NOXAFIL INTRAVENOUS	2	HI
NOXAFIL ORAL SUSPENSION	2	MO
<i>nystatin oral</i>	1	MO

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	MO
<i>terbinafine hcl oral</i>	1	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	1	PA, MO, HI
<i>voriconazole oral</i>	1	MO

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

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

ANTI - INFECTIVES: ANTIVIRALS

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

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

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

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
<i>lopinavir-ritonavir</i>	1	MO
MAVYRET	3	PA, MO, QL (84 per 28 days)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
ODEFSEY	2	MO
<i>oseltamivir oral capsule 30 mg</i>	1	MO, QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	MO, QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	MO, QL (600 per 180 days)
PIFELTRO	2	MO
PREVYMIS INTRAVENOUS	2	HI
PREVYMIS ORAL	2	MO
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO, QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	MO, HI
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	2	MO
SELZENTRY	2	MO
SOVALDI	3	PA, MO, QL (28 per 28 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SYMTUZA	2	MO
SYNAGIS	3	MO, LA
TEMIXYS	2	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TIVICAY PD	2	MO
TRIUMEQ	2	MO
TROGARZO	2	MO
TYBOST	2	MO
<i>valacyclovir</i>	1	MO

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

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	2	MO
VIEKIRA PAK	3	PA, MO, QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA, MO, QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	3	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 40 MG	3	MO, QL (2 per 180 days)
ZEPATIER	3	PA, MO, QL (28 per 28 days)
<i>zidovudine</i>	1	MO

ANTI - INFECTIVES: CEPHALOSPORINS

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

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

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

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

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

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

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

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

ANTI - INFECTIVES: ERYTHROMYCINS / OTHER MACROLIDES

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	1	MO, HI
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO, HI

ANTI - INFECTIVES: ERYTHROMYCINS / OTHER MACROLIDES (continued)

Drug Name	Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	MO

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

ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES

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

ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES (continued)

Drug Name	Tier	Requirements/ Limits
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO, HI
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	HI
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO, HI
CYCLOSERINE	2	MO
DALVANCE	2	MO, HI
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	2	MO, HI
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO, HI
EMVERM	3	MO
<i>ertapenem</i>	1	MO, HI
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO, HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	HI
<i>gentamicin injection solution 40 mg/ml</i>	1	MO, HI

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>gentamicin sulfate (ped) (pf)</i>	1	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO, HI
IMPAVIDO	2	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
KIMYRSA	2	
LAMPIT	2	
<i>lincomycin</i>	1	HI
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	HI
<i>linezolid-0.9% sodium chloride</i>	1	
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO, HI
<i>metro i.v.</i>	1	MO, HI
<i>metronidazole in nacl (iso-os)</i>	1	MO, HI
<i>metronidazole oral</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO
ORBACTIV	2	MO, HI
<i>paromomycin</i>	1	MO
PASER	2	MO
<i>pentamidine inhalation</i>	1	B/D PA, MO
<i>pentamidine injection</i>	1	MO
<i>polymyxin b sulfate</i>	1	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>praziquantel</i>	1	MO
PRETOMANID	2	
PRIFTIN	2	MO
PRIMAQUINE	3	MO
<i>primaquine (generic)</i>	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA, MO
<i>quinine sulfate</i>	1	MO
RECARBRIO	2	
<i>rifabutin</i>	1	MO
<i>rifampin intravenous</i>	1	MO, HI
<i>rifampin oral</i>	1	MO
SIRTURO ORAL TABLET 100 MG	2	MO, LA
SIRTURO ORAL TABLET 20 MG	2	LA
SIVEXTRO INTRAVENOUS	2	HI
SIVEXTRO ORAL	2	MO
STREPTOMYCIN	2	MO
SYNERCID	3	HI
<i>tigecycline</i>	1	MO, HI
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	3	MO
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA, MO
<i>tobramycin inhalation</i>	1	B/D PA, MO

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>vancomycin intravenous recon soln 5 gram</i>	1	MO, HI
<i>vancomycin oral capsule</i>	1	MO
<i>vancomycin oral recon soln</i>	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
XENLETA INTRAVENOUS	2	
XENLETA ORAL	2	MO, QL (10 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO

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

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

ANTI - INFECTIVES: PENICILLINS

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

ANTI - INFECTIVES: PENICILLINS (continued)

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

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

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO, HI
<i>penicillin g potassium injection recon soln 5 million unit</i>	1	MO, HI
<i>penicillin g procaine</i>	1	MO
<i>penicillin g sodium</i>	1	MO, HI
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	HI
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	1	MO, HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO, HI
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	HI

ANTI - INFECTIVES: QUINOLONES

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

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

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

ANTI - INFECTIVES: SULFA'S / RELATED AGENTS

Drug Name	Tier	Requirements/ Limits
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	MO, HI
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO

ANTI - INFECTIVES: TETRACYCLINES

Drug Name	Tier	Requirements/ Limits
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	MO, HI
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	MO
<i>morgidox oral capsule 100 mg</i>	1	MO
NUZYRA INTRAVENOUS	2	HI

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

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

Drug Name	Tier	Requirements/ Limits
NUZYRA ORAL	2	MO
<i>tetracycline</i>	1	MO

**ANTI - INFECTIVES: URINARY
TRACT AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>fosfomycin tromethamine</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS:
ADJUNCTIVE AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>dexrazoxane hcl</i>	1	MO, HI
ELITEK	2	MO, HI
KEPIVANCE	2	MO, HI
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	MO, HI
<i>leucovorin calcium injection recon soln 500 mg</i>	1	HI
<i>leucovorin calcium injection solution</i>	1	HI
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	MO, HI
<i>levoleucovorin calcium intravenous solution</i>	1	HI
<i>mesna</i>	1	MO, HI
MESNEX ORAL	2	MO
VISTOGARD	2	MO
XGEVA	3	PA, MO

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

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
<i>abiraterone oral tablet 250 mg</i>	1	PA, MO, QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA, MO, QL (60 per 30 days)
ABRAXANE	2	PA, MO, HI
ADAKVEO	2	PA, MO
<i>adriamycin intravenous recon soln 10 mg</i>	1	MO, HI
<i>adriamycin intravenous solution 10 mg/5 ml</i>	1	MO, HI
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	HI
AFINITOR DISPERZ	2	PA, MO
AFINITOR ORAL TABLET 10 MG	2	PA, MO
ALECENSA	2	PA, MO
ALIMTA	2	MO, HI
ALIQOPA	2	MO, LA
ALUNBRIG	2	PA, MO
<i>anastrozole</i>	1	MO
ARRANON	2	HI
<i>arsenic trioxide</i>	1	MO
ARZERRA	2	B/D PA, MO, HI
ASTAGRAF XL	3	B/D PA, MO
AVASTIN	2	PA, MO, HI
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA, MO, LA
<i>azacitidine</i>	1	B/D PA, MO, HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>azathioprine</i>	1	B/D PA, MO
<i>azathioprine sodium</i>	1	B/D PA, HI
BALVERSA	2	PA, MO, LA
BAVENCIO	2	PA, MO, LA
BELEODAQ	2	MO, HI
BENDEKA	2	MO
BESPONSA	2	MO, HI
<i>bexarotene</i>	1	PA, MO
<i>bicalutamide</i>	1	MO
BLENREP	2	B/D PA, MO
<i>bleomycin</i>	1	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	2	B/D PA, MO
BORTEZOMIB	2	MO, HI
BOSULIF	2	PA, MO
BRAFTOVI ORAL CAPSULE 75 MG	2	PA, MO, LA
BRUKINSA	2	PA, MO, LA
<i>busulfan</i>	1	HI
CABOMETYX	2	PA, MO, LA
CALQUENCE	2	PA, MO, LA
<i>capecitabine</i>	MB	MO
CAPRELSA	2	PA, LA
<i>carboplatin intravenous solution</i>	1	MO, HI
<i>carmustine</i>	1	MO
<i>cisplatin intravenous solution</i>	1	MO, HI
<i>cladribine</i>	1	B/D PA, MO, HI
<i>clofarabine</i>	1	HI

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
COMETRIQ	2	PA, MO
COPIKTRA	2	PA, MO, LA
COTELLIC	2	PA, MO, LA
<i>cyclophosphamide intravenous recon soln</i>	1	MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA, MO
<i>cyclosporine intravenous</i>	1	B/D PA, HI
<i>cyclosporine modified</i>	1	B/D PA, MO
<i>cyclosporine oral capsule</i>	1	B/D PA, MO
CYRAMZA	2	B/D PA, MO, HI
cytarabine	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA, HI
dacarbazine	1	MO, HI
dactinomycin	1	HI
DANYELZA	2	PA, MO
DARZALEX	2	PA, MO, LA
DARZALEX FASPRO	2	PA, MO, LA
<i>daunorubicin intravenous solution</i>	1	HI
DAURISMO	2	PA, MO
decitabine	1	MO, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	1	HI
<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>	1	MO, HI
<i>doxorubicin intravenous recon soln 50 mg</i>	1	MO, HI
<i>doxorubicin intravenous solution</i>	1	MO, HI
<i>doxorubicin, peg-liposomal</i>	1	MO, HI
ELIGARD	2	MO
ELIGARD (3 MONTH)	2	MO
ELIGARD (4 MONTH)	2	MO
ELIGARD (6 MONTH)	2	MO
ELZONRIS	2	B/D PA, MO
EMCYT	2	MO
EMPLICITI	2	B/D PA, MO, HI
ENHERTU	2	PA, MO
ENSPRYNG	2	PA, MO
ENVARUSUS XR	3	B/D PA, MO
<i>epirubicin intravenous solution</i>	1	MO, HI
ERBITUX	2	PA, MO, HI
ERIVEDGE	2	PA, MO

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

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
ERLEADA	2	PA, MO, QL (120 per 30 days)
<i>erlotinib</i>	1	PA, MO
ERWINAZE	2	MO
ETOPOPHOS	2	MO, HI
<i>etoposide intravenous</i>	1	MO, HI
<i>etoposide oral</i>	MB	MO
<i>everolimus (antineoplastic)</i>	1	PA, MO
<i>everolimus (immunosuppressive)</i>	1	B/D PA, MO
<i>exemestane</i>	1	MO
FARYDAK	2	PA, MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	MO, HI
<i>fludarabine intravenous solution</i>	1	HI
<i>fluorouracil intravenous</i>	1	B/D PA, MO, HI
<i>flutamide</i>	1	MO
FOLOTYN	2	MO, HI
FOTIVDA	2	PA, MO, QL (21 per 28 days)
<i>fulvestrant</i>	1	MO
GAMIFANT	2	PA, MO
GAVRETO	2	PA, MO, LA, QL (120 per 30 days)

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
GAZYVA	2	PA, MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	MO, HI
<i>gemcitabine intravenous recon soln 2 gram</i>	1	HI
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ ml)</i>	1	MO, HI
<i>gengraf</i>	1	B/D PA, MO
GILOTRIF	2	PA, MO
HALAVEN	2	PA, MO, HI
HERCEPTIN HYLECTA	3	PA, MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	PA, MO, HI
HERZUMA	2	PA, MO
HYCANTIN ORAL	MB	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA, MO, QL (21 per 28 days)
ICLUSIG	2	PA, MO
<i>idarubicin</i>	1	MO, HI
IDHIFA	2	PA, MO, LA
<i>ifosfamide intravenous recon soln</i>	1	MO, HI

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	MO, HI
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	HI
<i>imatinib</i>	1	PA, MO
IMBRUVICA ORAL CAPSULE 140 MG	2	PA, MO, QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA, MO, QL (30 per 30 days)
IMBRUVICA ORAL TABLET	2	PA, MO, QL (30 per 30 days)
IMFINZI	2	PA, MO, HI, LA
INFUGEM	2	HI
INLYTA	2	PA, MO
INQOVI	2	PA, MO
INREBIC	2	PA, MO, LA
IRESSA	2	PA, MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	MO, HI
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	HI
ISTODAX	2	MO, HI
IXEMPRA	2	PA, MO, HI
JAKAFI	2	PA, MO, QL (60 per 30 days)
JEMPERLI	2	PA, MO
JEVTANA	2	PA, MO, HI
KADCYLA	2	PA, MO, HI
KANJINTI	2	PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
KEYTRUDA	2	PA, MO, HI
KISQALI	2	PA, MO
KISQALI FEMARA CO-PACK	2	PA, MO
KLISYRI	3	MO, QL (5 per 30 days)
KOSELUGO	2	PA, MO
KYPROLIS	2	PA, MO, HI
<i>lapatinib</i>	1	PA, MO
LENVIMA	2	PA, MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	MO
LIBTAYO	2	PA, MO, HI
LONSURF	2	PA, MO
LORBRENA	2	PA, MO
LUMOXITI	2	PA, HI, LA
LUPKYNIS	2	PA, MO, LA
LUPRON DEPOT	2	MO
LUPRON DEPOT (3 MONTH)	2	MO
LUPRON DEPOT (4 MONTH)	2	MO
LUPRON DEPOT (6 MONTH)	2	MO
LUPRON DEPOT-PED	2	MO
LUPRON DEPOT-PED (3 MONTH)	2	MO
LYNPARZA ORAL TABLET	2	PA, MO

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

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D PA, MO
MYLERAN	MB	MO
MYLOTARG	2	MO, HI, LA
NERLYNX	2	PA, MO, LA
NEXAVAR	2	PA, MO, LA
<i>nilutamide</i>	1	PA, MO
NINLARO	2	PA, MO, QL (3 per 28 days)
NUBEQA	2	PA, MO, LA
NULOJIX	3	B/D PA, MO, HI
<i>octreotide acetate</i>	1	MO
ODOMZO	2	PA, MO, LA
OGIVRI	2	PA, MO
ONCASPAR	2	MO
ONIVYDE	2	PA, MO
ONTRUZANT	2	PA, MO
ONUREG	2	PA, MO
OPDIVO	2	PA, MO, HI
ORGOVYX	2	PA, MO, LA
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	HI
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	MO, HI

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	
<i>paclitaxel</i>	1	MO, HI
PADCEV	2	PA, MO
<i>paraplatin</i>	1	HI
PEMAZYRE	2	PA, MO, LA
PEPAXTO	2	B/D PA, MO
PERJETA	2	PA, MO, HI
PHESGO	2	PA, MO
PIQRAY	2	PA, MO
POLIVY	2	PA, MO
POMALYST	2	PA, MO, LA
PORTRAZZA	2	B/D PA, MO
POTELIGEO	2	PA, MO
PROGRAF INTRAVENOUS	2	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA, MO
PURIXAN	2	
QINLOCK	2	PA, MO, LA
RETEVMO	2	PA, MO, LA
REVLIMID	2	PA, MO, LA, QL (28 per 28 days)
RIABNI	3	PA, MO
RITUXAN	2	PA, MO, HI
RITUXAN HYCELA	3	PA, MO
ROMIDEPSIN INTRAVENOUS SOLUTION	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
(continued)

Drug Name	Tier	Requirements/ Limits
ROZLYTREK	2	PA, MO
RUBRACA	2	PA, MO, LA
RUXIENCE	2	PA, MO
RYDAPT	2	PA, MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	MO
SARCLISA	2	PA, MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML)	2	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	MO
SIKLOS	2	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA, MO, HI
<i>sirolimus</i>	1	B/D PA, MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	2	MO
SPRYCEL	2	PA, MO
STIVARGA	2	PA, MO

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

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)		
Drug Name	Tier	Requirements/Limits
SUTENT	2	PA, MO
SYNRIBO	2	MO
TABLOID	2	MO
TABRECTA	2	PA, MO
<i>tacrolimus oral</i>	1	B/D PA, MO
TAFINLAR	2	PA, MO
TAGRISSE	2	PA, MO, LA, QL (30 per 30 days)
TALZENNA	2	PA, MO
<i>tamoxifen</i>	1	MO
TARGRETIN 1% GEL	2	PA, MO
TASIGNA	2	PA, MO
TAZVERIK	2	PA, MO, LA
TECENTRIQ	2	PA, MO, HI, LA
TEMODAR INTRAVENOUS	2	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	1	MO
TEPMETKO	2	PA, MO, LA, QL (60 per 30 days)
THALOMID	2	PA, MO
<i>thiotepa injection recon soln 100 mg</i>	1	
<i>thiotepa injection recon soln 15 mg</i>	1	MO
TIBSOVO	2	PA, MO
<i>toposar</i>	1	MO, HI
<i>topotecan intravenous recon soln</i>	1	HI

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)		
Drug Name	Tier	Requirements/Limits
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	MO, HI
<i>toremifene</i>	1	MO
TRAZIMERA	2	PA, MO
TREANDA	2	MO, HI
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRODELVY	2	PA, MO
TRUXIMA	2	PA, MO
TUKYSA	2	PA, MO, LA
TURALIO	2	MO, LA
UKONIQ	2	PA, MO, LA
UNITUXIN	2	MO
<i>valrubicin</i>	1	MO
VANTAS	2	MO
VECTIBIX	2	B/D PA, MO, HI
VELCADE	2	MO, HI
VENCLEXTA ORAL TABLET 10 MG	2	PA, MO, LA, QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA, MO, LA, QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA, MO, LA, QL (30 per 30 days)

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
VENCLEXTA STARTING PACK	2	PA, MO, LA, QL (42 per 30 days)
VERZENIO	2	PA, MO, LA
<i>vinblastine</i>	1	B/D PA, MO, HI
<i>vincasar pfs</i>	1	B/D PA, MO, HI
<i>vincristine</i>	1	B/D PA, MO, HI
<i>vinorelbine</i>	1	MO, HI
VITRAKVI	2	PA, MO, LA
VIZIMPRO	2	PA, MO
VOTRIENT	2	PA, MO
VYXEOS	2	B/D PA, MO, HI
XALKORI	2	PA, MO
XATMEP	2	B/D PA, MO
XERMELO	2	MO, LA
XOSPATA	2	PA, MO, LA
XPOVIO	2	PA, MO, LA
XTANDI ORAL CAPSULE	2	PA, MO, QL (120 per 30 days)
XTANDI ORAL TABLET	2	PA, MO
YERVOY	2	PA, MO, HI
YONDELIS	2	MO, HI
YONSA	2	PA, MO
ZALTRAP	2	MO, HI
ZANOSAR	2	MO, HI
ZEJULA	2	PA, MO, LA
ZELBORAF	2	PA, MO
ZEPZELCA	2	B/D PA, MO
ZIRABEV	2	PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
ZOLADEX	2	MO
ZOLINZA	2	PA, MO
ZORTRESS ORAL TABLET 1 MG	2	B/D PA, MO
ZYDELIG	2	PA, MO
ZYKADIA ORAL TABLET	2	PA, MO
ZYNLONTA	2	PA, MO

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>felbamate</i>	1	MO
FINTEPLA	3	MO, LA
<i>fosphenytoin</i>	1	MO, HI
FYCOMPA	3	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO, HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	HI
<i>levetiracetam intravenous</i>	1	MO, HI
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
NAYZILAM	3	MO, QL (10 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
<i>phenobarbital</i>	1	PA, MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	
<i>Pregabalin</i>	1	MO
<i>primidone</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	1	MO
SPRITAM	3	MO
<i>subvenite</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN	3	MO
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA, MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	MO
<i>topiramate oral tablet</i>	1	PA, MO
TROKENDI XR	3	PA, MO
<i>valproate sodium</i>	1	MO, HI
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	MO
VALTOCO	2	MO
<i>vigabatrin</i>	1	MO, LA
<i>vigadrone</i>	1	MO, LA
VIMPAT INTRAVENOUS	3	MO, HI
VIMPAT ORAL SOLUTION	3	MO

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

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

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

Drug Name	Tier	Requirements/ Limits
VIMPAT ORAL TABLET	3	MO
XCOPRI	3	MO
XCOPRI MAINTENANCE PACK	3	MO
XCOPRI TITRATION PACK	3	MO
<i>zonisamide</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APOKYN	2	MO, LA
<i>benztropine</i>	1	MO
<i>benztropine injection</i>	1	MO, HI
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE	2	PA, MO
NEUPRO	3	MO
NOURIANZ	3	PA, MO, LA
ONGENTYS	3	PA, MO
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	MO
<i>trihexyphenidyl</i>	1	MO
ZELAPAR	3	MO

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

Drug Name	Tier	Requirements/ Limits
AIMOVIG AUTOINJECTOR	2	PA, MO, QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO, QL (8 per 30 days)
EMGALITY PEN	2	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ ML	2	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA, MO, QL (3 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO, QL (18 per 30 days)
NURTEC ODT	3	PA, MO, QL (15 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO, QL (36 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO, QL (36 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO, QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO, QL (36 per 30 days)
<i>sumatriptan succinate oral</i>	1	MO, QL (18 per 30 days)

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan-naproxen</i>	1	MO, QL (18 per 30 days)
UBRELVY	3	PA, MO, QL (16 per 30 days)
ZOLMITRIPTAN NASAL	2	MO, QL (18 per 30 days)
<i>zolmitriptan oral</i>	1	MO, QL (18 per 30 days)
ZOMIG NASAL	2	MO, QL (18 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
AUBAGIO	2	PA, MO, QL (30 per 30 days)
AUSTEDO	2	PA, MO, LA
<i>dalfampridine oral tablet extended release 12 hr</i>	1	PA, MO, QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA, MO, QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA, MO, QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA, MO, QL (60 per 30 days)
<i>donepezil</i>	1	MO
EVRYSDI	2	PA, MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA, MO, QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA, MO, QL (30 per 30 days)

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

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

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

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

Drug Name	Tier	Requirements/ Limits
MAVENCLAD (9 TABLET PACK)	3	PA, MO, LA, QL (9 per 28 days)
MAYZENT ORAL TABLET 0.25 MG	3	PA, MO, QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	3	PA, MO, QL (30 per 30 days)
MAYZENT STARTER PACK	3	PA, MO, QL (12 per 180 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	MO
<i>memantine oral solution</i>	1	MO
<i>memantine oral tablet</i>	1	MO
NUDEXTA	2	PA, MO
OCREVUS	2	PA, MO
ONPATTRO	2	PA, MO, HI, LA
PONVORY	3	PA, MO, QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	3	PA, MO, QL (14 per 180 days)
RADICAVA	2	MO, HI
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal</i>	1	MO
RUZURGI	2	MO
TEGSEDI	2	PA, MO, LA
<i>tetrabenazine</i>	1	PA, MO
TYSABRI	2	PA, MO, HI, LA
ZEPOSIA	2	PA, MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
ZEPOSIA STARTER KIT	2	PA, MO, QL (37 per 30 days)
ZEPOSIA STARTER PACK	2	PA, MO, QL (7 per 30 days)

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen-caff- dihydrocod</i>	1	MO
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	1	MO
<i>acetaminophen- codeine oral tablet</i>	1	MO
<i>ascomp with codeine</i>	1	PA, MO
<i>buprenorphine</i>	1	PA, MO
<i>buprenorphine hcl injection solution</i>	1	MO, HI
<i>buprenorphine hcl injection syringe</i>	1	HI
<i>buprenorphine hcl sublingual</i>	1	MO
<i>butalbital compound w/codeine</i>	1	PA, MO
<i>butalbital-acetaminop- caf-cod</i>	1	PA, MO
<i>butalbital- acetaminophen oral capsule</i>	1	PA, MO
<i>butalbital- acetaminophen oral tablet 25-325 mg</i>	1	PA
<i>butalbital- acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA, MO

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>butalbital- acetaminophen-caff oral tablet</i>	1	PA, MO
<i>butalbital-aspirin- caffeine</i>	1	PA, MO
<i>codeine sulfate</i>	1	MO
<i>codeine-butalbital- asa-caff</i>	1	PA, MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	
<i>endocet</i>	1	MO
<i>fentanyl</i>	1	MO
<i>fentanyl citrate (pf) injection solution</i>	1	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA, MO
<i>hydrocodone bitartrate</i>	1	PA, MO
<i>hydrocodone- acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
HYDROCODONE- ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	2	
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO
<i>hydrocodone- ibuprofen</i>	1	MO
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ ml</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	MO
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO
<i>hydromorphone oral tablet</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA, MO
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO
<i>levorphanol tartrate oral tablet 3mg</i>	1	MO
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA, MO
<i>meperidine oral solution</i>	1	MO
<i>meperidine oral tablet 50 mg</i>	1	MO
<i>methadone injection solution</i>	1	HI
<i>methadone intensol</i>	1	PA, MO
<i>methadone oral concentrate</i>	1	PA, MO
<i>methadone oral solution</i>	1	PA, MO
<i>methadone oral tablet</i>	1	PA, MO
<i>methadose oral concentrate</i>	1	PA, MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	2	
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine injection syringe 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml</i>	1	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND)	2	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)	2	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA, MO
<i>morphine oral capsule, extend. release pellets</i>	1	PA, MO
<i>morphine oral solution</i>	1	MO
<i>morphine oral tablet</i>	1	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>morphine oral tablet extended release</i>	1	PA, MO
<i>oxycodone oral capsule</i>	1	MO
<i>oxycodone oral concentrate</i>	1	MO
<i>oxycodone oral solution</i>	1	MO
<i>oxycodone oral tablet</i>	1	MO
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	
<i>oxymorphone oral tablet</i>	1	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA, MO
<i>prolactin oral tablet</i>	1	
<i>tencon</i>	1	PA, MO
<i>vtol lq</i>	1	PA, MO
<i>XTAMPZA ER</i>	2	PA, MO
<i>zebutal</i>	1	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>	1	MO
<i>buprenorphine-naloxone</i>	1	MO
<i>butorphanol tartrate injection</i>	1	MO, HI
<i>butorphanol tartrate nasal</i>	1	MO
<i>cataflam</i>	1	
<i>celecoxib</i>	1	MO, QL (60 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	1	MO
<i>diflunisal</i>	1	MO
<i>ec-naproxen</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>fenoprofen oral tablet</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	1	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	1	MO
<i>indomethacin oral capsule, extended release</i>	1	MO
<i>indomethacin sodium</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>ketorolac injection cartridge 30 mg/ml</i>	1	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	MO
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular cartridge</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>ketorolac intramuscular solution</i>	1	MO
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	1	MO
LUCEMYRA	2	MO, QL (224 per 180 days)
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO, QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	MO, HI
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
NARCAN NASAL SPRAY, NON- AEROSOL 4 MG/ ACTUATION	1	MO
<i>oxaprozin</i>	1	MO
<i>pentazocine-naloxone</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO

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

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

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

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	3	ST, MO
<i>alprazolam intensol</i>	1	MO
<i>alprazolam oral tablet</i>	1	MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	MO
<i>alprazolam oral tablet, disintegrating</i>	1	MO
<i>amitriptyline</i>	1	PA, MO
<i>amitriptyline- chlordiazepoxide</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	MO
<i>aripiprazole</i>	1	MO
ARISTADA	3	ST, MO
ARISTADA INITIO	3	ST, MO
<i>armodafinil</i>	1	PA, MO
<i>asenapine maleate</i>	1	MO
<i>atomoxetine</i>	1	MO, QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	MO
<i>bupropion hcl oral tablet sustained- release 12 hr</i>	1	MO
<i>buspirone</i>	1	MO
CAPLYTA	3	ST, MO, QL (30 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
<i>chlordiazepoxide hcl</i>	1	MO
<i>chlorpromazine injection</i>	1	MO, HI
<i>chlorpromazine oral</i>	1	MO
<i>citalopram</i>	1	MO
<i>clomipramine</i>	1	PA, MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	MO
<i>clozapine</i>	1	MO
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	1	MO
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	MO
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 5 mg</i>	1	MO, QL (60 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	MO, QL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>dextroamphetamine oral capsule, extended release</i>	1	MO
<i>dextroamphetamine oral solution</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO, QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	MO
<i>diazepam intensol</i>	1	MO
<i>diazepam oral concentrate</i>	1	MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO
<i>diazepam oral tablet</i>	1	MO
<i>doxepin oral capsule</i>	1	PA, MO
<i>doxepin oral concentrate</i>	1	PA, MO
<i>doxepin oral tablet</i>	1	MO
DRIZALMA SPRINKLE	3	MO
<i>duloxetine oral capsule, delayed release (dr/ec)</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
EMSAM	3	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate</i>	1	MO
<i>estazolam</i>	1	MO
<i>eszopiclone</i>	1	MO, QL (30 per 30 days)
FANAPT	3	ST, MO
FETZIMA	3	MO
<i>flumazenil</i>	1	MO
<i>fluoxetine oral capsule</i>	1	MO
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>flurazepam</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
FORFIVO XL	3	MO
<i>guanfacine oral tablet extended release 24 hr</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	

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

Drug Name	Tier	Requirements/ Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	2	PA, MO, QL (30 per 30 days)
HETLIOZ LQ	2	PA, MO, QL (150 per 30 days)
<i>imipramine hcl</i>	1	PA, MO
<i>imipramine pamoate</i>	1	PA, MO
INVEGA SUSTENNA	3	ST, MO
INVEGA TRINZA	3	ST, MO
LATUDA	3	ST, MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>lorazepam injection syringe 4 mg/ml</i>	1	
<i>lorazepam intensol</i>	1	MO
<i>lorazepam oral concentrate</i>	1	MO
<i>lorazepam oral tablet</i>	1	MO
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
<i>metadate er</i>	1	QL (90 per 30 days)
<i>methamphetamine</i>	1	PA, MO
<i>methylphenidate hcl oral cap,er sprinkle, biphasic 40-60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1	MO, QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>midazolam (pf) injection cartridge</i>	1	
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	MO
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA, MO
<i>molindone</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID ORAL CAPSULE	3	ST, MO
NUPLAZID ORAL TABLET 10 MG	3	ST, MO
<i>olanzapine intramuscular recon soln</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO
<i>olanzapine oral tablet, disintegrating</i>	1	MO
<i>olanzapine-fluoxetine</i>	1	MO
<i>oxazepam</i>	1	MO
<i>paliperidone</i>	1	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO
<i>paroxetine mesylate (menop.sym)</i>	1	MO
PAXIL ORAL SUSPENSION	3	MO
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>perphenazine- amitriptyline</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
PERSERIS	3	ST, MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet</i>	1	MO
<i>quetiapine oral tablet extended release 24 hr</i>	1	MO
<i>ramelteon</i>	1	MO
REXULTI	3	ST, MO
RISPERDAL CONSTA	3	ST, MO
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet, disintegrating</i>	1	MO
SECUADO	3	ST, MO
<i>sertraline</i>	1	MO
<i>temazepam</i>	1	MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>triazolam</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA, MO
TRINTELLIX	3	MO, QL (30 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
<i>venlafaxine oral capsule, extended release 24hr</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO
VERSACLOZ	3	ST
VIIBRYD ORAL TABLET	3	MO, QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	MO, QL (30 per 30 days)
VRAYLAR	3	ST, MO
XYREM	2	PA, MO, LA
<i>zaleplon</i>	1	MO, QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	3	MO
<i>ziprasidone hcl</i>	1	MO
<i>ziprasidone mesylate</i>	1	
<i>zolpidem oral tablet</i>	1	MO, QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	1	MO, QL (30 per 30 days)
ZYPREXA RELPREVV	3	ST, MO

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

Drug Name	Tier	Requirements/ Limits
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA, MO, HI
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral</i>	1	MO
<i>bretylum tosylate</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	MO
<i>lidocaine (pf) in d7.5w</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO, HI
<i>lidocaine (pf) intravenous syringe</i>	1	HI
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO, HI
<i>procainamide injection solution 500 mg/ml</i>	1	HI

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral tablet extended release</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	MO
<i>sotalol oral</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal</i>	1	MO
<i>corlopam</i>	1	
<i>diltiazem hcl intravenous recon soln</i>	1	HI
<i>diltiazem hcl intravenous solution</i>	1	MO, HI
<i>diltiazem hcl oral</i>	1	MO
<i>dilt-xr oral capsule, ext release degradable</i>	1	MO
<i>doxazosin</i>	1	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol</i>	1	B/D PA, MO
<i>epoprostenol (glycine)</i>	1	B/D PA, MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>esmolol in nacl (iso-osm)</i>	1	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	MO, HI
<i>ethacrynic acid</i>	1	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO, HI
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>guanfacine oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydralazine injection</i>	1	MO, HI
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO, HI
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	HI
<i>labetalol oral</i>	1	MO

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim 1a oral tablet extended release 24 hr</i>	1	MO
<i>methyldopa</i>	1	MO
<i>methyldopa-hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO, HI
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metyrosine</i>	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI ORAL	2	PA, MO, LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA, MO
<i>verapamil intravenous solution</i>	1	MO, HI
<i>verapamil intravenous syringe</i>	1	HI
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/ Limits
<i>aminocaproic acid</i>	1	MO
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	2	MO, LA
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	MO, LA, QL (60 per 30 days)
DOPTELET (15 TAB PACK)	2	MO, LA, QL (60 per 30 days)
DOPTELET (30 TAB PACK)	2	MO, LA, QL (60 per 30 days)
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO, QL (180 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO, QL (60 per 30 days)

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>	1	MO, QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO, QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO, QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO, QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO, QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO, QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO, QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO, QL (18 per 30 days)
<i>hep flush-10 (pf)</i>	MB	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	HI

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

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

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
<i>MULPLETA</i>	2	MO, QL (7 per 180 days)
<i>NPLATE</i>	2	MO
<i>pentoxifylline oral tablet extended release</i>	1	MO
<i>prasugrel</i>	1	MO
<i>PRAXBIND</i>	2	
<i>PROMACTA</i>	2	MO, LA
<i>protamine</i>	1	
<i>TAVALISSE</i>	2	MO, LA
<i>warfarin</i>	1	MO

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/ CHOLESTEROL LOWERING AGENTS

Drug Name	Tier	Requirements/ Limits
<i>amlodipine-atorvastatin</i>	1	MO
<i>atorvastatin</i>	1	MO
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colestipol</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet 54 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg (generic)</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	MO
<i>fluvastatin oral capsule</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	PA, MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA, MO, LA
<i>lovastatin</i>	1	MO

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

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

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

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

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

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

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

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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC (continued)

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>ammonium lactate</i>	1	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>chloroprocaine (pf)</i>	1	
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	1	MO
<i>doxepin topical</i>	1	MO, QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA, MO
DUPIXENT SYRINGE	2	PA, MO
FLUOROURACIL TOPICAL CREAM 0.5 %	2	MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	2	MO
IMIQUIMOD TOPICAL CREAM IN PACKET 3.75 %	2	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO

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

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

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

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>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>methoxsalen</i>	1	MO
<i>pimecrolimus</i>	1	PA, MO
<i>podofilox</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
<i>prudoxin</i>	1	MO
REGRANEX	2	MO
SANTYL	2	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA, MO
VALCHLOR	2	MO
<i>xylocaine dental-epinephrine</i>	1	

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

Drug Name	Tier	Requirements/ Limits
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	1	MO
<i>adapalene topical cream</i>	1	PA, MO
<i>adapalene topical gel</i>	1	PA, MO
<i>adapalene topical gel with pump</i>	1	PA, MO
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	PA, MO
<i>amneesteem</i>	1	MO
<i>avita topical cream</i>	1	PA, MO
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	MO
<i>clindacin etz topical swab</i>	1	MO
<i>clindacin p</i>	1	MO
<i>clindamycin phosphate topical foam</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO
<i>clindamycin phosphate topical swab</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

Drug Name	Tier	Requirements/ Limits
<i>clindamycin-benzoyl peroxide</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA, MO
<i>dapsone topical</i>	1	MO
<i>ery pads</i>	1	MO
<i>erygel</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
FABIOR	3	MO
<i>isotretinoin</i>	1	MO
<i>ivermectin topical cream</i>	1	MO
<i>metronidazole topical</i>	1	MO
<i>myorisan</i>	1	MO
<i>neuac</i>	1	MO
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
<i>tazarotene topical cream</i>	1	PA, MO
TAZAROTENE TOPICAL FOAM	3	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA, MO
TAZORAC TOPICAL GEL	3	PA, MO
<i>tretinoin microspheres</i>	1	PA, MO
<i>tretinoin topical</i>	1	PA, MO

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>zenatane</i>	1	MO

**DERMATOLOGICALS/TOPICAL
THERAPY: TOPICAL
ANTIBACTERIALS**

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

**DERMATOLOGICALS/TOPICAL
THERAPY: TOPICAL ANTIFUNGALS**

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

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

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

Drug Name	Tier	Requirements/ Limits
<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringer's irrigation</i>	1	MO
SORBITOL IRRIGATION SOLUTION 3 %	2	
<i>tis-u-sol pentalyte</i>	1	MO

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>d5 %-0.45 % sodium chloride</i>	1	MO, HI
<i>deferasirox</i>	1	MO
<i>deferiprone</i>	1	MO
<i>deferoxamine</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	HI
<i>dextrose 10 % in water (d10w)</i>	1	HI
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO, HI
<i>dextrose 5 %-lactated ringers</i>	1	MO, HI
<i>dextrose 5%-0.2 % sod chloride</i>	1	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	1	HI
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	MO
<i>disulfiram</i>	1	MO
<i>droxidopa</i>	1	MO
FERRIPROX	2	MO
FERRIPROX (2 TIMES A DAY)	2	
GIVLAARI	2	PA, MO

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

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
GLASSIA	3	PA, MO, HI, LA
INCRELEX	2	PA, MO, LA
<i>lanthanum oral tablet, chewable</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>midodrine</i>	1	MO
<i>monoject 0.9% sodium chloride</i>	MB	
<i>monoject prefill advanced ns</i>	MB	MO
<i>nitisinone</i>	1	MO
NITYR	2	MO, LA
<i>normal saline flush</i>	MB	MO
ORFADIN ORAL CAPSULE 20 MG	2	MO, LA
ORFADIN ORAL SUSPENSION	2	MO, LA
OXBRYTA	2	PA, MO, LA, QL (150 per 30 days)
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	PA, HI, LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA, MO, HI, LA
RAVICTI	3	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
REVCOVI	2	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO, QL (30 per 30 days)
<i>sevelamer carbonate</i>	1	MO
<i>sevelamer hcl</i>	1	MO
<i>sodium benzoate-sodium phenylacet</i>	1	
<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>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO, HI
<i>sodium chloride injection</i>	MB	
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
THIOLA	2	MO
THIOLA EC	2	MO

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
TIGLUTIK	3	MO
<i>tiopronin</i>	1	MO
<i>trientine</i>	1	MO
VELTASSA	3	MO
<i>water for inject, bacteriostat</i>	MB	
<i>water for irrigation, sterile</i>	1	MO
XURIDEN	2	MO
ZOKINVY	2	PA, MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENENTS

Drug Name	Tier	Requirements/ Limits
<i>bupropion hcl (smoking deter) oral tablet extended release</i>	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	2	MO
NICOTROL NS	2	MO

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

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

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

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

Drug Name	Tier	Requirements/ Limits
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO

ENDOCRINE/DIABETES: ADRENAL HORMONES

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

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

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

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

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

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

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

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

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acarbose</i>	1	MO
ALCOHOL PADS	2	
BAQSIMI	2	MO
BYDUREON BCISE	2	MO, QL (3.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO, QL (1.2 per 30 days)
CYCLOSET	3	MO
DEXCOM RECEIVER	MB	QL (1 per 365 days)
DEXCOM SENSOR	MB	
DEXCOM TRANSMITTER	MB	
<i>diazoxide</i>	1	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>	1	MO
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	1	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>	1	MO
GUARDIAN REAL-TIME GLUCOSE MONITORING SYSTEM	MB	QL (1 per 365 days)
GUARDIAN SENSOR	MB	
GUARDIAN TRANSMITTER	MB	
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25 (U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO

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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
INPEN (FOR HUMALOG)	2	QL (1 per 365 days)
INVOKAMET	2	MO
INVOKAMET XR	2	MO
INVOKANA	2	MO
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO
JARDIANCE	2	MO
KOMBIGLYZE XR	2	MO
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
<i>metformin oral solution</i>	1	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR)</i>	1	MO
<i>miglitol</i>	1	MO
<i>nateglinide</i>	1	MO
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ONETOUCH ULTRA TEST	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 28 days)
ONGLYZA	2	MO

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)	3	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)	3	ST, MO, QL (3 per 28 days)
<i>pioglitazone</i>	1	MO
<i>pioglitazone-glimepiride</i>	1	MO
<i>pioglitazone-metformin</i>	1	MO
<i>repaglinide</i>	1	MO
RYBELSUS	3	ST, MO, QL (30 per 30 days)
SOLIQUA 100/33	2	PA, MO, QL (90 per 30 days)
SYMLINPEN 120	2	MO
SYMLINPEN 60	2	MO
SYNJARDY	2	MO
SYNJARDY XR	2	MO
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRULICITY	2	MO, QL (2 per 28 days)
VGO	2	

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

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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
JYNARQUE	2	MO, LA
KANUMA	2	MO, HI
KORLYM	3	PA, MO
MEPSEVII	2	MO
METHITEST	2	MO
<i>methyltestosterone oral capsule</i>	1	MO
<i>miglustat</i>	1	MO, LA
MYALEPT	2	MO, LA
NAGLAZYME	2	MO, HI, LA
NATPARA	3	PA, MO, LA
NOVAREL	2	PA, MO
<i>oxandrolone</i>	1	PA, MO
PALYNZIQ	2	MO, LA
<i>pamidronate intravenous recon soln</i>	1	
<i>pamidronate intravenous solution</i>	1	MO, HI
PARICALCITOL HEMODIALYSIS PORT INJECTION	2	
<i>paricalcitol intravenous</i>	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML	2	MO, HI
<i>paricalcitol oral</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
PARSABIV	2	MO
SAMSCA ORAL TABLET 15 MG	2	MO
<i>sapropterin</i>	1	MO
SOMAVERT	2	MO
STRENSIQ	2	MO, LA
SYNAREL	2	MO
TEPEZZA	2	PA, MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate</i>	1	MO
<i>testosterone transdermal gel (generic)</i>	1	MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic)</i>	1	MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic)</i>	1	MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic)</i>	1	MO

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

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

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

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

ENDOCRINE/DIABETES: THYROID HORMONES

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

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

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

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
<i>alosetron</i>	1	MO, QL (60 per 30 days)
<i>aprepitant</i>	1	B/D PA, MO
<i>balsalazide</i>	1	MO
<i>budesonide oral</i>	1	MO
CHOLBAM	2	MO
CIMZIA	3	PA, MO, QL (3 per 28 days)
CIMZIA POWDER FOR RECONST	3	PA, MO, QL (1 per 28 days)
CIMZIA STARTER KIT	3	PA, MO, QL (3 per 28 days)
CINVANTI	2	MO, HI
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	2	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	B/D PA, MO
<i>droperidol injection solution</i>	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA, MO
ENTYVIO	2	PA, MO
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	3	PA, MO

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
GATTEX ONE-VIAL	3	PA, MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO, HI
<i>granisetron hcl intravenous</i>	1	MO, HI
<i>granisetron hcl oral</i>	1	B/D PA, MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
INFLECTRA	2	PA, MO, HI
<i>lactulose</i>	1	MO
LINZESS	2	MO, QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO, HI
<i>metoclopramide hcl injection syringe</i>	1	HI
<i>metoclopramide hcl oral</i>	1	MO

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

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

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

Drug Name	Tier	Requirements/ Limits
OICALIVA	3	MO, LA, QL (30 per 30 days)
<i>ondansetron hcl (pf)</i>	1	MO, HI
<i>ondansetron hcl intravenous</i>	1	MO, HI
<i>ondansetron hcl oral solution</i>	1	B/D PA, MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA, MO
<i>ondansetron oral tablet, disintegrating</i>	1	B/D PA, MO
OSMOPREP	3	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	MO
PENTASA	2	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>prochlorperazine</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	3	MO
RELISTOR ORAL	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
<i>scopolamine base</i>	1	MO
SUCRAID	2	MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	MO
SYNDROS	3	B/D PA
<i>trilyte with flavor packets</i>	1	MO
<i>trimethobenzamide oral</i>	1	B/D PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
UCERIS RECTAL	3	MO
<i>ursodiol</i>	1	MO
VARUBI ORAL	2	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	2	MO

**GASTROENTEROLOGY: ULCER
THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>amoxicil-clarithromy- lansopraz</i>	1	MO
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	ST, MO, QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST, MO, QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST, MO, QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST, MO, QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO, HI
<i>famotidine (pf)</i>	1	MO, HI
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO, HI
<i>famotidine intravenous solution</i>	1	MO, HI
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	ST, MO, QL (30 per 30 days)

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

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

GASTROENTEROLOGY: ULCER THERAPY (continued)

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

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	2	PA, MO
ARCALYST	2	MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA, MO, QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	2	PA, QL (2 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA, MO, QL (4 per 28 days)
EGRIFTA SV	2	PA, MO
FULPHILA	2	PA, MO, QL (1.2 per 30 days)
GRANIX	2	MO
ILARIS (PF)	2	PA, MO, LA
INTRON A INJECTION	2	PA, MO
LEUKINE INJECTION RECON SOLN	2	PA, MO, HI
MOZOBIL	2	MO
NEULASTA	3	PA, MO
NEULASTA ONPRO	3	PA, MO
NEUPOGEN	3	PA, MO
NIVESTYM	3	PA, MO
NYVEPRIA	3	PA, MO
OMNITROPE	2	PA, MO
PEGASYS SUBCUTANEOUS SOLUTION	2	MO, QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO, QL (2 per 28 days)

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

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

Drug Name	Tier	Requirements/ Limits
PLEGRIDY INTRAMUSCULAR	2	PA, MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA, MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA, MO, QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE	2	PA, MO, QL (1 per 28 days)
PROLEUKIN	2	PA
REBIF (WITH ALBUMIN)	2	PA, MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA, MO, QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA, MO, QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA, MO, QL (4.2 per 180 days)
REBLOZYL	2	PA, MO
RETACRIT	2	PA, MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
UDENYCA	2	PA, MO, QL (1.2 per 30 days)
ZARXIO	2	MO
ZIEXTENZO	3	PA, MO
ZORBTIVE	2	PA, MO

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

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

**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	3	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DYSPORT	3	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>	1	HI
GAMASTAN	2	MO
GAMASTAN S/D	2	
GAMMAGARD LIQUID	2	PA, MO, HI
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA, MO, HI

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

Drug Name	Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	B/D PA, MO, HI
GARDASIL 9 (PF)	1	MO
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	MO
HIBERIX (PF)	1	MO
IMOVAX RABIES VACCINE (PF)	1	MO
<i>infanrix (dtap) (pf) intramuscular syringe</i>	1	MO
IPOL	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 6.

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

Drug Name	Tier	Requirements/ Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
<i>menquadfi (pf)</i>	1	MO
MENVEO A-C-Y- W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	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	3	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 6.

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

**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	3	PA, MO
YF-VAX (PF)	1	MO
ZINPLAVA	2	PA, MO, HI
ZOSTAVAX (PF)	1	MO

MISCELLANEOUS SUPPLIES

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

**MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	HI
<i>aloprim</i>	1	HI
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	3	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO

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

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alendronate oral solution</i>	1	MO, QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO, QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO, QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	3	PA, QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA, MO, QL (2.34 per 30 days)
<i>ibandronate intravenous</i>	1	MO
<i>ibandronate oral</i>	1	MO, QL (1 per 30 days)
PROLIA	3	PA, MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO, QL (1 per 30 days)
<i>risedronate oral tablet 35 mg</i>	1	MO, QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO, QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO, QL (4 per 28 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY (continued)

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

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

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

**MUSCULOSKELETAL /
RHEUMATOLOGY: OTHER
RHEUMATOLOGICALS**

Drug Name	Tier	Requirements/ Limits
ACTEMRA ACTPEN	3	PA, MO, QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	3	PA, MO, HI, QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS	3	PA, MO, QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS	2	PA, MO, HI
BENLYSTA SUBCUTANEOUS	2	PA, MO
ENBREL MINI	2	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA, MO, QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA, MO, QL (8 per 28 days)
ENBREL SURECLICK	2	PA, MO, QL (8 per 28 days)
HUMIRA PEN	2	PA, MO, QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA, MO, QL (6 per 180 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	2	PA, MO, QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA, MO, QL (4 per 28 days)

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

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

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

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

Drug Name	Tier	Requirements/ Limits
KINERET	2	PA, MO
<i>leflunomide</i>	1	MO, QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	2	PA, MO, HI, QL (4 per 28 days)
ORENCIA CLICKJECT	2	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA, MO, QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA, MO, QL (2.8 per 28 days)
OTEZLA	2	PA, MO, QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA, MO, QL (54 per 28 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	2	PA, QL (54 per 28 days)
<i>penicillamine</i>	1	MO
RIDAURA	2	MO
RINVOQ	2	PA, MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
SIMPONI ARIA	3	PA, MO, HI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	2	PA, MO, QL (150 per 30 days)
XELJANZ ORAL TABLET	2	PA, MO, QL (60 per 30 days)
XELJANZ XR	2	PA, MO, QL (30 per 30 days)

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

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

OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS

Drug Name	Tier	Requirements/ Limits
<i>amabelz</i>	1	MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
<i>dotti</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal</i>	1	MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol- norethindrone acet</i>	1	MO
<i>fyavolv</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	MO
<i>lyza</i>	1	MO
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO

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>	1	MO
<i>norlyda</i>	1	MO
PREMARIN INJECTION	3	MO, HI
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvaferm</i>	1	MO

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

OBSTETRICS / GYNECOLOGY: MISCELLANEOUS OB/GYN

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

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>simliya (28)</i>	1	MO
<i>simpesse</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO

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

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

OBSTETRICS / GYNECOLOGY: OXYTOCICS

Drug Name	Tier	Requirements/ Limits
<i>methergine</i>	1	
<i>methylergonovine oral</i>	1	MO

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

OPHTHALMOLOGY: ANTIBIOTICS

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

OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO

OPHTHALMOLOGY: BETA-BLOCKERS

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

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

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

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

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

OPHTHALMOLOGY: NON- STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

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

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

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

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

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

OPHTHALMOLOGY: STEROIDS

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

OPHTHALMOLOGY: SYMPATHOMIMETICS

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

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

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>hydroxyzine hcl intramuscular</i>	1	MO
<i>hydroxyzine hcl oral</i>	1	PA, MO
<i>hydroxyzine pamoate</i>	1	PA, MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethegan</i>	1	MO

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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	1	B/D PA, MO
ADEMPAS	2	PA, MO, LA
ADVAIR DISKUS	1	MO, QL (60 per 30 days)
ADVAIR HFA	3	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO, QL (25.5 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (20.1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA, MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
<i>alyq</i>	1	PA, MO
<i>ambrisentan</i>	1	PA, MO, LA
<i>aminophylline intravenous</i>	1	HI
ANORO ELLIPTA	2	MO, QL (60 per 30 days)
ARNUITY ELLIPTA	2	MO, QL (30 per 30 days)
ATROVENT HFA	2	MO, QL (25.8 per 30 days)

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>azelastine-fluticasone</i>	1	MO
BEVESPI AEROSPHERE	2	MO, QL (10.7 per 30 days)
<i>bosentan</i>	1	PA, MO, LA
BREO ELLIPTA	2	MO, QL (60 per 30 days)
BRONCHITOL	2	PA, MO, QL (560 per 28 days)
BROVANA	3	B/D PA, MO
<i>budesonide inhalation</i>	1	B/D PA, MO
CINRYZE	2	PA, MO, HI
COMBIVENT RESPIMAT	2	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA, MO
DALIRESP	2	MO
DULERA	2	MO, QL (13 per 30 days)
ESBRIET	2	PA, MO
FASENRA	2	PA, MO
FASENRA PEN	2	PA, MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO, QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO, QL (240 per 30 days)

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

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

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

Drug Name	Tier	Requirements/ Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ ACTUATION	2	MO, QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	2	MO, QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	2	MO, QL (10.6 per 30 days)
<i>flunisolide</i>	1	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO, QL (16 per 30 days)
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	MB	MO
<i>icatibant</i>	1	MO
INCRUSE ELLIPTA	2	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA, MO
<i>ipratropium-albuterol</i>	1	B/D PA, MO
KALYDECO ORAL GRANULES IN PACKET	2	PA, MO, QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA, MO, QL (60 per 30 days)
<i>levalbuterol hcl</i>	1	B/D PA, MO
<i>metaproterenol oral syrup</i>	1	MO
<i>montelukast</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA	2	PA, MO, LA
OFEV	2	PA, MO, QL (60 per 30 days)
OPSUMIT	2	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET	2	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	PA, MO, QL (112 per 28 days)
ORLADEYO	2	PA, MO
<i>pulmosal</i>	MB	MO
PULMOZYME	2	B/D PA, MO
RUCONEST	2	MO, HI
SEREVENT DISKUS	2	MO, QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA, HI
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ ml</i>	1	PA, MO
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>sodium chloride inhalation</i>	MB	MO
SPIRIVA RESPIMAT	2	MO, QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO, QL (30 per 30 days)
STIOLTO RESPIMAT	2	MO, QL (4 per 30 days)
SYMBICORT	2	MO, QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA, MO, QL (56 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	2	PA, MO, QL (60 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO
TAKHZYRO	2	PA, MO, LA, QL (4 per 28 days)
<i>terbutaline</i>	1	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA, MO, LA
TRELEGY ELLIPTA	2	MO, QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	2	PA, MO, QL (84 per 28 days)
TYVASO	2	B/D PA, MO
TYVASO INSTITUTIONAL START KIT	2	B/D PA
TYVASO REFILL KIT	2	B/D PA, MO
TYVASO STARTER KIT	2	B/D PA, MO
VENTAVIS	2	B/D PA, MO
XOLAIR	2	PA, MO, LA
YUPELRI	3	B/D PA, MO, QL (90 per 30 days)
<i>zafirlukast</i>	1	MO
<i>zileuton oral tablet, extended release 12hr mphase</i>	1	MO

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

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

UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

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

UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>alprostadil</i>	1	MO
<i>bethanechol chloride</i>	1	MO
CYSTAGON	2	MO, LA
ELMIRON	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
OXLUMO	2	PA, MO
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI	2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA, MO, QL (30 per 30 days)

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

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

Drug Name	Tier	Requirements/ Limits
<i>albumin, human 25 %</i>	1	
<i>albumin, human 5 %</i>	1	
<i>alburx (human) 25 %</i>	1	MO
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>plasbumin 25 %</i>	1	
<i>plasbumin 5 %</i>	1	

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

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

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

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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>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO, HI
<i>magnesium sulfate injection syringe</i>	1	HI
<i>potassium acetate</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	HI
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	MO, HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml</i>	1	HI
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	HI
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	MO, HI
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	1	HI
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	HI

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

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride- d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride- d5-0.9%nacl</i>	1	HI
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	HI
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO, HI
<i>sodium chloride 3 %</i>	1	MO, HI
<i>sodium chloride 5 %</i>	1	MO, HI
<i>sodium chloride intravenous</i>	1	MO, HI

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>sodium phosphate</i>	1	MO

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

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VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

Drug Name	Tier	Requirements/ Limits
AMINOSYN II 15 %	3	B/D PA, HI
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA, HI
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA, HI
CLINIMIX 4.25%/ D10W SULF FREE	3	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	3	B/D PA, HI
CLINIMIX 6%-D5W (SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D10W (SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D14W (SULFITE-FREE)	3	B/D PA
CLINIMIX E 4.25%/ D10W SUL FREE	3	B/D PA, HI
CLINIMIX E 4.25%/ D5W SULF FREE	3	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 8%- D10W SULFITEFREE	3	B/D PA
CLINIMIX E 8%- D14W SULFITEFREE	3	B/D PA
CLINISOL SF 15 %	3	B/D PA, MO, HI
CLINOLIPID	3	B/D PA
DOJOLVI	3	PA, MO
<i>electrolyte-48 in d5w</i>	1	

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

Drug Name	Tier	Requirements/ Limits
<i>freamine iii 10 %</i>	1	B/D PA, HI
HEPATAMINE 8%	3	B/D PA, HI
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA, HI
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA, HI
<i>premasol 10 %</i>	1	B/D PA, MO, HI
PROCALAMINE 3%	3	B/D PA, HI
PROSOL 20 %	3	B/D PA, MO, HI
SMOFLIPID	3	B/D PA, HI
<i>travasol 10 %</i>	1	B/D PA, MO, HI
TROPHAMINE 10 %	3	B/D PA, MO, HI

VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

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

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

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ARISTADA INITIO.	40	AVONEX INTRAMUSCULAR SYRINGE.	74
armodafinil.	40	AVONEX INTRAMUSCULAR SYRINGE KIT.	74
ARNUITY ELLIPTA.	91	ayuna.	83
ARRANON.	20	AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG.	20
arsenic trioxide.	20	azacitidine.	20
ARZERRA.	20	azathioprine.	20
ascomp with codeine.	35	azathioprine sodium.	20
asenapine maleate.	40	azelaic acid.	57
ashlyna.	83	azelastine nasal.	63
aspirin-dipyridamole oral capsule, er multiphase 12 hr.	50	azelastine ophthalmic (eye).	88
ASTAGRAF XL.	20	azelastine-fluticasone.	91
atazanavir.	8	azithromycin intravenous.	12
atenolol.	46	azithromycin oral packet.	12
atenolol-chlorthalidone.	46	azithromycin oral suspension for reconstitution.	12
atomoxetine.	40	azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack).	12
		azithromycin oral tablet 250 mg, 500 mg, 600 mg.	12
		aztreonam injection recon soln 1 gram.	13

aztreonam injection recon soln 2 gram.	13
azurette (28).	83
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bacitracin intramuscular.	13
bacitracin ophthalmic (eye).	87
bacitracin-polymyxin b ophthalmic (eye).	87
baclofen intrathecal.	34
baclofen oral.	34
bacteriostatic water(parabens).	61
balanced salt.	88
balsalazide.	71
BALVERSA.	20
balziva (28).	83
BAQSIMI.	66
BARACLUDGE ORAL SOLUTION.	8
BAVENCIO.	20
BAXDELA INTRAVENOUS.	17
BAXDELA ORAL.	17
BCG VACCINE, LIVE (PF).	76
bd pre-filled normal saline.	61
BELEODAQ.	20
benazepril.	46
benazepril-hydrochlorothiazide.	46
BENDEKA.	20
BENLYSTA INTRAVENOUS.	80
BENLYSTA SUBCUTANEOUS.	80
BENZNIDAZOLE.	13
benztropine.	30
benztropine injection.	30
bepotastine besilate.	88
beser.	59
BESPONSA.	20
betamethasone acet,sod phos.	64
betamethasone dipropionate.	59
betamethasone valerate.	59
betamethasone, augmented.	59
betaxolol ophthalmic (eye).	87
betaxolol oral.	46
bethanechol chloride.	94
BEVESPI AEROSPHERE.	91
bexarotene.	20

BEXSERO.	76
bicalutamide.	20
BICILLIN L-A.	16
BIKTARVY.	8
bimatoprost ophthalmic (eye).	89
bisoprolol fumarate.	46
bisoprolol-hydrochlorothiazide.	46
BLENREP.	20
bleomycin.	20
BLEPHAMIDE.	88
BLEPHAMIDE S.O.P.	88
BLINCYTO INTRAVENOUS KIT.	20
blisovi 24 fe.	83
blisovi fe 1.5/30 (28).	83
blisovi fe 1/20 (28).	83
BOOSTRIX TDAP.	76
BORTEZOMIB.	20
bosentan.	91
BOSULIF.	20
BOTOX.	76
BRAFTOVI ORAL CAPSULE 75 MG.	20
BREO ELLIPTA.	91
bretylum tosylate.	45
briellyn.	83
BRILINTA.	50
brimonidine.	89
brinzolamide.	89
BRIVIACT INTRAVENOUS.	28
BRIVIACT ORAL.	28
bromfenac.	88
bromocriptine.	30
BRONCHITOL.	91
BROVANA.	91
BRUKINSA.	20
bss.	88
budesonide inhalation.	91
budesonide oral.	71
bumetanide injection.	46
bumetanide oral.	46
buprenorphine.	35
buprenorphine hcl injection solution.	35
buprenorphine hcl injection syringe.	35

buprenorphine hcl sublingual.	35	calcium acetate(phosphat bind).	95
buprenorphine-naloxone.	38	calcium chloride.	95
bupropion hcl (smoking deter) oral tablet extended release.	63	calcium gluconate intravenous.	95
bupropion hcl oral tablet.	40	CALQUENCE.	20
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg.	40	camila.	82
bupropion hcl oral tablet sustained-release 12 hr.	40	camrese.	83
buspirone.	40	camrese lo.	83
busulfan.	20	candesartan.	46
butalbital compound w/codeine.	35	candesartan-hydrochlorothiazid.	46
butalbital-acetaminop-caf-cod.	35	CAPASTAT.	13
butalbital-acetaminophen oral capsule.	35	capecitabine.	20
butalbital-acetaminophen oral tablet 25-325 mg.	35	CAPLYTA.	40
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg.	35	CAPRELSA.	20
butalbital-acetaminophen-caff oral tablet.	36	captopril.	46
butalbital-aspirin-caffeine.	36	captopril-hydrochlorothiazide.	46
butorphanol tartrate injection.	38	CARBAGLU.	61
butorphanol tartrate nasal.	38	carbamazepine oral capsule, er multiphase 12 hr.	28
BYDUREON BCISE.	66	carbamazepine oral suspension 100 mg/5 ml	28
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML.	66	carbamazepine oral suspension 200 mg/10 ml.	28
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML.	66	carbamazepine oral tablet.	28
		carbamazepine oral tablet extended release 12 hr.	28
C		carbamazepine oral tablet,chewable.	28
CABENUVA.	8	carbidopa.	30
cabergoline.	68	carbidopa-levodopa oral tablet.	30
CABLIVI INJECTION KIT.	50	carbidopa-levodopa oral tablet extended release.	30
CABOMETYX.	20	carbidopa-levodopa oral tablet,disintegrating	30
caffeine citrate intravenous.	61	carbidopa-levodopa-entacapone.	30
caffeine citrate oral.	61	carbinoxamine maleate.	90
calcipotriene scalp.	54	carbocaine (pf) injection solution 15 mg/ml (1.5 %).	55
calcipotriene topical cream.	54	carboplatin intravenous solution.	20
calcipotriene topical ointment.	54	cardioplegic soln.	53
calcipotriene-betamethasone.	54	carisoprodol.	34
calcitonin (salmon).	68	carisoprodol-aspirin-codeine.	34
calcitriol intravenous solution 1 mcg/ml.	68	carmustine.	20
calcitriol oral.	68	carteolol.	87
calcitriol topical.	54	cartia xt oral capsule,extended release 24hr.	46
		carvedilol.	47

carvedilol phosphate oral capsule, er multiphase 24 hr.	47	ceftazidime injection recon soln 6 gram.	11
caspofungin.	7	ceftriaxone in dextrose,iso-os.	11
cataflam.	38	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg.	11
CAYSTON.	13	ceftriaxone injection recon soln 10 gram.	11
caziant (28).	83	ceftriaxone intravenous.	11
cefaclor oral capsule.	10	cefuroxime axetil oral tablet.	11
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml.	10	cefuroxime sodium injection recon soln 750 mg.	11
cefaclor oral suspension for reconstitution 375 mg/5 ml.	10	cefuroxime sodium intravenous recon soln 1.5 gram.	11
cefaclor oral tablet extended release 12 hr.	10	cefuroxime sodium intravenous recon soln 7.5 gram.	11
cefadroxil oral capsule.	10	celecoxib.	38
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml.	10	CELONTIN ORAL CAPSULE 300 MG.	28
cefadroxil oral tablet.	10	cephalexin.	11
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml.	10	CERDELGA.	68
cefazolin injection recon soln 1 gram, 500 mg	10	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.	68
cefazolin injection recon soln 10 gram.	10	cetirizine oral solution 1 mg/ml.	90
cefazolin injection recon soln 100 gram, 300 g.	10	cevimeline.	61
cefazolin intravenous.	10	CHANTIX.	63
cefdinir.	10	CHANTIX CONTINUING MONTH BOX.	63
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml.	10	CHANTIX STARTING MONTH BOX.	63
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml.	11	charlotte 24 fe.	83
cefepime injection.	11	chateal (28).	83
cefixime.	11	chateal eq (28).	84
cefotaxime injection recon soln 1 gram.	11	CHEMET.	61
cefotetan injection.	11	chloramphenicol sod succinate.	13
cefoxitin in dextrose, iso-osm.	11	chlordiazepoxide hcl.	41
cefoxitin intravenous recon soln 1 gram, 2 gram.	11	chlordiazepoxide-clidinium.	70
cefoxitin intravenous recon soln 10 gram.	11	chlorhexidine gluconate mucous membrane.	63
cefpodoxime oral suspension for reconstitution 100 mg/5 ml.	11	chloroprocaine (pf).	55
cefpodoxime oral suspension for reconstitution 50 mg/5 ml.	11	chloroquine phosphate.	13
cefpodoxime oral tablet.	11	chlorothiazide sodium.	47
cefprozil.	11	chlorpromazine injection.	41
ceftazidime injection recon soln 1 gram, 2 gram.	11	chlorpromazine oral.	41
		chlorthalidone oral tablet 25 mg, 50 mg.	47
		chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg.	34
		CHOLBAM.	71
		cholestyramine (with sugar).	52
		cholestyramine light.	52

CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR.	68	clindamycin phosphate injection solution 150 mg/ml.	13
ciclodan topical solution.	58	clindamycin phosphate intravenous solution 600 mg/4 ml.	13
ciclopirox.	58	clindamycin phosphate topical foam.	57
cidofovir.	8	clindamycin phosphate topical gel.	57
cilostazol.	50	clindamycin phosphate topical lotion.	57
CIMDUO.	8	clindamycin phosphate topical solution.	57
cimetidine.	73	clindamycin phosphate topical swab.	57
cimetidine hcl oral.	73	clindamycin phosphate vaginal.	83
CIMZIA.	71	clindamycin-benzoyl peroxide.	57
CIMZIA POWDER FOR RECONST.	71	clindamycin-tretinoin.	57
CIMZIA STARTER KIT.	71	CLINIMIX 5%/D15W SULFITE FREE.	98
cinacalcet.	68	CLINIMIX 4.25%/D10W SULF FREE.	98
CINRYZE.	91	CLINIMIX 4.25%/D5W SULFIT FREE.	61
CINVANTI.	71	CLINIMIX 5%-D20W(SULFITE-FREE).	98
ciprofloxacin hcl ophthalmic (eye).	87	CLINIMIX 6%-D5W (SULFITE-FREE).	98
ciprofloxacin hcl oral.	17	CLINIMIX 8%-D10W(SULFITE-FREE).	98
ciprofloxacin hcl otic (ear).	64	CLINIMIX 8%-D14W(SULFITE-FREE).	98
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml.	17	CLINIMIX E 2.75%/D5W SULF FREE.	61
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml.	17	CLINIMIX E 4.25%/D10W SUL FREE.	98
ciprofloxacin-dexamethasone.	64	CLINIMIX E 4.25%/D5W SULF FREE.	98
cisplatin intravenous solution.	20	CLINIMIX E 5%/D15W SULFIT FREE.	98
citalopram.	41	CLINIMIX E 5%/D20W SULFIT FREE.	98
cladribine.	20	CLINIMIX E 8%-D10W SULFITEFREE.	98
claravis.	57	CLINIMIX E 8%-D14W SULFITEFREE.	98
clarithromycin oral suspension for reconstitution.	12	CLINISOL SF 15 %.	98
clarithromycin oral tablet.	12	CLINOLIPID.	98
clarithromycin oral tablet extended release 24 hr.	12	clobazam.	28
clemastine oral syrup.	90	clobetasol.	59
clemastine oral tablet 2.68 mg.	90	clobetasol-emollient.	59
CLEOCIN VAGINAL SUPPOSITORY.	83	clodan.	59
clindacin etz topical swab.	57	clofarabine.	20
clindacin p.	57	clomiphene citrate.	68
clindamycin hcl.	13	clomipramine.	41
clindamycin in 5 % dextrose.	13	clonazepam oral tablet.	28
clindamycin pediatric.	13	clonazepam oral tablet, disintegrating.	28
clindamycin phosphate injection solution 150 (mg/ml) (6 ml).	13	clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml).	47
		clonidine (pf) epidural solution 5,000 mcg/10 ml.	38
		clonidine hcl oral tablet.	47

clonidine hcl oral tablet extended release 12 hr.	41	CRYSVITA.	68
clonidine transdermal.	47	CUVPOSA.	70
clopidogrel.	50	cyclafem 1/35 (28).	84
clorazepate dipotassium.	41	cyclafem 7/7/7 (28).	84
clotrimazole mucous membrane.	7	cyclobenzaprine oral tablet.	34
clotrimazole topical.	58	cyclophosphamide intravenous recon soln.	21
clotrimazole-betamethasone.	58	cyclophosphamide oral capsule.	21
clovique.	61	CYCLOSERINE.	13
clozapine.	41	CYCLOSET.	66
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND).	41	cyclosporine intravenous.	21
COARTEM.	13	cyclosporine modified.	21
codeine sulfate.	36	cyclosporine oral capsule.	21
codeine-butalbital-asa-caff.	36	cyproheptadine.	90
colchicine oral tablet.	78	CYRAMZA.	21
colestipol.	52	cyred.	84
colistin (colistimethate na).	13	cyred eq.	84
COMBIGAN.	89	CYSTADANE.	71
COMBIVENT RESPIMAT.	91	CYSTAGON.	94
COMETRIQ.	21	CYSTARAN.	88
COMPLERA.	8	cytarabine.	21
compro.	71	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml).	21
CONDYLOX TOPICAL GEL.	55	cytarabine (pf) injection solution 20 mg/ml.	21
constulose.	71		
COPIKTRA.	21	D	
CORLANOR ORAL SOLUTION.	53	d10 %-0.45 % sodium chloride.	61
CORLANOR ORAL TABLET.	53	d2.5 %-0.45 % sodium chloride.	61
corlopam.	47	d5 % and 0.9 % sodium chloride.	61
COSENTYX.	54	d5 %-0.45 % sodium chloride.	61
COSENTYX (2 SYRINGES).	54	dacarbazine.	21
COSENTYX PEN.	54	dactinomycin.	21
COSENTYX PEN (2 PENS).	54	dalfampridine oral tablet extended release 12 hr.	32
COTELLIC.	21	DALIRESP.	91
CREON.	71	DALVANCE.	13
CRESEMBA INTRAVENOUS.	7	danazol.	68
CRESEMBA ORAL.	7	dantrolene intravenous.	34
cromolyn inhalation.	91	dantrolene oral.	34
cromolyn ophthalmic (eye).	88	DANYELZA.	21
cromolyn oral.	71	dapsone oral.	13
crotan.	60	dapsone topical.	57
cryselle (28).	84	DAPTACEL (DTAP PEDIATRIC) (PF).	76

DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	13	dexamethasone sodium phosphate injection.	64
daptomycin intravenous recon soln 500 mg.	13	dexamethasone sodium phosphate ophthalmic (eye).	89
darifenacin oral tablet extended release 24 hr	94	dexchlorpheniramine maleate oral solution.	90
DARZALEX.	21	DEXCOM RECEIVER.	66
DARZALEX FASPRO.	21	DEXCOM SENSOR.	66
dasetta 1/35 (28).	84	DEXCOM TRANSMITTER	66
dasetta 7/7/7 (28).	84	dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg.	41
daunorubicin intravenous solution.	21	dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.	41
DAURISMO.	21	dexmethylphenidate oral tablet.	41
daysee.	84	dexrazoxane hcl.	19
deblitane.	82	dextroamphetamine oral capsule, extended release.	41
decadron oral tablet.	64	dextroamphetamine oral solution.	41
decitabine.	21	dextroamphetamine oral tablet.	41
deferasirox.	61	dextroamphetamine-amphetamine oral capsule, extended release 24hr.	41
deferiprone.	61	dextroamphetamine-amphetamine oral tablet	41
deferoxamine.	61	dextrose 10 % and 0.2 % nacl.	61
DELSTRIGO.	8	dextrose 10 % in water (d10w).	61
demeclocycline.	18	dextrose 25 % in water (d25w).	61
DENAVIR.	59	dextrose 5 % in water (d5w) intravenous parenteral solution.	61
denta 5000 plus.	63	dextrose 5 % in water (d5w) intravenous piggyback.	61
dentagel.	63	dextrose 5 %-lactated ringers.	61
DESCOVY.	8	dextrose 5%-0.2 % sod chloride.	61
desipramine.	41	dextrose 5%-0.3 % sod.chloride.	61
desloratadine oral tablet.	90	dextrose 50 % in water (d50w).	61
desloratadine oral tablet,disintegrating.	90	dextrose 70 % in water (d70w).	61
desmopressin injection.	68	DIACOMIT.	28
desmopressin nasal spray with pump.	68	diazepam injection solution.	41
desmopressin nasal spray,non-aerosol.	68	diazepam injection syringe.	41
desmopressin oral.	68	diazepam intensol.	41
desog-e.estradiol/e.estradiol.	84	diazepam oral concentrate.	41
desogestrel-ethinyl estradiol.	84	diazepam oral solution 5 mg/5 ml (1 mg/ml).	41
desonide.	59	diazepam oral tablet.	41
desoximetasone.	59	diazepam rectal.	28
desrx.	59	diazoxide.	66
desvenlafaxine succinate oral tablet extended release 24 hr.	41	diclofenac potassium.	38
dexabliss.	64		
dexamethasone.	64		
dexamethasone intensol.	64		
dexamethasone sodium phos (pf) injection solution.	64		

diclofenac sodium ophthalmic (eye)	88	disulfiram	61
diclofenac sodium oral tablet extended release 24 hr.	38	divalproex	28
diclofenac sodium oral tablet, delayed release (dr/ec)	38	dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)	53
diclofenac sodium topical drops	38	dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)	53
diclofenac sodium topical gel 1 %	38	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	53
diclofenac sodium topical gel 3 %	55	docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)	21
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic	38	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)	21
dicloxacin	16	dofetilide	45
dicyclomine intramuscular	70	DOJOLVI	98
dicyclomine oral capsule	70	dolishale	84
dicyclomine oral solution	70	donepezil	32
dicyclomine oral tablet	70	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)	53
DIFICID ORAL TABLET	12	dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	53
diflorasone topical cream	59	dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	53
diflunisal	38	dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	53
digitek	53	DOPTELET (10 TAB PACK)	50
digox	53	DOPTELET (15 TAB PACK)	50
digoxin injection solution	53	DOPTELET (30 TAB PACK)	50
digoxin oral	53	dorzolamide	89
dihydroergotamine injection	31	dorzolamide-timolol	89
dihydroergotamine nasal	31	dorzolamide-timolol (pf) ophthalmic (eye) dropperette	89
DILANTIN 30 MG	28	dotti	82
dilt-xr oral capsule, ext release degradable	47	DOVATO	8
diltiazem hcl intravenous recon soln	47	doxazosin	47
diltiazem hcl intravenous solution	47	doxepin oral capsule	41
diltiazem hcl oral	47	doxepin oral concentrate	41
dimenhydrinate injection solution	71	doxepin oral tablet	41
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg	32	doxepin topical	55
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)	32	doxercalciferol intravenous	68
dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg	32	doxercalciferol oral	68
diphenhydramine hcl injection solution 50 mg/ml	90	doxorubicin intravenous recon soln 50 mg	21
diphenhydramine hcl injection syringe	90		
diphenoxylate-atropine	70		
dipyridamole intravenous	50		
dipyridamole oral	50		
disopyramide phosphate oral capsule	45		

doxorubicin intravenous solution.	21
doxorubicin, peg-liposomal.	21
doxy-100.	18
doxycycline hyclate intravenous.	18
doxycycline hyclate oral capsule.	18
doxycycline hyclate oral tablet.	18
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg.	18
doxycycline monohydrate oral capsule.	18
doxycycline monohydrate oral suspension for reconstitution.	18
doxycycline monohydrate oral tablet.	18
doxylamine-pyridoxine (vit b6).	71
DRIZALMA SPRINKLE.	41
dronabinol.	71
droperidol injection solution.	71
drospirenone-e.estradiol-lm.fa.	84
drospirenone-ethinyl estradiol.	84
droxidopa.	61
DULERA.	91
duloxetine oral capsule, delayed release (dr/ec).	41
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML.	55
DUPIXENT SYRINGE.	55
duramorph (pf) injection solution 0.5 mg/ml.	36
duramorph (pf) injection solution 1 mg/ml.	36
dutasteride.	94
dutasteride-tamsulosin oral capsule, er multiphase 24 hr.	94
DYSPORT.	76

E

ec-naproxen.	38
econazole.	58
EDURANT.	8
efavirenz.	8
efavirenz-emtricitabin-tenofov.	8
efavirenz-lamivu-tenofov disop.	8
effer-k oral tablet, effervescent 25 meq.	95
EGRIFTA SV.	74
electrolyte-48 in d5w.	98

ELELYSO.	68
ELIGARD.	21
ELIGARD (3 MONTH).	21
ELIGARD (4 MONTH).	21
ELIGARD (6 MONTH).	21
elinest.	84
ELIQUIS.	50
ELIQUIS DVT-PE TREAT 30D START.	50
ELITEK.	19
ELLA.	84
ELMIRON.	94
eluryng.	83
ELZONRIS.	21
EMCYT.	21
EMEND ORAL SUSPENSION FOR RECONSTITUTION.	71
EMGALITY PEN.	31
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML.	31
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3).	31
emoquette.	84
EMPLICITI.	21
EMSAM.	42
emtricitabine.	8
emtricitabine-tenofov (tdf).	8
EMTRIVA ORAL SOLUTION.	8
EMVERM.	13
enalapril maleate oral tablet.	47
enalapril-hydrochlorothiazide.	47
enalaprilat intravenous solution.	47
ENBREL MINI.	80
ENBREL SUBCUTANEOUS RECON SOLN.	80
ENBREL SUBCUTANEOUS SOLUTION.	80
ENBREL SUBCUTANEOUS SYRINGE.	80
ENBREL SURECLICK.	80
endocet.	36
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION.	76
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE.	76
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE.	76

ENHERTU.	21	errin.	82
enoxaparin subcutaneous solution.	50	ertapenem.	13
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml.	50	ERWINAZE.	22
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml.	50	ery pads.	57
enoxaparin subcutaneous syringe 30 mg/0.3 ml.	50	ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg.	12
enoxaparin subcutaneous syringe 40 mg/0.4 ml.	50	erygel.	57
enoxaparin subcutaneous syringe 60 mg/0.6 ml.	50	erythrocin (as stearate) oral tablet 250 mg.	12
enpresse.	84	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.	12
enskyce.	84	erythromycin ethylsuccinate oral suspension for reconstitution.	12
ENSPRYNG.	21	erythromycin ethylsuccinate oral tablet.	12
entacapone.	30	erythromycin ophthalmic (eye).	87
entecavir.	8	erythromycin oral.	12
ENTRESTO.	53	erythromycin with ethanol topical gel.	57
ENTYVIO.	71	erythromycin with ethanol topical solution.	57
enulose.	71	erythromycin-benzoyl peroxide.	57
ENVARUSUS XR.	21	ESBRIET.	91
EPCLUSA.	8	escitalopram oxalate.	42
EPIDIOLEX.	28	esmolol in nacl (iso-osm).	47
epinastine.	88	esmolol intravenous solution.	47
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml.	90	esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg.	73
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN).	90	esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg.	73
epinephrine injection solution 1 mg/ml.	90	esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg.	73
epinephrine injection syringe 0.1 mg/ml.	90	esomeprazole magnesium oral granules dr for susp in packet 40 mg.	73
epirubicin intravenous solution.	21	esomeprazole sodium intravenous recon soln 40 mg.	73
epitol.	28	estarylla.	84
EPIVIR HBV ORAL SOLUTION.	8	estazolam.	42
eplerenone.	47	estradiol oral.	82
epoprostenol.	47	estradiol transdermal.	82
epoprostenol (glycine).	47	estradiol vaginal.	82
ERBITUX.	21	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml.	82
ergoloid.	42	estradiol-norethindrone acet.	82
ergotamine-caffeine.	31	eszopiclone.	42
ERIVEDGE.	21	ethacrynate sodium.	47
ERLEADA.	22	ethacrynic acid.	47
erlotinib.	22	ethambutol.	13

ethosuximide.	28	fenofibrate nanocrystallized oral tablet 145 mg, 48 mg.	52
ethynodiol diac-eth estradiol.	84	fenofibrate oral tablet 160 mg (generic).	52
etodolac oral capsule.	38	fenofibrate oral tablet 54 mg	52
etodolac oral tablet.	38	fenofibric acid.	52
etonogestrel-ethinyl estradiol.	83	fenofibric acid (choline) oral capsule, delayed release(dr/ec).	52
ETOPOPHOS.	22	fenopropfen oral tablet.	39
etoposide intravenous.	22	fentanyl.	36
etoposide oral.	22	fentanyl citrate (pf) injection solution.	36
euthyrox.	70	fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml).	36
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML.	79	fentanyl citrate buccal lozenge on a handle.	36
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2).	79	FERRIPROX.	61
everolimus (antineoplastic).	22	FERRIPROX (2 TIMES A DAY).	61
everolimus (immunosuppressive).	22	FETROJA.	11
EVOTAZ.	8	FETZIMA.	42
EVRYSDI.	32	finasteride oral tablet 5 mg.	94
exemestane.	22	FINTEPLA.	28
ezetimibe.	52	FIRMAGON KIT W DILUENT SYRINGE.	22
ezetimibe-simvastatin.	52	flac otic oil.	64
F		flavoxate.	94
FABIOR.	57	flecainide.	45
FABRAZYME.	68	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.	91
falmina (28).	84	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.	91
famciclovir.	8	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION.	92
famotidine (pf).	73	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION.	92
famotidine (pf)-nacl (iso-os).	73	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION.	92
famotidine intravenous solution.	73	floxuridine.	22
famotidine oral suspension.	73	fluconazole.	7
famotidine oral tablet 20 mg, 40 mg.	73	fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml.	7
FANAPT.	42	fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml.	7
FARYDAK.	22	flucytosine.	7
FASENRA.	91	fludarabine intravenous recon soln.	22
FASENRA PEN.	91	fludarabine intravenous solution.	22
fayosim.	84	fludrocortisone.	64
febuxostat.	78		
felbamate.	28		
felodipine oral tablet extended release 24 hr.	47		
femynor.	84		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg.	52		

flumazenil.	42	fondaparinux subcutaneous syringe 7.5 mg/0.6 ml.	50
flunisolide.	92	FORFIVO XL.	42
fluocinolone.	59	fosamprenavir.	8
fluocinolone acetonide oil.	64	fosaprepitant.	71
fluocinolone and shower cap.	59	foscarnet.	8
fluocinonide.	59	fosfomycin tromethamine.	19
fluocinonide-e.	59	fosinopril.	47
fluocinonide-emollient.	60	fosinopril-hydrochlorothiazide.	47
fluoride (sodium) dental.	63	fosphenytoin.	28
fluoride (sodium) oral tablet.	98	FOTIVDA.	22
fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride).	98	freamine iii 10 %.	98
fluorometholone.	89	FULPHILA.	74
fluorouracil intravenous.	22	fulvestrant.	22
FLUOROURACIL TOPICAL CREAM 0.5 %.	55	furosemide injection.	47
fluorouracil topical cream 5 %.	55	furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml).	47
fluorouracil topical solution.	55	furosemide oral tablet.	47
fluoxetine oral capsule.	42	FUZEON SUBCUTANEOUS RECON SOLN.	8
fluoxetine oral capsule, delayed release(dr/ec).	42	fyavolv.	82
fluoxetine oral solution.	42	FYCOMPA.	28
fluphenazine decanoate.	42		
fluphenazine hcl.	42	G	
flurandrenolide.	60	gabapentin oral capsule.	28
flurazepam.	42	gabapentin oral solution 250 mg/5 ml.	28
flurbiprofen oral tablet 100 mg.	39	gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml).	28
flurbiprofen sodium.	88	gabapentin oral tablet 600 mg, 800 mg.	28
flutamide.	22	GALAFOLD.	68
fluticasone propionate nasal.	92	galantamine oral capsule, ext rel. pellets 24 hr.	32
fluticasone propionate topical.	60	galantamine oral solution.	32
fluvastatin oral capsule.	52	galantamine oral tablet.	32
fluvoxamine oral capsule, extended release 24hr.	42	GAMASTAN.	76
fluvoxamine oral tablet.	42	GAMASTAN S/D.	76
FOLOTYN.	22	GAMIFANT.	22
fomepizole.	76	GAMMAGARD LIQUID.	76
fondaparinux subcutaneous syringe 10 mg/0.8 ml.	50	GAMMAGARD S-D (IGA < 1 MCG/ML).	76
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml.	50	GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %).	76
fondaparinux subcutaneous syringe 5 mg/0.4 ml.	50		

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 %).	76	glatopa subcutaneous syringe 20 mg/ml. . . .	33
ganciclovir sodium intravenous.	8	glatopa subcutaneous syringe 40 mg/ml. . . .	33
ganciclovir sodium intravenous recon soln. . . .	8	glimepiride.	66
GARDASIL 9 (PF).	76	glipizide oral tablet.	66
gatifloxacin.	87	glipizide oral tablet extended release 24hr. . .	66
GATTEX 30-VIAL.	71	glipizide-metformin.	66
GATTEX ONE-VIAL.	71	GLUCAGON (HCL) EMERGENCY KIT.	66
GAUZE PADS 2X2.	78	glucagon emergency kit (human).	66
gavilyte-c.	71	glyburide.	66
gavilyte-g.	71	glyburide micronized.	66
gavilyte-n.	71	glyburide-metformin.	66
GAVRETO.	22	glycine urologic.	94
GAZYVA.	22	glycine urologic solution.	94
gemcitabine intravenous recon soln 1 gram, 200 mg.	22	GLYCOPHOS.	95
gemcitabine intravenous recon soln 2 gram. . . .	22	glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml).	70
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).	22	glycopyrrolate injection.	70
gemfibrozil.	52	glycopyrrolate oral tablet 1 mg, 2 mg.	70
GEMTESA.	94	glydo.	55
generlac.	71	granisetron (pf) intravenous solution 1 mg/ml (1 ml).	71
gengraf.	22	granisetron hcl intravenous.	71
gentak ophthalmic (eye) ointment.	87	granisetron hcl oral.	71
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml.	13	GRANIX.	74
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml.	13	GRASTEK.	76
gentamicin injection solution 40 mg/ml. . . .	13	griseofulvin microsize.	7
gentamicin ophthalmic (eye) drops.	87	griseofulvin ultramicrosize.	7
gentamicin sulfate (ped) (pf).	14	guanfacine oral tablet.	47
gentamicin topical.	58	guanfacine oral tablet extended release 24 hr	42
GENVOYA.	8	GUARDIAN REAL-TIME GLUCOSE MONITORING SYSTEM.	66
GILENYA ORAL CAPSULE 0.5 MG.	32	GUARDIAN SENSOR.	66
GILOTRIF.	22	GUARDIAN TRANSMITTER.	66
GIVLAARI.	61	GYNAZOLE-1.	83
GLASSIA.	62		
glatiramer subcutaneous syringe 20 mg/ml. . .	32	H	
glatiramer subcutaneous syringe 40 mg/ml. . .	33	hailey.	84
		hailey 24 fe.	84
		hailey fe 1.5/30 (28).	84
		hailey fe 1/20 (28).	84
		HALAVEN.	22
		halcinonide.	60

halobetasol propionate topical cream.	60	HERZUMA.	22
halobetasol propionate topical ointment. . . .	60	HETLIOZ.	42
haloperidol.	42	HETLIOZ LQ.	42
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml).	42	HIBERIX (PF).	76
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml.	42	hidex.	64
haloperidol lactate injection.	42	HUMALOG JUNIOR KWIKPEN U-100.	66
haloperidol lactate intramuscular.	42	HUMALOG KWIKPEN INSULIN.	66
haloperidol lactate oral.	42	HUMALOG MIX 50-50 INSULN U-100.	66
HARVONI.	8	HUMALOG MIX 50-50 KWIKPEN.	66
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.	76	HUMALOG MIX 75-25 KWIKPEN.	66
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.	76	HUMALOG MIX 75-25(U-100)INSULN.	66
heather.	82	HUMALOG U-100 INSULIN.	66
hep flush-10 (pf).	50	HUMIRA PEN.	80
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).	50	HUMIRA PEN CROHNS-UC-HS START.	80
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ ml), 25,000 unit/500 ml (50 unit/ml).	51	HUMIRA PEN PSOR-UVEITS-ADOL HS.	80
heparin (porcine) in nacl (pf).	51	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.	80
heparin (porcine) injection cartridge.	51	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML.	80
heparin (porcine) injection solution.	51	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.	80
heparin (porcine) injection syringe 5,000 unit/ml.	51	HUMIRA(CF) PEN CROHNS-UC-HS.	80
heparin flush(porcine)-0.9nacl.	51	HUMIRA(CF) PEN PEDIATRIC UC.	80
heparin lock flush (porcine).	51	HUMIRA(CF) PEN PSOR-UV-ADOL HS.	80
heparin lockflush(porcine)(pf).	51	HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML.	80
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml.	51	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML.	80
heparin, porcine (pf) injection solution.	51	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML.	80
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml.	51	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML.	80
heparin, porcine (pf) intravenous syringe 1 unit/ml.	51	HUMULIN 70/30 U-100 INSULIN.	66
heparin, porcine (pf) intravenous syringe 10 unit/ ml, 100 unit/ml.	51	HUMULIN 70/30 U-100 KWIKPEN.	66
HEPATAMINE 8%.	98	HUMULIN N NPH INSULIN KWIKPEN.	66
HERCEPTIN HYLECTA.	22	HUMULIN N NPH U-100 INSULIN.	66
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG.	22	HUMULIN R REGULAR U-100 INSULN.	66
		HUMULIN R U-500 (CONC) INSULIN.	66
		HYCAMTIN ORAL.	22
		hydralazine.	47
		hydralazine injection.	47
		hydrochlorothiazide.	47

hydrocodone bitartrate.	36
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml).	36
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	36
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND). . .	36
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg.	36
hydrocodone-ibuprofen.	36
hydrocortisone butyr-emollient.	60
hydrocortisone butyrate.	60
hydrocortisone oral.	64
hydrocortisone rectal.	71
hydrocortisone topical cream 1 %, 2.5 %. . .	60
hydrocortisone topical cream with perineal applicator.	71
hydrocortisone topical lotion 2.5 %.	60
hydrocortisone topical ointment 1 %, 2.5 %. .	60
hydrocortisone valerate.	60
hydrocortisone-acetic acid.	64
hydrocortisone-pramoxine rectal cream 1-1 %.	71
hydromorphone (pf) injection solution 10 (mg/ ml) (5 ml), 2 mg/ml.	36
hydromorphone (pf) injection solution 10 mg/ml.	36
hydromorphone injection solution 1 mg/ml. .	36
hydromorphone injection solution 2 mg/ml. .	36
hydromorphone injection syringe 1 mg/ml, 4 mg/ml.	36
hydromorphone injection syringe 2 mg/ml. . .	36
hydromorphone oral liquid.	36
hydromorphone oral tablet.	36
hydromorphone oral tablet extended release 24 hr.	37
hydroxychloroquine.	14
hydroxyprogesterone caproate.	82
hydroxyurea.	22
hydroxyzine hcl intramuscular.	90
hydroxyzine hcl oral.	90
hydroxyzine pamoate.	90

HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %.	92
I	
ibandronate intravenous.	79
ibandronate oral.	79
IBRANCE.	22
ibu.	39
ibuprofen lysine (pf).	39
ibuprofen oral suspension.	39
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.	39
ibutilide fumarate.	45
icatibant.	92
iclevia.	84
ICLUSIG.	22
icosapent ethyl.	52
idarubicin.	22
IDHIFA.	22
ifosfamide intravenous recon soln.	22
ifosfamide intravenous solution 1 gram/20 ml	23
ifosfamide intravenous solution 3 gram/60 ml	23
ILARIS (PF).	74
imatinib.	23
IMBRUVICA ORAL CAPSULE 140 MG.	23
IMBRUVICA ORAL CAPSULE 70 MG.	23
IMBRUVICA ORAL TABLET.	23
IMFINZI.	23
imipenem-cilastatin.	14
imipramine hcl.	42
imipramine pamoate.	42
IMIQUIMOD TOPICAL CREAM IN METERED- DOSE PUMP.	55
IMIQUIMOD TOPICAL CREAM IN PACKET 3.75 %.	55
imiquimod topical cream in packet 5 %. . . .	55
IMOVAX RABIES VACCINE (PF).	76
IMPAVIDO.	14
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE.	30
incassia.	82
INCRELEX.	62
INCRUSE ELLIPTA.	92

indapamide.	47	irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml.	23
indomethacin oral capsule.	39	ISENTRESS.	8
indomethacin oral capsule, extended release	39	ISENTRESS HD.	8
indomethacin sodium.	39	isibloom.	84
infanrix (dtap) (pf) intramuscular syringe. . . .	76	isoniazid injection.	14
INFLECTRA.	71	isoniazid oral.	14
INFUGEM.	23	isoproterenol hcl.	53
INGREZZA INITIATION PACK.	33	isosorbide dinitrate oral tablet.	54
INGREZZA ORAL CAPSULE 40 MG.	33	isosorbide mononitrate oral tablet.	54
INGREZZA ORAL CAPSULE 60 MG.	33	isosorbide mononitrate oral tablet extended release 24 hr.	54
INGREZZA ORAL CAPSULE 80 MG.	33	isotretinoin.	57
INLYTA.	23	isradipine.	47
INPEN (FOR HUMALOG).	67	ISTODAX.	23
INQOVI.	23	ISTURISA.	68
INREBIC.	23	itraconazole oral capsule.	7
INSULIN PEN NEEDLE.	78	itraconazole oral solution.	7
INSULIN SYRINGE (DISP) U-100 0.3 ML.	78	ivermectin oral.	14
INSULIN SYRINGE (DISP) U-100 1 ML.	78	ivermectin topical cream.	57
INSULIN SYRINGE (DISP) U-100 1/2 ML.	78	ivermectin topical lotion.	60
INTELENCE.	8	IXEMPRA.	23
intralipid intravenous emulsion 20 %.	98	IXIARO (PF).	76
INTRALIPID INTRAVENOUS EMULSION 30 %.	98		
INTRON A INJECTION.	74	J	
introvale.	84	jaimiess.	84
INVEGA SUSTENNA.	42	JAKAFI.	23
INVEGA TRINZA.	42	jantoven.	51
INVIRASE ORAL TABLET.	8	JANUMET.	67
INVOKAMET.	67	JANUMET XR.	67
INVOKAMET XR.	67	JANUVIA.	67
INVOKANA.	67	JARDIANCE.	67
IPOL.	76	jasmiel (28).	84
ipratropium bromide inhalation.	92	JEMPERLI.	23
ipratropium bromide nasal spray,non-aerosol mcg (0.03 %).	21 63	jencycla.	82
ipratropium bromide nasal spray,non-aerosol mcg (0.06 %).	42 63	JEVTANA.	23
ipratropium-albuterol.	92	jinteli.	82
irbesartan.	47	jolessa.	84
irbesartan-hydrochlorothiazide.	47	juleber.	84
IRESSA.	23	JULUCA.	8
irinotecan intravenous solution 100 mg/5 ml, mg/2 ml.	40 23	junel 1.5/30 (21).	84
		junel 1/20 (21).	84

junel fe 1.5/30 (28)	84	KEYTRUDA	23
junel fe 1/20 (28)	84	KIMYRSA	14
junel fe 24	84	KINERET	81
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	52	KINRIX (PF) INTRAMUSCULAR SUSPENSION	76
JYNARQUE	68	KINRIX (PF) INTRAMUSCULAR SYRINGE	76
K		KISQALI	23
k-tab oral tablet extended release 8 meq	95	KISQALI FEMARA CO-PACK	23
KADCYLA	23	KLISYRI	23
kaitlib fe	84	klor-con 10 oral tablet extended release	95
KALETRA ORAL TABLET	8	klor-con 20 meq packet	95
kalliga	84	klor-con 8 oral tablet extended release	95
KALYDECO ORAL GRANULES IN PACKET	92	klor-con m10 oral tablet,er particles/crystals	95
KALYDECO ORAL TABLET	92	klor-con m15 oral tablet,er particles/crystals	95
KANJINTI	23	klor-con m20 oral tablet,er particles/crystals	95
KANUMA	68	klor-con/ef	95
kariva (28)	84	KOMBIGLYZE XR	67
kelnor 1-50 (28)	84	KORLYM	68
kelnor 1/35 (28)	84	KOSELUGO	23
KEPIVANCE	19	KRYSTEXXA	78
KESIMPTA PEN	33	kurvelo (28)	84
ketoconazole oral	7	KYPROLIS	23
ketoconazole topical cream	58	L	
ketoconazole topical foam	58	l norgest/e.estradiol-e.estrad	84
ketoconazole topical shampoo	58	labetalol intravenous solution	47
ketodan	58	labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	47
ketoprofen oral capsule 25 mg	39	labetalol oral	47
ketoprofen oral capsule 50 mg, 75 mg	39	LACRISERT	88
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	39	lactated ringers intravenous	95
ketorolac injection cartridge 30 mg/ml	39	lactated ringers irrigation	60
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	39	lactulose	71
ketorolac injection syringe	39	lamivudine	8
ketorolac intramuscular cartridge	39	lamivudine-zidovudine	9
ketorolac intramuscular solution	39	lamotrigine	28
ketorolac intramuscular syringe	39	LAMPIT	14
ketorolac ophthalmic (eye)	88	lansoprazole oral capsule,delayed release(dr/ec) 15 mg	73
ketorolac oral	39	lansoprazole oral capsule,delayed release(dr/ec) 30 mg	74
KEVEYIS	33	lanthanum oral tablet,chewable	62
KEVZARA	80	LANTUS SOLOSTAR U-100 INSULIN	67

LANTUS U-100 INSULIN.	67	levocetirizine oral solution.	90
lapatinib.	23	levocetirizine oral tablet.	90
larin 1.5/30 (21).	84	levofloxacin in d5w intravenous piggyback 250 mg/50 ml.	17
larin 1/20 (21).	84	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml.	17
larin 24 fe.	84	levofloxacin intravenous.	17
larin fe 1.5/30 (28).	84	levofloxacin ophthalmic (eye).	87
larin fe 1/20 (28).	84	levofloxacin oral.	17
larissia.	84	levoleucovorin calcium intravenous recon soln 50 mg.	19
latanoprost.	89	levoleucovorin calcium intravenous solution.	19
LATUDA.	42	levonest (28).	85
layolis fe.	85	levonorg-eth estrad triphasic.	85
leena 28.	85	levonorgestrel-ethinyl estrad.	85
leflunomide.	81	levora-28.	85
LEMTRADA.	33	levorphanol tartrate oral tablet 2 mg.	37
LENVIMA.	23	levorphanol tartrate oral tablet 3mg.	37
lessina.	85	levothyroxine intravenous recon soln.	70
letrozole.	23	levothyroxine oral tablet.	70
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg.	19	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.	70
leucovorin calcium injection recon soln 500 mg.	19	LEXIVA ORAL SUSPENSION.	9
leucovorin calcium injection solution.	19	LIBTAYO.	23
leucovorin calcium oral.	19	lidocaine (pf) in d7.5w.	45
LEUKERAN.	23	lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %).	56
LEUKINE INJECTION RECON SOLN.	74	lidocaine (pf) injection solution 15 mg/ml (1.5 %).	56
leuprolide subcutaneous kit.	23	lidocaine (pf) intravenous solution.	45
levabuterol hcl.	92	lidocaine (pf) intravenous syringe.	45
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	28	lidocaine hcl injection solution.	56
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml.	28	lidocaine hcl laryngotracheal.	56
levetiracetam intravenous.	28	lidocaine hcl mucous membrane jelly.	56
levetiracetam oral solution 100 mg/ml.	28	lidocaine hcl mucous membrane jelly in applicator.	56
levetiracetam oral solution 500 mg/5 ml (5 ml).	28	lidocaine hcl mucous membrane solution 2 %	56
levetiracetam oral tablet.	28	lidocaine hcl mucous membrane solution 4 % (40 mg/ml).	56
levetiracetam oral tablet extended release 24 hr.	29	lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %).	45
levo-t.	70		
levobunolol ophthalmic (eye) drops 0.5 %	87		
levocarnitine (with sugar).	62		
levocarnitine oral solution 100 mg/ml.	62		
levocarnitine oral tablet.	62		

lidocaine topical adhesive patch,medicated 5 %.	56	low-ogestrel (28).	85
lidocaine topical ointment.	56	loxapine succinate.	43
lidocaine viscous.	56	LUCEMYRA.	39
lidocaine-epinephrine (pf).	56	LULICONAZOLE.	58
lidocaine-epinephrine injection solution 0.5 %-1:200,000.	56	LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %.	89
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000.	56	LUMOXITI.	23
lidocaine-prilocaine topical cream.	56	LUPANETA PACK (1 MONTH).	83
lillow (28).	85	LUPANETA PACK (3 MONTH).	83
lincomycin.	14	LUPKYNIS.	23
lindane topical shampoo.	60	LUPRON DEPOT.	23
linezolid.	14	LUPRON DEPOT (3 MONTH).	23
linezolid in dextrose 5%.	14	LUPRON DEPOT (4 MONTH).	23
linezolid-0.9% sodium chloride.	14	LUPRON DEPOT (6 MONTH).	23
LINZESS.	71	LUPRON DEPOT-PED.	23
liothyronine intravenous.	70	LUPRON DEPOT-PED (3 MONTH).	23
liothyronine oral.	70	lutera (28).	85
lisinopril.	48	LUZU.	58
lisinopril-hydrochlorothiazide.	48	lyleq.	82
lithium carbonate oral capsule.	42	lyllana.	82
lithium carbonate oral tablet.	42	LYNPARZA ORAL TABLET.	23
lithium carbonate oral tablet extended release.	42	LYSODREN.	24
lithium citrate oral solution 8 meq/5 ml.	42	lyza.	82
lo-zumandimine (28).	85	M	
lojaimiess.	85	M-M-R II (PF).	77
LONSURF.	23	mafenide acetate.	58
loperamide oral capsule.	70	magnesium chloride injection.	95
lopinavir-ritonavir.	9	magnesium sulfate in water intravenous parenteral solution.	95
lorazepam injection solution.	42	magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %).	96
lorazepam injection syringe 2 mg/ml.	42	magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %).	96
lorazepam injection syringe 4 mg/ml.	43	magnesium sulfate injection solution.	96
lorazepam intensol.	43	magnesium sulfate injection syringe.	96
lorazepam oral concentrate.	43	malathion.	60
lorazepam oral tablet.	43	mannitol 20 %.	48
LORBRENA.	23	mannitol 25 % intravenous solution.	48
loryna (28).	85	maprotiline.	43
losartan.	48	marlissa (28).	85
losartan-hydrochlorothiazide.	48	MARPLAN.	43
loteprednol etabonate.	89		
lovastatin.	52		

MATULANE.	24	mesalamine.	71
matzim la oral tablet extended release 24 hr.	48	mesna.	19
MAVENCLAD (10 TABLET PACK).	33	MESNEX ORAL.	19
MAVENCLAD (4 TABLET PACK).	33	metadate er.	43
MAVENCLAD (5 TABLET PACK).	33	metaproterenol oral syrup.	92
MAVENCLAD (6 TABLET PACK).	33	metaxalone.	34
MAVENCLAD (7 TABLET PACK).	33	metformin oral solution.	67
MAVENCLAD (8 TABLET PACK).	33	metformin oral tablet.	67
MAVENCLAD (9 TABLET PACK).	33	metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR).	67
MAVYRET.	9	methadone injection solution.	37
MAYZENT ORAL TABLET 0.25 MG.	33	methadone intensol.	37
MAYZENT ORAL TABLET 2 MG.	33	methadone oral concentrate.	37
MAYZENT STARTER PACK.	33	methadone oral solution.	37
meclizine oral tablet 12.5 mg, 25 mg.	71	methadone oral tablet.	37
meclofenamate.	39	methadose oral concentrate.	37
medroxyprogesterone.	82	methamphetamine.	43
mefenamic acid.	39	methazolamide.	88
mefloquine.	14	methenamine hippurate.	19
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml).	24	methenamine mandelate.	19
megestrol oral tablet.	24	methergine.	86
MEKINIST.	24	methimazole oral tablet 10 mg, 5 mg.	65
MEKTOVI.	24	METHITEST.	68
meloxicam oral tablet.	39	methocarbamol injection.	34
melphalan.	24	methocarbamol oral.	34
melphalan hcl.	24	methotrexate sodium (pf) injection recon soln	24
memantine oral capsule, sprinkle, er 24hr.	33	methotrexate sodium (pf) injection solution.	24
memantine oral solution.	33	methotrexate sodium injection.	24
memantine oral tablet.	33	methotrexate sodium oral.	24
MENACTRA (PF) INTRAMUSCULAR SOLUTION.	77	methoxsalen.	56
menquadfi (pf).	77	methscopolamine.	70
MENVEO A-C-Y-W-135-DIP (PF).	77	methyl dopa.	48
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml.	37	methyl dopa-hydrochlorothiazide.	48
meperidine oral solution.	37	methylergonovine oral.	86
meperidine oral tablet 50 mg.	37	methylphenidate hcl oral cap, er sprinkle, biphasic 40-60.	43
meprobamate.	34	methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg.	43
MEPSEVII.	68	methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg.	43
mercaptopurine.	24	methylphenidate hcl oral capsule, er biphasic 50- 50.	43
meropenem.	14	methylphenidate hcl oral solution.	43
merzee.	85		

methylphenidate hcl oral tablet.	43	microgestin fe 1/20 (28).	85
methylphenidate hcl oral tablet extended release 10 mg.	43	midazolam (pf) injection cartridge.	43
methylphenidate hcl oral tablet extended release 20 mg.	43	midazolam (pf) injection solution 1 mg/ml. . .	43
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating).	43	midazolam (pf) injection solution 5 mg/ml. . .	43
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.	43	midazolam (pf) injection syringe.	43
methylphenidate hcl oral tablet extended release 24hr 36 mg.	43	midazolam injection.	43
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating).	43	midazolam oral syrup 2 mg/ml.	43
methylphenidate hcl oral tablet, chewable. . .	43	midodrine.	62
methylprednisolone acetate.	64	migergot.	31
methylprednisolone oral tablet.	64	miglitol.	67
methylprednisolone oral tablets, dose pack. .	64	miglustat.	68
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.	64	mili.	85
methylprednisolone sodium succ intravenous	64	millipred oral tablet.	64
methyltestosterone oral capsule.	68	milrinone.	53
metoclopramide hcl injection solution.	71	milrinone in 5 % dextrose.	53
metoclopramide hcl injection syringe.	71	mimvey.	82
metoclopramide hcl oral.	71	minocycline oral capsule.	18
metolazone.	48	minocycline oral tablet.	18
metoprolol succinate oral tablet extended release 24 hr.	48	minocycline oral tablet extended release 24 hr.	18
metoprolol ta-hydrochlorothiaz.	48	minoxidil oral.	48
metoprolol tartrate intravenous solution. . . .	48	miostat.	89
metoprolol tartrate oral tablet.	48	mirtazapine.	44
metro i.v.	14	misoprostol.	74
metronidazole in nacl (iso-os).	14	mitomycin intravenous.	24
metronidazole oral.	14	mitoxantrone.	24
metronidazole topical.	57	modafinil.	44
metronidazole vaginal.	83	moexipril.	48
metyrosine.	48	molindone.	44
mexiletine.	45	mometasone topical.	60
mibelas 24 fe.	85	mondoxyne nl oral capsule 100 mg, 75 mg. .	18
micafungin.	7	MONJUVI.	24
miconazole-3 vaginal suppository.	83	mono-linyah.	85
microgestin 1.5/30 (21).	85	monoject 0.9% sodium chloride.	62
microgestin 1/20 (21).	85	monoject prefill advanced ns.	62
microgestin fe 1.5/30 (28).	85	montelukast.	92
		morgidox oral capsule 100 mg.	18
		morphine (pf) injection solution 0.5 mg/ml. . .	37
		morphine (pf) injection solution 1 mg/ml. . . .	37
		morphine concentrate oral solution.	37

MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	37	naftifine.	58
morphine injection solution 8 mg/ml.	37	NAGLAZYME.	68
morphine injection syringe 10 mg/ml, 4 mg/ml.	37	nalbuphine.	39
morphine injection syringe 8 mg/ml.	37	naloxone injection solution.	39
morphine intravenous solution 10 mg/ml.	37	naloxone injection syringe.	39
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND).	37	naltrexone.	39
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND).	37	naproxen.	39
morphine intravenous syringe 2 mg/ml, 4 mg/ml.	37	naproxen sodium oral tablet 275 mg, 550 mg	39
morphine oral capsule, er multiphase 24 hr.	37	naratriptan.	31
morphine oral capsule, extend. release pellets	37	NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION.	39
morphine oral solution.	37	NATACYN.	87
morphine oral tablet.	37	nateglinide.	67
morphine oral tablet extended release.	38	NATPARA.	68
moxifloxacin ophthalmic (eye).	87	NAYZILAM.	29
moxifloxacin oral.	17	nebusal inhalation solution for nebulization 3 %	92
moxifloxacin-sod.chloride(iso).	17	NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND).	92
MOZOBIL.	74	necon 0.5/35 (28).	85
MULPLETA.	51	NEEDLES, INSULIN DISP., SAFETY.	78
MULTAQ.	45	nefazodone.	44
mupirocin ointment.	58	neo-polycin.	87
MVASI.	24	neo-polycin hc.	89
MYALEPT.	68	neomycin.	14
mycophenolate mofetil.	24	neomycin-bacitracin-poly-hc.	89
mycophenolate mofetil (hcl).	24	neomycin-bacitracin-polymyxin.	87
mycophenolate sodium oral tablet, delayed release (dr/ec).	24	neomycin-polymyxin b gu.	60
MYLERAN.	24	neomycin-polymyxin b-dexameth.	89
MYLOTARG.	24	neomycin-polymyxin-gramicidin.	87
myorisan.	57	neomycin-polymyxin-hc ophthalmic (eye).	89
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR.	94	neomycin-polymyxin-hc otic (ear).	64
MYTESI.	70	neostigmine methylsulfate intravenous solution 0.5 mg/ml.	34
N		neostigmine methylsulfate intravenous solution 1 mg/ml.	34
nabumetone.	39	NERLYNX.	24
nadolol.	48		
nadolol-bendroflumethiazide oral tablet 80-5 mg.	48		

neuac.	57	nizatidine.	74
NEULASTA.	74	nolix.	60
NEULASTA ONPRO.	74	nora-be.	82
NEUPOGEN.	74	norepinephrine bitartrate.	53
NEUPRO.	30	noreth-ethinyl estradiol-iron.	85
nevirapine oral suspension.	9	norethindrone (contraceptive).	82
nevirapine oral tablet.	9	norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg.	82
nevirapine oral tablet extended release 24 hr.	9	norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg.	85
NEXAVAR.	24	norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg.	85
NEXLETOL.	52	norethindrone acetate.	82
NEXLIZET.	52	norethindrone-e.estradiol-iron oral capsule.	85
niacin oral tablet 500 mg.	52	norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7).	85
niacin oral tablet extended release 24 hr.	52	norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7).	85
nicardipine intravenous solution.	48	norethindrone-e.estradiol-iron oral tablet, chewable.	85
nicardipine oral.	48	norgestimate-ethinyl estradiol.	85
NICOTROL.	63	norlyda.	82
NICOTROL NS.	63	normal saline flush.	62
nifedipine oral capsule.	48	nortrel 0.5/35 (28).	85
nifedipine oral tablet extended release.	48	nortrel 1/35 (21).	85
nifedipine oral tablet extended release 24hr.	48	nortrel 1/35 (28).	85
nikki (28).	85	nortrel 7/7/7 (28).	85
nilutamide.	24	nortriptyline.	44
nimodipine.	48	NORVIR ORAL POWDER IN PACKET.	9
NINLARO.	24	NORVIR ORAL SOLUTION.	9
nisoldipine oral tablet extended release 24 hr	48	NOURIANZ.	30
nitazoxanide.	14	NOVAREL.	68
nitisinone.	62	NOXAFIL INTRAVENOUS.	7
nitro-bid.	54	NOXAFIL ORAL SUSPENSION.	7
nitrofurantoin.	19	np thyroid.	70
nitrofurantoin macrocrystal.	19	NPLATE.	51
nitrofurantoin monohyd/m-cryst.	19	NUBEQA.	24
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml).	54	NUCALA.	92
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml).	54	NUEDEXTA.	33
nitroglycerin intravenous.	54	NULOJIX.	24
nitroglycerin sublingual.	54	NUPLAZID ORAL CAPSULE.	44
nitroglycerin transdermal patch 24 hour.	54	NUPLAZID ORAL TABLET 10 MG.	44
nitroglycerin translingual.	54	NURTEC ODT.	31
NITYR.	62		
NIVESTYM.	74		

NUZYRA INTRAVENOUS.	18	ondansetron hcl intravenous.	72
NUZYRA ORAL.	19	ondansetron hcl oral solution.	72
nyamyc.	58	ondansetron hcl oral tablet 24 mg.	72
nylia 7/7/7 (28).	85	ondansetron hcl oral tablet 4 mg, 8 mg.	72
nymyo.	85	ondansetron oral tablet,disintegrating.	72
nystatin oral.	7	ONETOUCH BLOOD GLUCOSE METERS.	67
nystatin topical cream.	58	ONETOUCH ULTRA TEST.	67
nystatin topical ointment.	58	ONETOUCH VERIO TEST STRIP.	67
nystatin topical powder.	58	ONGENTYS.	30
nystatin-triamcinolone.	58	ONGLYZA.	67
nystop.	58	ONIVYDE.	24
NYVEPRIA.	74	ONPATTRO.	33
		ONTRUZANT.	24
O		ONUREG.	24
OCALIVA.	72	OPDIVO.	24
ocella.	85	opium tincture.	70
OCREVUS.	33	OPSUMIT.	92
octreotide acetate.	24	ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY.	77
ODEFSEY.	9	oralone.	63
ODOMZO.	24	ORBACTIV.	14
OFEV.	92	ORENCIA (WITH MALTOSE).	81
ofloxacin ophthalmic (eye).	87	ORENCIA CLICKJECT.	81
ofloxacin oral tablet 300 mg, 400 mg.	17	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML.	81
ofloxacin otic (ear).	64	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML.	81
OGIVRI.	24	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML.	81
olanzapine intramuscular recon soln.	44	ORENITRAM.	48
olanzapine oral tablet.	44	ORFADIN ORAL CAPSULE 20 MG.	62
olanzapine oral tablet,disintegrating.	44	ORFADIN ORAL SUSPENSION.	62
olanzapine-fluoxetine.	44	ORGOVYX.	24
olmesartan.	48	ORKAMBI ORAL GRANULES IN PACKET.	92
olmesartan-amlodipin-hcthiazyd.	48	ORKAMBI ORAL TABLET.	92
olmesartan-hydrochlorothiazide.	48	ORLADEYO.	92
olopatadine nasal.	63	orphenadrine citrate injection.	34
olopatadine ophthalmic (eye).	88	orphenadrine citrate oral tablet extended release.	34
omega-3 acid ethyl esters.	52	orphenadrine-asa-caffeine.	34
omeprazole oral capsule,delayed release(dr/ec) 10 mg.	74	orphengesic forte.	35
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg.	74	orsythia.	85
OMNITROPE.	74	oseltamivir oral capsule 30 mg.	9
ONCASPAR.	24		
ondansetron hcl (pf).	72		

oseltamivir oral capsule 45 mg, 75 mg.	9
oseltamivir oral suspension for reconstitution.	9
osmitrol 15 %.	48
osmitrol 20 %.	48
OSMOPREP.	72
OTEZLA.	81
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47).	81
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19).	81
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml.	16
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml.	16
oxacillin injection recon soln 1 gram, 10 gram	16
oxacillin injection recon soln 2 gram.	16
oxaliplatin intravenous recon soln 100 mg.	24
oxaliplatin intravenous recon soln 50 mg.	24
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml).	24
oxaliplatin intravenous solution 200 mg/40 ml	25
oxandrolone.	68
oxaprozin.	39
oxazepam.	44
OXBRYTA.	62
oxcarbazepine.	29
OXERVATE.	88
oxiconazole.	58
OXLUMO.	94
OXTELLAR XR.	29
oxybutynin chloride oral syrup.	94
oxybutynin chloride oral tablet.	94
oxybutynin chloride oral tablet extended release 24hr.	94
oxycodone oral capsule.	38
oxycodone oral concentrate.	38
oxycodone oral solution.	38
oxycodone oral tablet.	38
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.	38
oxycodone-acetaminophen oral tablet 2.5-300 mg.	38
oxymorphone oral tablet.	38

oxymorphone oral tablet extended release 12 hr.	38
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML).	67
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML).	67

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pacerone oral tablet 100 mg, 200 mg, 400 mg.	45
paclitaxel.	25
PADCEV.	25
paliperidone.	44
palonosetron intravenous solution 0.25 mg/5 ml.	72
palonosetron intravenous syringe.	72
PALYNZIQ.	68
pamidronate intravenous recon soln.	68
pamidronate intravenous solution.	68
pantoprazole intravenous.	74
pantoprazole oral tablet,delayed release (dr/ec) 20 mg.	74
pantoprazole oral tablet,delayed release (dr/ec) 40 mg.	74
paraplatin.	25
PARICALCITOL HEMODIALYSIS PORT INJECTION.	68
paricalcitol intravenous.	68
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML.	68
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML	68
paricalcitol oral.	68
paroex oral rinse.	63
paromomycin.	14
paroxetine hcl oral tablet.	44
paroxetine hcl oral tablet extended release 24 hr.	44
paroxetine mesylate(menop.sym).	44
PARSABIV.	69
PASER.	14
PAXIL ORAL SUSPENSION.	44
PEDIARIX (PF).	77

PEDVAX HIB (PF)	77	phenytoin oral suspension 100 mg/4 ml.	29
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram.	72	phenytoin oral suspension 125 mg/5 ml.	29
peg-electrolyte.	72	phenytoin oral tablet,chewable.	29
peg3350-sod sul-nacl-kcl-asb-c.	72	phenytoin sodium extended.	29
PEGASYS SUBCUTANEOUS SOLUTION.	74	phenytoin sodium intravenous solution.	29
PEGASYS SUBCUTANEOUS SYRINGE.	74	PHESGO.	25
PEMAZYRE.	25	philith.	85
penicillamine.	81	PIFELTRO.	9
penicillin g potassium injection recon soln 20 million unit.	17	pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %.	88
penicillin g potassium injection recon soln 5 million unit.	17	pilocarpine hcl oral.	62
penicillin g procaine.	17	pimecrolimus.	56
penicillin g sodium.	17	pimozide.	44
penicillin v potassium.	17	pimtree (28).	85
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML.	77	pindolol.	48
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML.	77	pioglitazone.	67
pentamidine inhalation.	14	pioglitazone-glimepiride.	67
pentamidine injection.	14	pioglitazone-metformin.	67
PENTASA.	72	piperacillin-tazobactam intravenous recon soln 13.5 gram.	17
pentazocine-naloxone.	39	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram.	17
pentobarbital sodium injection solution.	44	piperacillin-tazobactam intravenous recon soln 40.5 gram.	17
pentoxifylline oral tablet extended release.	51	PIQRAY.	25
PEPAXTO.	25	pirmella.	85
perindopril erbumine.	48	piroxicam.	39
perlogard.	63	plasbumin 25 %.	95
PERJETA.	25	plasbumin 5 %.	95
permethrin.	60	plasmanate.	98
perphenazine.	44	PLEGRIDY INTRAMUSCULAR.	75
perphenazine-amitriptyline.	44	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML.	75
PERSERIS.	44	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.	75
pfizerpen-g.	17	PLEGRIDY SUBCUTANEOUS SYRINGE.	75
phenelzine.	44	plenamine.	98
phenobarbital.	29	PNEUMOVAX-23.	77
phenobarbital sodium injection solution 130 mg/ml.	29	podofilox.	56
phenobarbital sodium injection solution 65 mg/ml.	29	POLIVY.	25
phenoxybenzamine.	48	polocaine injection solution 1 % (10 mg/ml).	56
phentolamine.	48	polocaine-mpf.	56
		polycin.	87

polyethylene glycol 3350 oral powder.	72	potassium chloride-d5-0.9%nacl.	97
polymyxin b sulf-trimethoprim.	87	potassium citrate oral tablet extended release.	94
polymyxin b sulfate.	14	potassium phosphate m-/d-basic intravenous solution 3 mmol/ml.	97
POMALYST.	25	POTELIGEO.	25
PONVORY.	33	PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.	52
PONVORY 14-DAY STARTER PACK.	33	PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML.	52
portia 28.	86	pramipexole oral tablet.	30
PORTRAZZA.	25	pramipexole oral tablet extended release 24 hr.	30
posaconazole oral tablet,delayed release (dr/ec).	7	prasugrel.	51
potassium acetate.	96	pravastatin.	52
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.	96	PRAXBIND.	51
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l.	96	praziquantel.	14
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.	96	prazosin.	48
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l.	96	prednicarbate.	60
potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l.	96	prednisolone acetate.	89
potassium chloride in water intravenous piggyback 10 meq/100 ml.	96	prednisolone oral solution.	64
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml.	96	prednisolone sodium phosphate ophthalmic (eye).	89
potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml.	96	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).	65
potassium chloride intravenous solution 2 meq/ml.	96	prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml).	65
potassium chloride intravenous solution 2 meq/ ml (20 ml).	96	prednisolone sodium phosphate oral tablet,disintegrating.	65
potassium chloride oral capsule, extended release.	96	prednisone intensol.	65
potassium chloride oral liquid.	96	prednisone oral solution.	65
potassium chloride oral packet.	96	prednisone oral tablet.	65
potassium chloride oral tablet extended release.	96	prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack).	65
potassium chloride oral tablet,er particles/ crystals 10 meq, 20 meq.	96	prednisone oral tablets,dose pack 10 mg, 5 mg.	65
potassium chloride-0.45 % nacl.	96	Pregabalin.	29
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.	97	PREMARIN INJECTION.	82
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		prenatal vitamin oral tablet.	98
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previfem.	86	promethazine rectal suppository 12.5 mg, 25 mg.	90
PREVNAR 13 (PF).	77	promethegan.	90
PREVYMIS INTRAVENOUS.	9	propafenone oral capsule,extended release 12 hr.	46
PREVYMIS ORAL.	9	propafenone oral tablet.	46
PREZCOBIX.	9	propranolol intravenous.	48
PREZISTA ORAL SUSPENSION.	9	propranolol oral capsule,extended release 24 hr.	48
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG.	9	propranolol oral solution.	49
PRIFTIN.	14	propranolol oral tablet.	49
PRIMAQUINE.	14	propranolol-hydrochlorothiazid.	49
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procainamide injection solution 500 mg/ml.	45	prudoxin.	56
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sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml.	92
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sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml).	97
sodium chlor 0.9% bacteriostat.	62
sodium chloride 0.45 % intravenous parenteral solution.	97
sodium chloride 0.9 % (flush) injection syringe.	62

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solifenacin.	94	sulfadiazine.	18
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sorine oral tablet 240 mg.	46	sumatriptan nasal spray, non-aerosol 20 mg/actuation.	31
sotalol af.	46	sumatriptan nasal spray, non-aerosol 5 mg/actuation.	31
sotalol oral.	46	sumatriptan succinate oral.	31
SOVALDI.	9	sumatriptan succinate subcutaneous cartridge.	32
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SPRYCEL.	25	SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N).	93
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sps (with sorbitol) rectal.	62		
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STAMARIL (PF).	77		
stavudine oral capsule.	9		

SYMLINPEN 120.	67	tazicef intravenous.	11
SYMLINPEN 60.	67	TAZORAC TOPICAL CREAM 0.05 %.	57
SYMPAZAN.	29	TAZORAC TOPICAL GEL.	57
SYMTUZA.	9	taztia xt oral capsule, extended release.	49
SYNAGIS.	9	TAZVERIK.	26
SYNAREL.	69	TDVAX.	77
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SYNERCID.	14	TEFLARO.	11
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T		telmisartan-amlodipine.	49
TABLOID.	26	telmisartan-hydrochlorothiazid.	49
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tacrolimus topical.	56	TEMODAR INTRAVENOUS.	26
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.	93	temozolomide.	26
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TALTZ AUTOINJECTOR.	55	tenofovir disoproxil fumarate.	9
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TALTZ AUTOINJECTOR (3 PACK).	55	TEPMETKO.	26
TALTZ SYRINGE.	55	terazosin.	49
TALZENNA.	26	terbinafine hcl oral.	7
tamoxifen.	26	terbutaline.	93
tamsulosin oral capsule,extended release 24hr.	94	terconazole.	83
TARGRETIN 1% GEL.	26	TERIPARATIDE.	79
tarina 24 fe.	86	testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml.	69
tarina fe 1-20 eq (28).	86	testosterone cypionate intramuscular oil 200 mg/ml (1 ml).	69
tarina fe 1/20 (28).	86	testosterone enanthate.	69
TASIGNA.	26	testosterone transdermal gel (generic).	69
tavaborole.	58	testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic).	69
TAVALISSE.	51	testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic).	69
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tazicef injection recon soln 1 gram.	11		
tazicef injection recon soln 2 gram, 6 gram.	11		

testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel generic)	69	tobramycin ophthalmic (eye)	87
testosterone transdermal gel in packet (AndroGel generic)	69	tobramycin sulfate injection recon soln.	15
testosterone transdermal solution in metered pump w/app (Axiron generic)	69	tobramycin sulfate injection solution.	15
TETANUS,DIPHThERIA TOX PED(PF).	77	tobramycin-dexamethasone.	89
tetrabenazine.	33	tolcapone.	31
tetracycline.	19	tolmetin oral capsule.	40
THALOMID.	26	tolmetin oral tablet 600 mg.	40
theophylline oral elixir.	93	tolterodine oral capsule,extended release 24hr.	94
theophylline oral solution.	93	tolterodine oral tablet.	94
theophylline oral tablet extended release 12 hr 300 mg, 450 mg.	93	tolvaptan oral tablet 30 mg.	69
theophylline oral tablet extended release 24 hr.	93	topiramate oral capsule, sprinkle.	29
THIOLA.	62	topiramate oral capsule,sprinkle,er 24hr.	29
THIOLA EC.	62	topiramate oral tablet.	29
thioridazine.	44	toposar.	26
thiotepa injection recon soln 100 mg.	26	topotecan intravenous recon soln.	26
thiotepa injection recon soln 15 mg.	26	topotecan intravenous solution 4 mg/4 ml (1 mg/ml).	26
thiothixene.	44	toremifene.	26
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timolol maleate (pf).	87	tramadol oral tablet, er multiphase 24 hr.	40
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tinidazole.	14	trandolapril-verapamil oral tablet, ir - er, biphasic 24hr.	49
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TIVICAY.	9	travasol 10 %.	98
TIVICAY PD.	9	travoprost.	89
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valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml).	29	venlafaxine oral tablet.	45
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VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND).	15	verapamil oral tablet.	49
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND).	15	verapamil oral tablet extended release.	49
VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND).	15	VERQUVO.	53
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vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg.	15	VERZENIO.	27
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND).	15	vestura (28).	86
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- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

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।

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



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

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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

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

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.

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

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