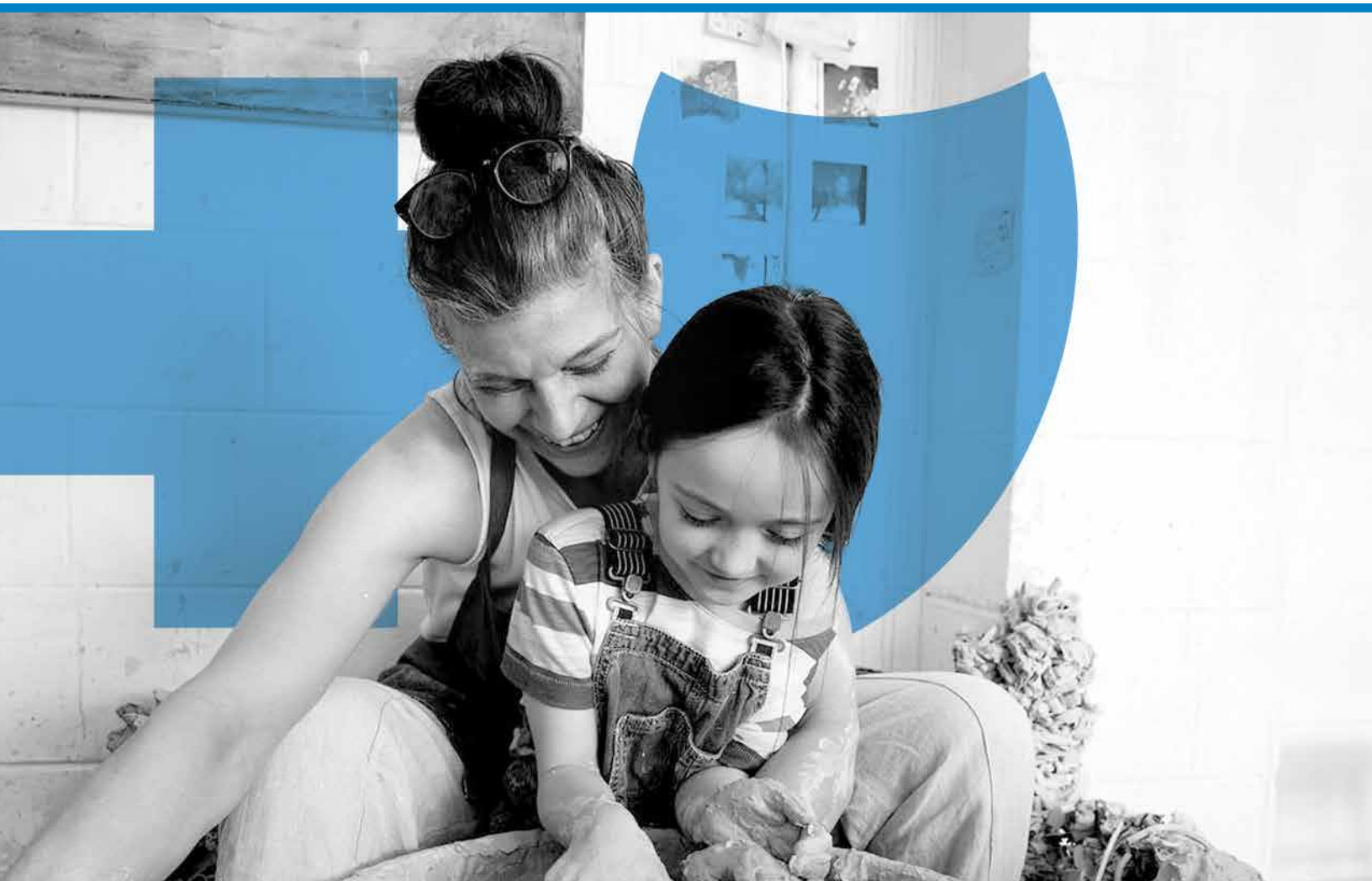




MASSACHUSETTS

Medicare PPO Blue<sup>SM</sup> SaverRx (PPO)  
Medicare PPO Blue<sup>SM</sup> ValueRx (PPO)  
Medicare PPO Blue<sup>SM</sup> PlusRx (PPO)



## 2020 FORMULARY (LIST OF COVERED DRUGS)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN  
20160, Version 7**

This formulary was updated on 6/01/2020. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit [www.bluecrossma.com/medicare-options](http://www.bluecrossma.com/medicare-options).

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 6/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2021, and from time to time during the year.

## What is the Medicare PPO, Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO) Formulary?

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

## Can the Formulary (drug list) change?

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

### Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

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

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

The enclosed formulary is current as of 6/01/2020. 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, [www.bluecrossma.com/medicare-options](http://www.bluecrossma.com/medicare-options). You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

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

- **Medical Condition.** The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 103. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the Index that begins on page 103. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Medicare PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO) 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 or Omeprazole 10 mg capsules. This may be in addition to a standard one-month or three-month supply.
- **Opioid Safety Edits:** For certain drugs or combinations of drugs, there may be a safety limit applied to prevent opioid overutilization. The limit on these medications may be cumulative with other, similar medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety limit.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

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

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

## What if my drug is not on the Formulary?

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

### If you learn that Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx and Medicare PPO Blue PlusRx do not cover your drug, you have two options:

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

## How do I request an exception to the Medicare PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO) and Medicare PPO Blue PlusRx (PPO) Formulary?

You can ask our plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

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

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

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

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

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

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

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

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

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

## For more information

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

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

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

## Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

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

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

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

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

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

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

**Home Infusion (HI):** This prescription drug may be covered under our medical benefit. For more information, call Member Services at **1-800-200-4255**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call **711**. Our contact information appears on the front and back cover pages.

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

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

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

**Limited Pharmacy Availability (LA):** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at **1-800-200-4255**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call **711**. Our contact information appears on the front and back cover pages.

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



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

### Your Medicare prescription drug costs:

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

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

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

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

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

Explanation of Tiers and Copayments/Co-insurance: Initial Coverage Stage

Plans	Drug Tier	Annual Deductible	30-day supply at a preferred network retail pharmacy	30-day supply at a standard network retail pharmacy	90-day supply at a network mail-order pharmacy
Medicare PPO Blue SaverRx (PPO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$4	\$10	\$4
	Tier 2: Generic Drugs		\$10	\$16	\$20
	Tier 3: Preferred Brand Drugs	\$405 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		25%	25%	25%
Medicare PPO Blue ValueRx (PPO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$2	\$8	\$2
	Tier 2: Generic Drugs		\$6	\$12	\$12
	Tier 3: Preferred Brand Drugs	\$320 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		26%	26%	26%
Medicare PPO Blue PlusRx (PPO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$1	\$6	\$1
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs	\$200 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		25%	25%	25%

## ANTI - INFECTIVES: ANTIFUNGAL AGENTS

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

## ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

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

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

## ANTI - INFECTIVES: ANTIVIRALS

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

## ANTI - INFECTIVES: ANTIVIRALS (continued)

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

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

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

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

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

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
SOVALDI ORAL TABLET 200 MG	5	PA, MO, QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA, MO, QL (28 per 28 days)
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO, LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO
TRUVADA	5	MO
TYBOST	3	MO
<i>valacyclovir</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
<i>valganciclovir oral tablet</i>	5	MO
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	3	MO
VIEKIRA PAK	5	PA, MO, QL (112 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA, MO, QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	4	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 40 MG	4	MO, QL (2 per 180 days)
ZEPATIER	5	PA, MO, QL (28 per 28 days)
<i>zidovudine</i>	2	MO

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

## ANTI - INFECTIVES: CEPHALOSPORINS

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

## ANTI - INFECTIVES: CEPHALOSPORINS (continued)

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

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

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

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

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

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

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



## ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES

Drug Name	Tier	Requirements/ Limits
<i>albendazole</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml</i>	2	MO, HI
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO, HI
ARIKAYCE	5	PA, MO, LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	2	MO, HI
<i>aztreonam injection recon soln 2 gram</i>	2	MO, HI
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	
BETHKIS	5	B/D PA, MO
CAPASTAT	3	HI
CAYSTON	5	MO, LA
<i>chloramphenicol sod succinate</i>	2	HI
<i>chloroquine phosphate</i>	2	MO
<i>cleocin intravenous solution 300 mg/2 ml</i>	2	
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO, HI
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO

## ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES (continued)

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	HI
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	2	MO, HI
IMPAVIDO	3	MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
<i>lincomycin</i>	2	HI
<i>linezolid in dextrose 5%</i>	5	HI
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	2	MO, HI
<i>metro i.v.</i>	2	MO, HI
<i>metronidazole in nacl (iso-os)</i>	2	MO, HI
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA, MO
<i>neomycin</i>	2	MO
ORBACTIV	5	MO, HI
<i>paromomycin</i>	2	MO
PASER	3	MO
PENTAM	4	MO
<i>pentamidine inhalation</i>	2	B/D PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>pentamidine injection</i>	2	MO
<i>polymyxin b sulfate</i>	2	HI
<i>praziquantel</i>	2	MO
PRETOMANID	3	
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>primaquine (generic)</i>	2	MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	MO
<i>quinine sulfate</i>	2	MO
RECARBRIO	5	
<i>rifabutin</i>	2	MO
<i>rifampin intravenous</i>	2	MO, HI
<i>rifampin oral</i>	2	MO
RIFATER	4	MO
SIRTURO	5	MO, LA
SIVEXTRO INTRAVENOUS	5	HI
SIVEXTRO ORAL	5	MO
STREPTOMYCIN	3	MO
SYNERCID	5	HI
<i>tigecycline</i>	5	HI
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE	5	
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	MO
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA, MO

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

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

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

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

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

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

## ANTI - INFECTIVES: PENICILLINS

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

## ANTI - INFECTIVES: PENICILLINS (continued)

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

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

## ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>oxacillin injection recon soln 10 gram</i>	5	HI
<i>oxacillin injection recon soln 2 gram</i>	2	MO, HI
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	MO, HI
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	MO, HI
<i>penicillin g procaine</i>	2	MO
<i>penicillin g sodium</i>	2	MO, HI
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	HI
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	2	MO, HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	2	MO, HI
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	2	HI

## ANTI - INFECTIVES: QUINOLONES

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

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

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

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

## ANTI - INFECTIVES: TETRACYCLINES

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

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

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

Drug Name	Tier	Requirements/ Limits
NUZYRA INTRAVENOUS	5	HI
NUZYRA ORAL	5	MO
<i>okebo oral capsule 75 mg</i>	2	MO
<i>tetracycline</i>	2	MO

**ANTI - INFECTIVES: URINARY  
TRACT AGENTS**

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS:  
ADJUNCTIVE AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	HI
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO, HI
ELITEK	5	MO, HI
KEPIVANCE	5	MO, HI
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	MO, HI
<i>leucovorin calcium injection recon soln 500 mg</i>	2	HI
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	HI
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	HI
<i>levoleucovorin calcium intravenous solution</i>	5	HI
<i>mesna</i>	2	MO, HI
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	PA, MO

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

## ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
<i>abiraterone</i>	5	PA, MO
ABRAXANE	5	MO, HI
ADAKVEO	5	PA, MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	MO, HI
<i>adriamycin intravenous solution</i>	2	HI
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA, HI
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	B/D PA, MO, HI
AFINITOR DISPERZ	5	PA, MO
AFINITOR ORAL TABLET 10 MG	5	PA, MO
ALECENSA	5	PA, MO
ALIMTA	5	MO, HI
ALIQOPA	5	MO, HI, LA
ALUNBRIG	5	PA, MO
<i>anastrozole</i>	2	MO
ARRANON	5	HI
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	2	
ARZERRA	5	B/D PA, MO, HI
ASTAGRAF XL	4	B/D PA, MO
AVASTIN	5	MO, HI
AYVAKIT	5	PA, MO, LA
<i>azacitidine</i>	5	MO, HI
<i>azathioprine</i>	2	B/D PA, MO

## ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

Drug Name	Tier	Requirements/ Limits
<i>azathioprine sodium</i>	2	B/D PA, HI
BALVERSA	5	PA, MO, LA
BAVENCIO	5	MO, HI, LA
BELEODAQ	5	MO, HI
BENDEKA	5	MO
BESPONSA	5	MO, HI
<i>bexarotene</i>	5	MO
<i>bicalutamide</i>	2	MO
<i>bleomycin</i>	2	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	3	B/D PA, MO
BORTEZOMIB	5	MO, HI
BOSULIF	5	PA, MO
BRAFTOVI	5	MO, LA
BRUKINSA	5	PA, MO, LA
<i>busulfan</i>	5	HI
CABOMETYX	5	PA, MO, LA
CALQUENCE	5	PA, MO, LA
<i>capecitabine</i>	MB	MO
CAPRELSA ORAL TABLET 100 MG	5	PA, LA
CAPRELSA ORAL TABLET 300 MG	5	PA, MO, LA
<i>carboplatin intravenous solution</i>	2	MO, HI
<i>carmustine</i>	5	MO
<i>cisplatin intravenous solution</i>	2	MO, HI
<i>cladribine</i>	5	B/D PA, MO, HI
<i>clofarabine</i>	5	HI
COMETRIQ	5	PA, MO
COPIKTRA	5	PA, MO, LA

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



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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)		
Drug Name	Tier	Requirements/ Limits
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO, HI
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML (BRAND)	5	HI
<i>doxorubicin intravenous recon soln 50 mg</i>	2	MO, HI
<i>doxorubicin intravenous solution</i>	2	MO, HI
<i>doxorubicin, peg-liposomal</i>	5	MO, HI
ELIGARD	3	MO
ELIGARD (3 MONTH)	3	MO
ELIGARD (4 MONTH)	3	MO
ELIGARD (6 MONTH)	3	MO
EMCYT	5	MO
EMPLICITI	5	B/D PA, MO, HI
ENHERTU	5	MO
ENVARBUS XR	4	B/D PA, MO
<i>epirubicin intravenous solution</i>	2	MO, HI
ERBITUX	5	MO, HI
ERIVEDGE	5	PA, MO
ERLEADA	5	PA, MO
<i>erlotinib</i>	5	PA, MO
ERWINAZE	5	MO, HI
ETOPOPHOS	3	MO, HI
<i>etoposide intravenous</i>	2	MO, HI

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

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

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

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

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

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

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
PERJETA	5	MO, HI
PIQRAY	5	PA, MO
POLIVY	5	PA, MO
POMALYST	5	PA, MO, LA
PORTRAZZA	5	B/D PA, MO
POTELIGEO	5	MO
PROGRAF INTRAVENOUS	3	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA, MO
PURIXAN	5	
REVLIMID	5	PA, MO, LA
RITUXAN	5	PA, MO, HI
RITUXAN HYCELA	5	MO
ROMIDEPSIN INTRAVENOUS RECON SOLN	5	MO
ROMIDEPSIN INTRAVENOUS SOLUTION	5	
ROZLYTREK	5	PA, MO
RUBRACA	5	PA, MO, LA
RUXIENCE	5	MO
RYDAPT	5	PA, MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO
SARCLISA	5	MO
SIGNIFOR	5	MO
SIGNIFOR LAR	5	MO

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
SIKLOS	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA, MO, HI
<i>sirolimus oral solution</i>	5	B/D PA, MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA, MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA, MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	MO
SPRYCEL	5	PA, MO
STIVARGA	5	PA, MO
SUTENT	5	PA, MO
SYLVANT	5	MO, HI
SYNRIBO	5	MO
TABLOID	3	MO
<i>tacrolimus oral</i>	2	B/D PA, MO
TAFINLAR	5	PA, MO
TAGRISSE	5	PA, MO, LA
TALZENNA	5	PA, MO
<i>tamoxifen</i>	2	MO
TARGRETIN 1% GEL	5	MO
TASIGNA	5	PA, MO
TAZVERIK	5	PA, MO, LA
TECENTRIQ	5	MO, HI, LA

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
TEMODAR INTRAVENOUS	3	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	5	MO
THALOMID	5	PA, MO
<i>thiotepa injection recon soln 100 mg</i>	5	
<i>thiotepa injection recon soln 15 mg</i>	5	MO
TIBSOVO	5	MO
<i>toposar</i>	2	MO, HI
<i>topotecan intravenous recon soln</i>	5	HI
<i>topotecan intravenous solution</i>	5	MO, HI
<i>toremifene</i>	5	MO
TRAZIMERA	5	MO
TREANDA INTRAVENOUS RECON SOLN	5	MO, HI
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	MO, HI
TRUXIMA	5	MO
TURALIO	5	MO, LA
TYKERB	5	PA, MO, LA
UNITUXIN	5	MO
<i>valrubicin</i>	2	MO

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
VALSTAR	3	MO
VANTAS	3	MO
VECTIBIX	5	B/D PA, MO, HI
VELCADE	5	MO, HI
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA, MO, LA
VENCLEXTA ORAL TABLET 100 MG	5	PA, MO, LA
VENCLEXTA STARTING PACK	5	PA, MO, LA
VERZENIO	5	PA, MO, LA
<i>vinblastine intravenous solution</i>	2	B/D PA, MO, HI
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PA, MO, HI
<i>vincristine</i>	2	B/D PA, MO, HI
<i>vinorelbine</i>	2	MO, HI
VITRAKVI	5	PA, MO, LA
VIZIMPRO	5	PA, MO
VOTRIENT	5	PA, MO
VYXEOS	5	B/D PA, MO, HI
XALKORI	5	PA, MO
XATMEP	3	B/D PA, MO
XERMELO	5	MO, LA
XOSPATA	5	PA, MO, LA
XPOVIO	5	PA, MO, LA
XTANDI	5	PA, MO
YERVOY	5	MO, HI
YONDELIS	5	MO, HI
YONSA	5	PA, MO
ZALTRAP	5	MO, HI

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

**ANTINEOPLASTIC /  
IMMUNOSUPPRESSANT DRUGS**  
(continued)

Drug Name	Tier	Requirements/ Limits
ZANOSAR	3	MO, HI
ZEJULA	5	PA, MO, LA
ZELBORAF	5	PA, MO
ZIRABEV	5	MO
ZOLADEX	3	MO
ZOLINZA	5	MO
ZORTRESS	5	B/D PA, MO
ZYDELIG	5	PA, MO
ZYKADIA ORAL TABLET	5	PA, MO
ZYTIGA ORAL TABLET 500 MG	5	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	3	HI
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	2	PA, MO
<i>clobazam oral tablet 10 mg</i>	2	PA, MO
<i>clobazam oral tablet 20 mg</i>	5	PA, MO
<i>clonazepam oral tablet</i>	2	MO
<i>clonazepam oral tablet, disintegrating</i>	2	MO
DIASTAT	4	MO
<i>diazepam rectal</i>	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	5	MO, LA
<i>epitol</i>	1	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin</i>	2	MO, HI
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	4	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
AIMOVIG AUTOINJECTOR	3	PA, MO, QL (1 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO, QL (24 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO, QL (18 per 30 days)
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO, QL (8 per 30 days)
<i>eletriptan</i>	2	MO, QL (24 per 30 days)
EMGALITY PEN	3	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ ML	3	PA, MO, QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA, MO, QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>frovatriptan</i>	2	MO, QL (27 per 30 days)
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO, QL (18 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO, QL (36 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	2	MO, QL (36 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO, QL (18 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO, QL (36 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO, QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO, QL (8 per 30 days)
<i>sumatriptan-naproxen</i>	2	MO, QL (18 per 30 days)
<i>zolmitriptan</i>	2	MO, QL (18 per 30 days)
ZOMIG NASAL	3	MO, QL (18 per 30 days)

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
TYSABRI	5	PA, MO, HI, LA

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

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

Drug Name	Tier	Requirements/ Limits
<i>baclofen intrathecal</i>	2	B/D PA, MO
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>carisoprodol</i>	2	PA, MO
<i>carisoprodol-aspirin</i>	2	PA, MO
<i>carisoprodol-aspirin-codeine</i>	2	PA, MO
<i>chlorzoxazone oral tablet 250 mg</i>	2	PA
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	2	PA, MO
<i>cyclobenzaprine</i>	2	PA, MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
<i>meprobamate</i>	2	MO
<i>metaxall</i>	2	PA, MO
<i>metaxalone</i>	2	PA, MO
<i>methocarbamol injection</i>	2	PA, HI
<i>methocarbamol oral</i>	2	PA, MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>orphenadrine citrate injection</i>	2	MO

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	
<i>hydromorphone injection solution 1 mg/ml</i>	2	
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	2	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	2	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	2	
<i>hydromorphone oral liquid</i>	2	MO
<i>hydromorphone oral tablet</i>	2	MO
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	2	PA, MO
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	PA, MO
<i>ibuprofen-oxycodone</i>	2	MO
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO
<b>LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND)</b>	5	MO

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



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

Drug Name	Tier	Requirements/ Limits
<i>lorcet (hydrocodone)</i>	2	MO
<i>lorcet hd</i>	2	MO
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	2	MO
<i>meperidine (pf) injection solution 25 mg/ml</i>	2	
<i>meperidine oral</i>	2	MO
<i>methadone injection solution</i>	2	HI
<i>methadone intensol</i>	2	PA, MO
<i>methadone oral concentrate</i>	2	PA, MO
<i>methadone oral solution</i>	2	PA, MO
<i>methadone oral tablet</i>	2	PA, MO
<i>methadose oral concentrate</i>	2	PA, MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO
<i>morphine (pf) intravenous patient control analgesia soln 150 mg/30 ml</i>	2	B/D PA, MO
<i>morphine concentrate oral solution</i>	2	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)	3	
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ ML, 5 MG/ML (BRAND)	3	MO
<i>morphine injection solution 8 mg/ml</i>	2	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	MO
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	2	
<i>morphine intravenous solution 10 mg/ml</i>	2	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ ML, 8 MG/ML (BRAND)	3	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND)	3	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>morphine oral capsule, extend. release pellets</i>	2	PA, MO
<i>morphine oral solution</i>	2	MO
<i>morphine oral tablet</i>	2	MO
<i>morphine oral tablet extended release</i>	2	PA, MO
<i>oxycodone oral capsule</i>	2	MO
<i>oxycodone oral concentrate</i>	2	MO
<i>oxycodone oral solution</i>	2	MO
<i>oxycodone oral tablet</i>	2	MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	3	PA, MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	3	PA
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 15 MG, 30 MG, 60 MG (BRAND)	3	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>oxycodone-aspirin</i>	2	MO
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR	3	PA, MO
<i>oxymorphone oral tablet</i>	2	MO
<i>oxymorphone oral tablet</i>	2	PA, MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA, MO
<i>prolate</i>	2	
<i>tencon oral tablet 50-325 mg</i>	2	PA, MO
<i>vtol lq</i>	2	PA
<i>zebutal oral capsule 50-325-40 mg</i>	2	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>buprenorphine-naloxone</i>	2	MO
<i>butorphanol tartrate injection</i>	2	MO, HI
<i>butorphanol tartrate nasal</i>	2	MO
<i>celecoxib</i>	2	MO, QL (60 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>etodolac oral tablet extended release 24 hr</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
HYALGAN	MB	MO
HYMOVIS	MB	
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	2	
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO
<i>indomethacin sodium</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>ketorolac injection cartridge 30 mg/ml</i>	2	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	MO
<i>ketorolac injection syringe 15 mg/ml</i>	2	

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

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

Drug Name	Tier	Requirements/ Limits
<i>ketorolac injection syringe 30 mg/ml</i>	2	MO
<i>ketorolac intramuscular cartridge</i>	2	MO
<i>ketorolac intramuscular solution</i>	2	MO
<i>ketorolac intramuscular syringe</i>	2	
<i>ketorolac oral</i>	2	MO
LUCEMYRA	5	MO, QL (224 per 180 days)
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO, QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	MO, HI
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO
<i>oxaprozin</i>	2	MO
<i>pentazocine-naloxone</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
SYNVISC	MB	MO
SYNVISC-ONE	MB	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO
<i>tramadol oral tablet extended release 24 hr</i>	2	PA, MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA, MO
<i>tramadol-acetaminophen</i>	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	5	MO
ADASUVE	4	
<i>alprazolam intensol</i>	2	PA, MO
<i>alprazolam oral tablet</i>	2	PA, MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	PA, MO
<i>alprazolam oral tablet, disintegrating</i>	2	PA, MO
<i>amitriptyline</i>	2	PA, MO
<i>amitriptyline- chlordiazepoxide</i>	2	PA, MO
<i>amoxapine</i>	2	MO
<i>amphetamine sulfate</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO
<i>aripiprazole oral tablet, disintegrating</i>	5	MO
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	2	PA, MO
<i>atomoxetine</i>	2	MO, QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	MO
<i>bupropion hcl oral tablet sustained- release 12 hr</i>	2	MO
<i>bupirone</i>	2	MO

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>flurazepam</i>	2	PA, MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO
<i>fluvoxamine oral tablet</i>	2	MO
FORFIVO XL	4	MO
GEODON INTRAMUSCULAR	3	MO
<i>guanfacine oral tablet extended release 24 hr</i>	2	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA, MO, QL (30 per 30 days)
<i>imipramine hcl</i>	2	PA, MO
<i>imipramine pamoate</i>	2	PA, MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA	5	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA, MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA, MO
<i>lorazepam injection syringe 4 mg/ml</i>	2	PA
<i>lorazepam intensol</i>	2	PA, MO
<i>lorazepam oral</i>	2	PA, MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er oral tablet extended release</i>	2	QL (90 per 30 days)
<i>methamphetamine</i>	2	PA, MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	2	MO, QL (30 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	MO, QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>midazolam (pf) injection</i>	2	
<i>midazolam injection</i>	2	
<i>midazolam oral syrup 2 mg/ml</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	2	PA, MO
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	MO
NUPLAZID ORAL TABLET 10 MG	5	MO
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet, disintegrating</i>	2	MO
<i>olanzapine-fluoxetine</i>	2	MO
<i>oxazepam</i>	2	PA, MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
<i>paroxetine mesylate (menop.sym)</i>	2	MO
PAXIL ORAL SUSPENSION	4	MO

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	MO
<i>chlorothiazide oral tablet 500 mg</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal DEMSER</i>	2 5	MO MO
<i>diltiazem hcl intravenous</i>	2	HI
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr oral capsule, ext release degradable</i>	1	MO
<i>doxazosin</i>	1	MO
<i>enalapril maleate</i>	1	MO

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>nicardipine intravenous solution</i>	2	HI
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nifedipine oral tablet extended release</i>	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-hcthiamid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</b>	3	PA, MO
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG</b>	5	PA, MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	MO
<i>phentolamine injection recon soln</i>	2	

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

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

Drug Name	Tier	Requirements/ Limits
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	2	HI
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt oral capsule, extended release</i>	1	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	1	MO
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>treprostinil sodium</i>	5	PA, MO
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	5	PA, MO, LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA, MO
<i>verapamil intravenous solution</i>	2	MO, HI
<i>verapamil intravenous syringe</i>	2	HI
<i>verapamil oral capsule, 24 hr er pellet ct</i>	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(s) 6 and 7.

## CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/ Limits
<i>aminocaproic acid</i>	2	MO
ANDEXXA	5	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
BEVYXXA	3	MO, QL (43 per 180 days)
BRILINTA	4	MO
CABLIVI INJECTION KIT	5	MO, LA
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	MO, LA, QL (15 per 180 days)
DOPTELET (15 TAB PACK)	5	MO, LA, QL (15 per 180 days)
DOPTELET (30 TAB PACK)	5	MO, LA, QL (15 per 180 days)
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO, QL (180 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO, QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	MO, QL (48 per 30 days)

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

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

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

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

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

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

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

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



## CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/ CHOLESTEROL LOWERING AGENTS

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA, MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin injection solution</i>	2	MO, HI
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA, MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA

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

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

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

## CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

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

## DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

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

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

## DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

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

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

Drug Name	Tier	Requirements/ Limits
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA, MO
<i>lidocaine topical ointment</i>	2	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
<i>pimecrolimus</i>	2	PA, MO
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prudoxin</i>	2	MO
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO

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

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

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

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

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

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

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

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

**DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS**

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

**DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS**

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

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

## DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

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

## DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>tovet emollient</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO

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

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

**DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES**

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

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



## DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

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

## DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>d5 %-0.45 % sodium chloride</i>	2	MO, HI
<i>deferasirox</i>	5	MO
<i>deferoxamine</i>	2	MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	HI
<i>dextrose 10 % in water (d10w)</i>	2	MO, HI
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO, HI
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO, HI
<i>dextrose 5%-0.2 % sod chloride</i>	2	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	2	HI
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride</i>	2	HI
<i>disulfiram</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
FERRIPROX	5	MO
GIVLAARI	5	PA, MO
GLASSIA	5	PA, MO, HI, LA
INCRELEX	5	PA, MO, LA
JADENU ORAL TABLET 180 MG	5	MO
JADENU SPRINKLE	5	MO
<i>kionex (with sorbitol) oral suspension</i>	2	MO
<i>lanthanum oral tablet, chewable</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>midodrine</i>	2	MO
<i>monoject 0.9% sodium chloride</i>	MB	
<i>monoject prefill advanced ns</i>	MB	MO
<i>nitisinone</i>	5	MO
NITYR	3	MO, LA
<i>normal saline flush</i>	MB	MO
NORTHERA	5	MO
ORFADIN	5	MO, LA
OXBRYTA	5	PA, MO, LA, QL (90 per 30 days)
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA, HI, LA

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

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

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

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

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

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

## DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENENTS

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

## EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO

## ENDOCRINE/DIABETES: ADRENAL HORMONES

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

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

## ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

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

## ENDOCRINE/DIABETES: ANTITHYROID AGENTS

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

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

## ENDOCRINE/DIABETES: DIABETES THERAPY

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

## ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

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

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

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

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

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

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

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



## ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

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

## ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

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

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

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

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

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

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

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

## ENDOCRINE/DIABETES: THYROID HORMONES

Drug Name	Tier	Requirements/ Limits
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous</i>	2	MO, HI
<i>liothyronine oral</i>	2	MO
<i>np thyroid</i>	2	MO
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	2	
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	2	MO
<i>unithroid</i>	1	MO

## GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

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

## GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

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

## GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA, MO
OSMOPREP	4	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO

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

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

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

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

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

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

## GASTROENTEROLOGY: ULCER THERAPY

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

## GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	2	ST, MO, QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	2	ST, MO, QL (60 per 30 days)
<i>misoprostol</i>	2	MO
<i>nizatidine</i>	2	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	MO, QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	5	ST, MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	5	ST, MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	5	ST, MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	5	ST, MO, QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO, HI
<i>pantoprazole oral 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)

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

**GASTROENTEROLOGY: ULCER THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	ST, MO, QL (60 per 30 days)
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	5	PA, MO
ARCALYST	5	MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	MO, QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	MO, QL (4 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA, MO
EGRIFTA SV	5	PA, MO
FULPHILA	5	MO, QL (1.2 per 30 days)
GRANIX	5	MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA, MO, LA
INTRON A INJECTION RECON SOLN	5	PA, MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	PA, MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	PA, MO
LEUKINE INJECTION RECON SOLN	5	MO, HI
MOZOBIL	5	MO
OMNITROPE	5	PA, MO

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



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

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

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

Drug Name	Tier	Requirements/ Limits
REBIF TITRATION PACK	5	MO, QL (4.2 per 180 days)
REBLOZYL	5	PA, MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA, MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA, MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA, MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	MO
UDENYCA	5	MO, QL (1.2 per 30 days)
ZARXIO	5	MO
ZIEXTENZO	5	MO, QL (1.2 per 28 days)
ZORBTIVE	5	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	1	MO
AFLURIA QD 2019-20 (3YR UP)(PF)	MB	MO
AFLURIA QD 2019-20 (6-35MO)(PF)	MB	
AFLURIA QUAD 2019-20(6MO UP)	MB	
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	4	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DYSPORT	4	PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
FLUAD 2019-2020 (65 YR UP)(PF)	MB	MO
FLUARIX QUAD 2019-2020 (PF)	MB	MO
FLUBLOK QUAD 2019-2020 (PF)	MB	MO

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

Drug Name	Tier	Requirements/ Limits
FLUCELVAX QUAD 2019-2020	MB	
FLUCELVAX QUAD 2019-2020 (PF)	MB	MO
FLULAVAL QUAD 2019-2020	MB	
FLULAVAL QUAD 2019-2020 (PF)	MB	MO
FLUMIST QUAD 2019-2020	MB	
FLUZONE HIGH- DOSE 2019-20 (PF)	MB	MO
FLUZONE QUAD 2019-2020	MB	
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION	MB	
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	MB	MO
FLUZONE QUAD PEDI 2019-20 (PF)	MB	MO
<i>fomepizole</i>	2	HI
GAMASTAN	3	MO
GAMASTAN S/D	3	
GAMMAGARD LIQUID	5	PA, MO, HI
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA, MO, HI

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

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

Drug Name	Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA, MO, HI
GARDASIL 9 (PF)	1	MO
GRASTEK	4	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF)	1	MO
IMOVAX RABIES VACCINE (PF)	1	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	1	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	MO
IPOL	1	MO
IXIARO (PF)	1	MO

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

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

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

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

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

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

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

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

## MUSCULOSKELETAL / RHEUMATOLOGY: GOUT THERAPY

Drug Name	Tier	Requirements/ Limits
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	HI
<i>aloprim</i>	2	HI
<i>colchicine oral tablet (Brand - Colcrys)</i>	2	MO
COLCRYS	3	MO
<i>febuxostat</i>	2	MO
KRYSTEXXA	4	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO

## MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY

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

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

## MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

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

## MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS (continued)

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

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

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

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

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

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

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

## OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS

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

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

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

## OBSTETRICS / GYNECOLOGY: MISCELLANEOUS OB/GYN

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lynyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-mili</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>volnea (28)</i>	2	
<i>vyfemla (28)</i>	2	MO
<i>vylibra</i>	2	MO
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	

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

## OBSTETRICS / GYNECOLOGY: OXYTOCICS

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

## OPHTHALMOLOGY: ANTIBIOTICS

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

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

## OPHTHALMOLOGY: ANTIVIRALS

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

## OPHTHALMOLOGY: BETA-BLOCKERS

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

## OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

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

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

## OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

## OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

## OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

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

## OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

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

## OPHTHALMOLOGY: STEROIDS

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

## OPHTHALMOLOGY: SYMPATHOMIMETICS

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

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

## RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

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

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

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

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

## RESPIRATORY AND ALLERGY: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	2	B/D PA, MO
ADEMPAS	5	PA, MO, LA
ADVAIR DISKUS	2	MO, QL (60 per 30 days)
ADVAIR HFA	4	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO, QL (25.5 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA, MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	MO
<i>alyq</i>	5	PA, MO
<i>ambriasantan</i>	5	PA, MO, LA
<i>aminophylline intravenous</i>	2	HI
ANORO ELLIPTA	3	MO, QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO, QL (30 per 30 days)
ARNUITY ELLIPTA	3	MO, QL (30 per 30 days)
ATROVENT HFA	3	MO, QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	2	MO
BEVESPI AEROSPHERE	3	MO, QL (10.7 per 30 days)
<i>bosentan</i>	5	PA, MO, LA

## RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
BROVANA	3	B/D PA, MO
<i>budesonide inhalation</i>	2	B/D PA, MO
CINRYZE	5	MO, HI
COMBIVENT RESPIMAT	3	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA, MO
DALIRESP	3	MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	MO, QL (17.6 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	3	MO, QL (13 per 30 days)
ESBRIET	5	PA, MO
FASENRA	5	PA, MO
FASENRA PEN	5	PA, MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO, QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO, QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO, QL (12 per 30 days)

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



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

Drug Name	Tier	Requirements/ Limits
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	3	MO, QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	3	MO, QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO, QL (16 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	2	PA, MO, QL (60 per 30 days)
HYPER-SAL	MB	MO
<i>icatibant</i>	5	MO
INCRUSE ELLIPTA	3	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA, MO
<i>ipratropium-albuterol</i>	2	B/D PA, MO
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA, MO, QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA, MO, QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA, MO, QL (60 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA, MO
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO, QL (34 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>montelukast</i>	2	MO
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA	5	PA, MO, LA
OFEV	5	PA, MO
OPSUMIT	5	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA, MO, QL (112 per 28 days)
PROAIR HFA	3	MO, QL (25.5 per 30 days)
PROAIR RESPICLICK	3	MO, QL (2 per 30 days)
<i>pulmosal</i>	MB	MO
PULMOZYME	5	B/D PA, MO
RUCONEST	5	MO, HI
SEREVENT DISKUS	3	MO, QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA, HI
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ ml</i>	5	PA, MO

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

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

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

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

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

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

## UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

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

## UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

## UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>alprostadil</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	MO, LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
<i>potassium citrate oral tablet extended release</i>	2	MO
PROCYSBI	5	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA, MO, QL (30 per 30 days)

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

## VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

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

## VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

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

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

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

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

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

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

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

VITAMINS, HEMATINICS /  
ELECTROLYTES: ELECTROLYTES  
(continued)

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

VITAMINS, HEMATINICS /  
ELECTROLYTES: ELECTROLYTES  
(continued)

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

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

## VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

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

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

Drug Name	Tier	Requirements/ Limits
NORMOSOL-R PH 7.4	4	HI
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA, HI
<i>premasol 10 %</i>	2	B/D PA, MO, HI
PROCALAMINE 3%	4	B/D PA, HI
PROSOL 20 %	4	B/D PA, MO, HI
SMOFLIPID	4	B/D PA, HI
<i>travasol 10 %</i>	2	B/D PA, MO, HI
TROPHAMINE 10 %	4	B/D PA, MO, HI
TROPHAMINE 6%	4	B/D PA, HI

## VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

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

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





# Index of Drugs

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cefaclor oral suspension for reconstitution 125 mg/5 ml. . . . .	13	celecoxib. . . . .	41
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml. . . . .	13	CELONTIN ORAL CAPSULE 300 MG. . . . .	29
cefaclor oral tablet extended release 12 hr. . . . .	13	cephalexin. . . . .	14
cefadroxil oral capsule. . . . .	13	CERDELGA. . . . .	71
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml. . . . .	13	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT. . . . .	71
cefadroxil oral tablet. . . . .	13	cetirizine oral solution 1 mg/ml. . . . .	93
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml. . . . .	13	cevimeline. . . . .	63
cefazolin injection recon soln 1 gram, 500 mg	13	CHANTIX. . . . .	66
cefazolin injection recon soln 10 gram. . . . .	13	CHANTIX CONTINUING MONTH BOX. . . . .	66
cefazolin injection recon soln 100 gram, 20 gram, 300 g. . . . .	13	CHANTIX STARTING MONTH BOX. . . . .	66
cefazolin intravenous. . . . .	13	chateal (28). . . . .	87
cefdinir. . . . .	13	chateal eq (28). . . . .	87
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml. . . . .	13	CHEMET. . . . .	63
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml. . . . .	13	chloramphenicol sod succinate. . . . .	15
cefepime injection. . . . .	13	chlordiazepoxide hcl. . . . .	43
cefixime. . . . .	13	chlordiazepoxide-clidinium. . . . .	73
cefotetan injection. . . . .	13	chlorhexidine gluconate mucous membrane. . . . .	66
cefotetan intravenous. . . . .	13	chloroprocaine (pf). . . . .	58
cefoxitin in dextrose, iso-osm. . . . .	13	chloroquine phosphate. . . . .	15

chlorothiazide oral tablet 500 mg. . . . .	50	clarithromycin oral tablet. . . . .	14
chlorothiazide sodium. . . . .	50	clarithromycin oral tablet extended release 24 hr. . . . .	14
chlorpromazine injection. . . . .	43	clemastine oral tablet 2.68 mg. . . . .	93
chlorpromazine oral. . . . .	43	cleocin intravenous solution 300 mg/2 ml. . .	15
chlorthalidone oral tablet 25 mg, 50 mg. . . . .	50	CLEOCIN VAGINAL SUPPOSITORY. . . . .	86
chlorzoxazone oral tablet 250 mg. . . . .	36	clindacin etz topical swab. . . . .	59
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg. . . . .	36	clindacin p. . . . .	59
CHOLBAM. . . . .	74	clindamycin hcl. . . . .	15
cholestyramine (with sugar). . . . .	55	clindamycin in 5 % dextrose. . . . .	15
cholestyramine light. . . . .	55	clindamycin palmitate hcl. . . . .	15
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR. . . . .	71	clindamycin pediatric. . . . .	15
ciclodan topical solution. . . . .	60	clindamycin phosphate injection. . . . .	15
ciclopirox. . . . .	60	clindamycin phosphate intravenous solution 600 mg/4 ml. . . . .	15
cidofovir. . . . .	10	clindamycin phosphate topical foam. . . . .	59
cilostazol. . . . .	53	clindamycin phosphate topical gel. . . . .	59
CIMDUO. . . . .	10	clindamycin phosphate topical lotion. . . . .	59
cimetidine. . . . .	77	clindamycin phosphate topical solution. . . . .	59
cimetidine hcl oral. . . . .	77	clindamycin phosphate topical swab. . . . .	59
CIMZIA. . . . .	74	clindamycin phosphate vaginal. . . . .	86
CIMZIA POWDER FOR RECONST. . . . .	74	clindamycin-benzoyl peroxide. . . . .	59
CIMZIA STARTER KIT. . . . .	74	clindamycin-tretinoin. . . . .	59
cinacalcet oral tablet 30 mg. . . . .	71	CLINIMIX 5%/D15W SULFITE FREE. . . . .	101
cinacalcet oral tablet 60 mg, 90 mg. . . . .	71	CLINIMIX 4.25%/D10W SULF FREE. . . . .	101
CINRYZE. . . . .	94	CLINIMIX 4.25%/D5W SULFIT FREE. . . . .	63
CINVANTI. . . . .	74	CLINIMIX 5%-D20W(SULFITE-FREE). . . . .	101
CIPRODEX. . . . .	67	CLINIMIX E 2.75%/D5W SULF FREE. . . . .	63
ciprofloxacin. . . . .	19	CLINIMIX E 4.25%/D10W SUL FREE. . . . .	101
ciprofloxacin hcl ophthalmic (eye). . . . .	90	CLINIMIX E 4.25%/D5W SULF FREE. . . . .	101
ciprofloxacin hcl oral. . . . .	19	CLINIMIX E 5%/D15W SULFIT FREE. . . . .	101
ciprofloxacin hcl otic (ear). . . . .	67	CLINIMIX E 5%/D20W SULFIT FREE. . . . .	101
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml. . . . .	19	CLINISOL SF 15 %. . . . .	101
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml. . . . .	19	CLINOLIPID. . . . .	101
cisplatin intravenous solution. . . . .	22	clobazam oral suspension. . . . .	29
citalopram oral solution. . . . .	43	clobazam oral tablet 10 mg. . . . .	29
citalopram oral tablet. . . . .	43	clobazam oral tablet 20 mg. . . . .	29
cladribine. . . . .	22	clobetasol. . . . .	61
claravis. . . . .	59	clobetasol-emollient. . . . .	61
clarithromycin oral suspension for reconstitution. . . . .	14	clodan. . . . .	61
		clofarabine. . . . .	22
		clomiphene citrate. . . . .	71

clomipramine. . . . .	43	COSENTYX (2 SYRINGES). . . . .	57
clonazepam oral tablet. . . . .	29	COSENTYX PEN. . . . .	57
clonazepam oral tablet,disintegrating. . . . .	29	COSENTYX PEN (2 PENS). . . . .	57
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml). . . . .	50	COTELLIC. . . . .	23
clonidine (pf) epidural solution 5,000 mcg/10 ml. . . . .	41	CREON. . . . .	74
clonidine hcl oral tablet. . . . .	50	CRESEMBA INTRAVENOUS. . . . .	9
clonidine hcl oral tablet extended release 12 hr. . . . .	43	CRESEMBA ORAL. . . . .	9
clonidine transdermal. . . . .	50	CRIXIVAN ORAL CAPSULE 200 MG, 400 MG. . . . .	10
clopidogrel. . . . .	53	cromolyn inhalation. . . . .	94
clorazepate dipotassium. . . . .	43	cromolyn ophthalmic (eye). . . . .	91
clotrimazole mucous membrane. . . . .	9	cromolyn oral. . . . .	74
clotrimazole topical. . . . .	60	crotan. . . . .	62
clotrimazole-betamethasone. . . . .	60	cryselle (28). . . . .	87
clovique. . . . .	63	CRYSVITA. . . . .	71
clozapine oral tablet. . . . .	43	CUVPOSA. . . . .	73
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg. . . . .	43	cyclafem 1/35 (28). . . . .	87
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND). . . . .	43	cyclafem 7/7/7 (28). . . . .	87
COARTEM. . . . .	15	cyclobenzaprine. . . . .	36
codeine sulfate oral tablet. . . . .	37	cyclophosphamide intravenous. . . . .	23
codeine-butalbital-asa-caff. . . . .	37	cyclophosphamide oral capsule. . . . .	23
colchicine oral tablet (Brand - Colcrys). . . . .	83	CYCLOSERINE. . . . .	15
COLCRYS. . . . .	83	CYCLOSET. . . . .	69
colesevelam oral powder in packet. . . . .	55	cyclosporine intravenous. . . . .	23
colesevelam oral tablet. . . . .	55	cyclosporine modified. . . . .	23
colestipol. . . . .	55	cyclosporine oral capsule. . . . .	23
colistin (colistimethate na). . . . .	15	cyproheptadine. . . . .	93
colocort. . . . .	74	CYRAMZA. . . . .	23
COMBIVENT RESPIMAT. . . . .	94	cyred. . . . .	87
COMETRIQ. . . . .	22	cyred eq. . . . .	87
COMPLERA. . . . .	10	CYSTADANE. . . . .	74
compro. . . . .	74	CYSTAGON. . . . .	97
CONDYLOX TOPICAL GEL. . . . .	58	CYSTARAN. . . . .	91
constulose. . . . .	74	cytarabine. . . . .	23
COPIKTRA. . . . .	22	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml). . . . .	23
CORLANOR ORAL SOLUTION. . . . .	56	cytarabine (pf) injection solution 20 mg/ml. . . . .	23
CORLANOR ORAL TABLET. . . . .	56		
cortisone. . . . .	67	<b>D</b>	
COSENTYX. . . . .	57	D-PENAMINE. . . . .	84
		d10 %-0.45 % sodium chloride. . . . .	63
		d2.5 %-0.45 % sodium chloride. . . . .	63



d5 % and 0.9 % sodium chloride. . . . .	63	desloratadine oral tablet,disintegrating. . . . .	93
d5 %-0.45 % sodium chloride. . . . .	64	desmopressin injection. . . . .	71
dacarbazine. . . . .	23	desmopressin nasal spray with pump. . . . .	71
dactinomycin. . . . .	23	desmopressin nasal spray,non-aerosol. . . . .	71
dalfampridine oral tablet extended release 12 hr. . . . .	34	desmopressin oral. . . . .	71
DALIRESP. . . . .	94	desog-e.estradiol/e.estradiol. . . . .	87
DALVANCE. . . . .	15	desogestrel-ethinyl estradiol. . . . .	87
danazol. . . . .	71	desonide. . . . .	61
dantrolene intravenous. . . . .	36	desoximetasone. . . . .	61
dantrolene oral. . . . .	36	desvenlafaxine succinate oral tablet extended release 24 hr. . . . .	43
dapsone oral. . . . .	15	dexabliss. . . . .	67
dapsone topical gel. . . . .	59	dexamethasone intensol. . . . .	67
dapsone topical gel with pump. . . . .	60	dexamethasone oral elixir. . . . .	67
DAPTACEL (DTAP PEDIATRIC) (PF). . . . .	80	dexamethasone oral solution. . . . .	67
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND). . . . .	15	dexamethasone oral tablet. . . . .	67
daptomycin intravenous recon soln 500 mg. . . . .	15	dexamethasone oral tablets,dose pack. . . . .	67
DARAPRIM. . . . .	15	dexamethasone sodium phos (pf) injection solution. . . . .	67
darifenacin oral tablet extended release 24 hr . . . . .	97	dexamethasone sodium phosphate injection. . . . .	67
DARZALEX. . . . .	23	dexamethasone sodium phosphate ophthalmic (eye). . . . .	92
dasetta 1/35 (28). . . . .	87	dexchlorpheniramine maleate oral solution. . . . .	93
dasetta 7/7/7 (28). . . . .	87	dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg. . . . .	43
daunorubicin intravenous solution. . . . .	23	dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg. . . . .	44
DAURISMO. . . . .	23	dexmethylphenidate oral tablet. . . . .	44
daysee. . . . .	87	dexrazoxane hcl intravenous recon soln 250 mg. . . . .	21
deblitane. . . . .	86	dexrazoxane hcl intravenous recon soln 500 mg. . . . .	21
decadron oral tablet. . . . .	67	dextroamphetamine oral capsule, extended release. . . . .	44
decitabine. . . . .	23	dextroamphetamine oral solution. . . . .	44
deferasirox. . . . .	64	dextroamphetamine oral tablet. . . . .	44
deferoxamine. . . . .	64	dextroamphetamine-amphetamine oral capsule, extended release 24hr. . . . .	44
DELSTRIGO. . . . .	10	dextroamphetamine-amphetamine oral tablet . . . . .	44
demeclocycline. . . . .	20	dextrose 10 % and 0.2 % nacl. . . . .	64
demerol (pf) injection solution 100 mg/ml. . . . .	37	dextrose 10 % in water (d10w). . . . .	64
DEMSEER. . . . .	50	dextrose 20 % in water (d20w). . . . .	64
DENAVIR. . . . .	61	dextrose 25 % in water (d25w). . . . .	64
denta 5000 plus. . . . .	66		
dentagel. . . . .	66		
DEPEN TITRATABS. . . . .	84		
DESCOVY. . . . .	10		
desipramine. . . . .	43		
desloratadine oral tablet. . . . .	93		

dextrose 30 % in water (d30w). . . . .	64	diflunisal. . . . .	41
dextrose 40 % in water (d40w). . . . .	64	digitek. . . . .	56
dextrose 5 % in water (d5w) intravenous parenteral solution. . . . .	64	digox. . . . .	56
dextrose 5 % in water (d5w) intravenous piggyback. . . . .	64	digoxin injection solution. . . . .	56
dextrose 5 %-lactated ringers. . . . .	64	digoxin oral solution 50 mcg/ml (0.05 mg/ml)	56
dextrose 5%-0.2 % sod chloride. . . . .	64	digoxin oral tablet. . . . .	56
dextrose 5%-0.3 % sod.chloride. . . . .	64	dihydroergotamine injection. . . . .	33
dextrose 50 % in water (d50w). . . . .	64	dihydroergotamine nasal. . . . .	33
dextrose 70 % in water (d70w). . . . .	64	DILANTIN 30 MG. . . . .	30
dextrose with sodium chloride. . . . .	64	dilt-xr oral capsule,ext release degradable. .	50
DIASTAT. . . . .	29	diltiazem hcl intravenous. . . . .	50
diazepam injection solution. . . . .	44	diltiazem hcl oral capsule,extended release 12 hr. . . . .	50
diazepam injection syringe. . . . .	44	diltiazem hcl oral capsule,extended release 24 hr. . . . .	50
diazepam intensol. . . . .	44	diltiazem hcl oral capsule,extended release 24hr. . . . .	50
diazepam oral concentrate. . . . .	44	diltiazem hcl oral tablet. . . . .	50
diazepam oral solution 5 mg/5 ml (1 mg/ml).	44	diltiazem hcl oral tablet extended release 24 hr. . . . .	50
diazepam oral tablet. . . . .	44	dimenhydrinate injection solution. . . . .	74
diazepam rectal. . . . .	29	DIPENTUM. . . . .	74
diazoxide. . . . .	69	diphenhydramine hcl injection solution 50 mg/ml. . . . .	93
diclofenac potassium. . . . .	41	diphenhydramine hcl injection syringe. . . . .	93
diclofenac sodium ophthalmic (eye). . . . .	92	diphenhydramine hcl oral elixir. . . . .	93
diclofenac sodium oral tablet extended release 24 hr. . . . .	41	diphenoxylate-atropine. . . . .	73
diclofenac sodium oral tablet,delayed release (dr/ec). . . . .	41	dipyridamole intravenous. . . . .	53
diclofenac sodium topical drops. . . . .	41	dipyridamole oral. . . . .	53
diclofenac sodium topical gel 1 %. . . . .	41	disopyramide phosphate oral capsule. . . . .	48
diclofenac sodium topical gel 3 %. . . . .	58	disulfiram. . . . .	64
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic. . . . .	41	divalproex oral capsule, delayed rel sprinkle.	30
dicloxacillin. . . . .	18	divalproex oral tablet extended release 24 hr	30
dicyclomine intramuscular. . . . .	73	divalproex oral tablet,delayed release (dr/ec)	30
dicyclomine oral capsule. . . . .	73	dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml). . . . .	56
dicyclomine oral solution. . . . .	73	dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml). . . .	56
dicyclomine oral tablet. . . . .	73	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml). . . . .	56
didanosine oral capsule,delayed release(dr/ec) 200 mg. . . . .	10	docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml). . . . .	23
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg. . . . .	10		
DIFICID. . . . .	14		
diflorasone. . . . .	61		

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).	23
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML (BRAND).	23
dofetilide.	48
donepezil oral tablet 10 mg, 5 mg.	34
donepezil oral tablet 23 mg.	34
donepezil oral tablet,disintegrating.	34
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).	56
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml).	56
dopamine intravenous solution 200 mg/5 ml (40 mg/ml).	56
dopamine intravenous solution 400 mg/10 ml (40 mg/ml).	56
DOPTELET (10 TAB PACK).	53
DOPTELET (15 TAB PACK).	53
DOPTELET (30 TAB PACK).	53
dorzolamide.	92
dorzolamide-timolol.	92
dorzolamide-timolol (pf) ophthalmic (eye) dropperette.	92
dotti.	86
DOVATO.	10
doxazosin.	50
doxepin oral capsule.	44
doxepin oral concentrate.	44
doxepin oral tablet.	44
doxepin topical.	58
doxercalciferol intravenous.	71
doxercalciferol oral.	71
doxorubicin intravenous recon soln 50 mg.	23
doxorubicin intravenous solution.	23
doxorubicin, peg-liposomal.	23
doxy-100.	20
doxycycline hyclate intravenous.	20
doxycycline hyclate oral capsule.	20
doxycycline hyclate oral tablet.	20

doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg.	20
doxycycline monohydrate oral capsule.	20
doxycycline monohydrate oral suspension for reconstitution.	20
doxycycline monohydrate oral tablet.	20
doxylamine-pyridoxine (vit b6).	74
DRIZALMA SPRINKLE.	44
dronabinol.	74
droperidol injection solution.	74
drospirenone-e.estradiol-lm.fa.	87
drospirenone-ethinyl estradiol.	87
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION.	94
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION.	94
duloxetine oral capsule,delayed release (dr/ec).	44
DUPIXENT.	58
duramorph (pf) injection solution 0.5 mg/ml.	37
duramorph (pf) injection solution 1 mg/ml.	37
dutasteride.	97
dutasteride-tamsulosin oral capsule, er multiphase 24 hr.	97
dvorah.	37
DYSPORT.	80

## E

e.e.s. 400 oral tablet.	14
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg.	41
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg.	41
econazole.	60
EDURANT.	10
efavirenz oral capsule 200 mg.	10
efavirenz oral capsule 50 mg.	10
efavirenz oral tablet.	10
effer-k oral tablet, effervescent 25 meq.	98
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG.	78
EGRIFTA SV.	78

electrolyte-48 in d5w. . . . .	101	ENHERTU. . . . .	23
ELELYSO. . . . .	71	enoxaparin subcutaneous solution. . . . .	53
eletriptan. . . . .	33	enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml. . . . .	53
ELIGARD. . . . .	23	enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml. . . . .	53
ELIGARD (3 MONTH). . . . .	23	enoxaparin subcutaneous syringe 30 mg/0.3 ml. . . . .	53
ELIGARD (4 MONTH). . . . .	23	enoxaparin subcutaneous syringe 40 mg/0.4 ml. . . . .	53
ELIGARD (6 MONTH). . . . .	23	enoxaparin subcutaneous syringe 60 mg/0.6 ml. . . . .	53
elinest. . . . .	87	enpresse. . . . .	87
ELIQUIS. . . . .	53	enskyce. . . . .	87
ELIQUIS DVT-PE TREAT 30D START. . . . .	53	entacapone. . . . .	32
ELITEK. . . . .	21	entecavir. . . . .	10
ELLA. . . . .	87	ENTRESTO. . . . .	56
ELMIRON. . . . .	97	ENTYVIO. . . . .	74
eluryng. . . . .	86	enulose. . . . .	74
EMCYT. . . . .	23	ENVARBUS XR. . . . .	23
EMEND (FOSAPREPITANT). . . . .	74	EPCLUSA. . . . .	10
EMEND ORAL SUSPENSION FOR RECONSTITUTION. . . . .	74	EPIDIOLEX. . . . .	30
EMGALITY PEN. . . . .	33	epinastine. . . . .	91
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML. . . . .	33	epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml. . . . .	93
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3). . . . .	33	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN). . . . .	93
emoquette. . . . .	87	epinephrine injection solution 1 mg/ml. . . . .	93
EMPLICITI. . . . .	23	EPIPEN. . . . .	93
EMSAM. . . . .	44	EPIPEN 2-PAK. . . . .	93
EMTRIVA. . . . .	10	EPIPEN JR. . . . .	93
EMVERM. . . . .	15	EPIPEN JR 2-PAK. . . . .	93
enalapril maleate. . . . .	50	epirubicin intravenous solution. . . . .	23
enalapril-hydrochlorothiazide. . . . .	50	epitol. . . . .	30
enalaprilat intravenous solution. . . . .	50	EPIVIR HBV ORAL SOLUTION. . . . .	10
ENBREL MINI. . . . .	84	eplerenone. . . . .	50
ENBREL SUBCUTANEOUS RECON SOLN. . . . .	84	epoprostenol (glycine). . . . .	50
ENBREL SUBCUTANEOUS SYRINGE. . . . .	84	eprosartan. . . . .	50
ENBREL SURECLICK. . . . .	84	ERBITUX. . . . .	23
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg. . . . .	37	ergoloid. . . . .	44
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION. . . . .	80	ergotamine-caffeine. . . . .	33
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE. . . . .	80	ERIVEDGE. . . . .	23
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE. . . . .	80		

ERLEADA. . . . .	23	ethambutol. . . . .	15
erlotinib. . . . .	23	ethosuximide. . . . .	30
errin. . . . .	86	ethynodiol diac-eth estradiol. . . . .	87
ertapenem. . . . .	15	etodolac oral capsule. . . . .	41
ERWINAZE. . . . .	23	etodolac oral tablet. . . . .	41
ery pads. . . . .	60	etodolac oral tablet extended release 24 hr. . . . .	41
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg. . . . .	14	etonogestrel-ethinyl estradiol. . . . .	86
erygel. . . . .	60	ETOPOPHOS. . . . .	23
erythrocin (as stearate) oral tablet 250 mg. . . . .	14	etoposide intravenous. . . . .	23
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG. . . . .	14	etoposide oral. . . . .	24
erythromycin ethylsuccinate oral suspension for reconstitution. . . . .	14	EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML. . . . .	83
erythromycin ethylsuccinate oral tablet. . . . .	14	EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2). . . . .	83
erythromycin ophthalmic (eye). . . . .	90	everolimus (antineoplastic). . . . .	24
erythromycin oral. . . . .	14	everolimus (immunosuppressive). . . . .	24
erythromycin with ethanol topical gel. . . . .	60	EVOTAZ. . . . .	10
erythromycin with ethanol topical solution. . . . .	60	exemestane. . . . .	24
erythromycin-benzoyl peroxide. . . . .	60	ezetimibe. . . . .	55
ESBRIET. . . . .	94	ezetimibe-simvastatin. . . . .	55
escitalopram oxalate oral solution. . . . .	44	<b>F</b>	
escitalopram oxalate oral tablet. . . . .	44	FABIOR. . . . .	60
esmolol in nacl (iso-osm). . . . .	50	FABRAZYME. . . . .	71
esmolol intravenous solution. . . . .	50	falmina (28). . . . .	87
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg. . . . .	77	famciclovir. . . . .	10
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg. . . . .	77	famotidine (pf). . . . .	77
esomeprazole magnesium oral granules dr for susp in packet. . . . .	77	famotidine (pf)-nacl (iso-os). . . . .	77
esomeprazole sodium intravenous recon soln 20 mg. . . . .	77	famotidine intravenous solution. . . . .	77
esomeprazole sodium intravenous recon soln 40 mg. . . . .	77	famotidine oral suspension. . . . .	77
estarylla. . . . .	87	famotidine oral tablet 20 mg, 40 mg. . . . .	77
estazolam. . . . .	44	FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG. . . . .	44
estradiol. . . . .	86	FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG. . . . .	44
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml. . . . .	86	FANAPT ORAL TABLETS, DOSE PACK. . . . .	44
estradiol-norethindrone acet. . . . .	86	FARYDAK. . . . .	24
eszopiclone. . . . .	44	FASENRA. . . . .	94
ethacrynate sodium. . . . .	50	FASENRA PEN. . . . .	94
ethacrynic acid. . . . .	50	FASLODEX. . . . .	24
		fayosim. . . . .	87
		febuxostat. . . . .	83
		felbamate oral suspension. . . . .	30

felbamate oral tablet. . . . .	30	FLUAD 2019-2020 (65 YR UP)(PF). . . . .	80
felodipine oral tablet extended release 24 hr. . . . .	50	FLUARIX QUAD 2019-2020 (PF). . . . .	80
femynor. . . . .	87	FLUBLOK QUAD 2019-2020 (PF). . . . .	80
fenofibrate micronized. . . . .	55	FLUCELVAX QUAD 2019-2020. . . . .	80
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg. . . . .	55	FLUCELVAX QUAD 2019-2020 (PF). . . . .	80
FENOFIBRATE ORAL CAPSULE (BRAND). . . . .	55	fluconazole. . . . .	9
fenofibrate oral tablet 120 mg, 40 mg, 54 mg . . . . .	55	fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml. . . . .	9
fenofibrate oral tablet 160 mg (generic) . . . . .	55	fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml. . . . .	9
fenofibric acid. . . . .	55	flucytosine. . . . .	9
fenofibric acid (choline) oral capsule, delayed release(dr/ec). . . . .	55	fludarabine intravenous recon soln. . . . .	24
fenoprofen oral tablet. . . . .	41	fludarabine intravenous solution. . . . .	24
fentanyl citrate (pf) injection solution. . . . .	37	fludrocortisone. . . . .	67
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml). . . . .	37	FLULAVAL QUAD 2019-2020. . . . .	80
fentanyl citrate buccal lozenge on a handle. . . . .	38	FLULAVAL QUAD 2019-2020 (PF). . . . .	80
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr. . . . .	38	flumazenil. . . . .	44
fentanyl transdermal patch 72 hour 87.5 mcg/hour. . . . .	38	FLUMIST QUAD 2019-2020. . . . .	80
FERRIPROX. . . . .	64	flunisolide nasal spray, non-aerosol 25 mcg (0.025 %). . . . .	95
FETROJA. . . . .	14	fluocinolone. . . . .	61
FETZIMA. . . . .	44	fluocinolone acetonide oil. . . . .	67
finasteride oral tablet 5 mg. . . . .	97	fluocinolone and shower cap. . . . .	61
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG. . . . .	24	fluocinonide. . . . .	61
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG. . . . .	24	fluocinonide-e. . . . .	61
flac otic oil. . . . .	67	fluocinonide-emollient. . . . .	61
flavoxate. . . . .	97	fluoride (sodium) dental cream. . . . .	66
flecainide. . . . .	48	fluoride (sodium) dental gel. . . . .	66
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION. . . . .	94	fluoride (sodium) oral tablet. . . . .	101
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION. . . . .	94	fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride). . . . .	101
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION. . . . .	94	fluorometholone. . . . .	92
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION. . . . .	95	fluorouracil intravenous. . . . .	24
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION. . . . .	95	FLUOROURACIL TOPICAL CREAM 0.5 % (BRAND). . . . .	58
floxuridine. . . . .	24	fluorouracil topical cream 5 %. . . . .	58
		fluorouracil topical solution. . . . .	58
		fluoxetine oral capsule. . . . .	44
		fluoxetine oral capsule, delayed release(dr/ec). . . . .	44
		fluoxetine oral solution. . . . .	44
		fluoxetine oral tablet. . . . .	44
		fluphenazine decanoate. . . . .	44

fluphenazine hcl. . . . .	44	frovatriptan. . . . .	33
flurandrenolide. . . . .	61	FULPHILA. . . . .	78
flurazepam. . . . .	45	fulvestrant. . . . .	24
flurbiprofen oral tablet 100 mg. . . . .	41	furosemide injection. . . . .	50
flurbiprofen sodium. . . . .	92	furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml). . . . .	50
flutamide. . . . .	24	furosemide oral tablet. . . . .	50
fluticasone propion-salmeterol inhalation blister with device. . . . .	95	FUZEON SUBCUTANEOUS RECON SOLN	10
fluticasone propionate nasal. . . . .	95	fyavolv. . . . .	86
fluticasone propionate topical. . . . .	61	FYCOMPA ORAL SUSPENSION. . . . .	30
fluvastatin. . . . .	55	FYCOMPA ORAL TABLET. . . . .	30
fluvoxamine oral capsule, extended release 24hr. . . . .	45		
fluvoxamine oral tablet. . . . .	45	<b>G</b>	
FLUZONE HIGH-DOSE 2019-20 (PF). . . . .	80	gabapentin oral capsule. . . . .	30
FLUZONE QUAD 2019-2020. . . . .	80	gabapentin oral solution 250 mg/5 ml. . . . .	30
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION. . . . .	80	gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml). . . . .	30
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE. . . . .	80	gabapentin oral tablet 600 mg, 800 mg. . . . .	30
FLUZONE QUAD PEDI 2019-20 (PF). . . . .	80	GALAFOLD. . . . .	71
FML S.O.P.. . . . .	92	galantamine oral capsule, ext rel. pellets 24 hr. . . . .	34
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ ML (1 ML). . . . .	24	galantamine oral solution. . . . .	34
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML). . . . .	24	galantamine oral tablet. . . . .	34
fomepizole. . . . .	80	GAMASTAN. . . . .	80
fondaparinux subcutaneous syringe 10 mg/0.8 ml. . . . .	53	GAMASTAN S/D. . . . .	80
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml. . . . .	53	GAMMAGARD LIQUID. . . . .	80
fondaparinux subcutaneous syringe 5 mg/0.4 ml. . . . .	53	GAMMAGARD S-D (IGA < 1 MCG/ML). . . . .	80
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml. . . . .	53	GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %). . . . .	80
FORFIVO XL. . . . .	45	GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %). . . . .	81
FORTEO. . . . .	83	ganciclovir sodium intravenous. . . . .	10
fosamprenavir. . . . .	10	ganciclovir sodium intravenous recon soln. . . . .	10
fosaprepitant. . . . .	74	GARDASIL 9 (PF). . . . .	81
fosinopril. . . . .	50	gatifloxacin. . . . .	90
fosinopril-hydrochlorothiazide. . . . .	50	GATTEX 30-VIAL. . . . .	74
fosphenytoin. . . . .	30	GATTEX ONE-VIAL. . . . .	74
FREAMINE HBC 6.9 %. . . . .	101	GAUZE PADS 2X2. . . . .	69
freamine iii 10 %. . . . .	101	gavilyte-c. . . . .	74
		gavilyte-g. . . . .	74

gavilyte-n. . . . .	74	glyburide. . . . .	69
GAZYVA. . . . .	24	glyburide micronized. . . . .	69
gemcitabine intravenous recon soln 1 gram, 200 mg. . . . .	24	glyburide-metformin. . . . .	69
gemcitabine intravenous recon soln 2 gram. . . . .	24	glycine urologic. . . . .	97
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml). . . . .	24	glycine urologic solution. . . . .	97
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml). . . . .	24	GLYCOPHOS. . . . .	98
gemfibrozil. . . . .	55	glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml). . . . .	73
generlac. . . . .	74	glycopyrrolate injection. . . . .	73
gengraf oral capsule 100 mg, 25 mg. . . . .	24	glycopyrrolate oral tablet 1 mg, 2 mg. . . . .	73
gengraf oral solution. . . . .	24	glycopyrrolate oral tablet 1.5 mg. . . . .	73
gentak ophthalmic (eye) ointment. . . . .	90	glydo. . . . .	58
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml. . . . .	15	granisetron (pf) intravenous solution 1 mg/ml (1 ml). . . . .	74
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml. . . . .	15	granisetron hcl intravenous. . . . .	74
gentamicin injection solution 40 mg/ml. . . . .	15	granisetron hcl oral. . . . .	74
gentamicin ophthalmic (eye) drops. . . . .	90	GRANIX. . . . .	78
gentamicin sulfate (ped) (pf). . . . .	15	GRASTEK. . . . .	81
gentamicin topical. . . . .	60	griseofulvin microsize. . . . .	9
GENVOYA. . . . .	10	griseofulvin ultramicrosize. . . . .	9
GEODON INTRAMUSCULAR. . . . .	45	guanfacine oral tablet. . . . .	50
gianvi (28). . . . .	87	guanfacine oral tablet extended release 24 hr . . . . .	45
GILENYA ORAL CAPSULE 0.5 MG. . . . .	34	guanidine. . . . .	45
GILOTRIF. . . . .	24	GYNAZOLE-1. . . . .	86
GIVLAARI. . . . .	64		
GLASSIA. . . . .	64	<b>H</b>	
glatiramer subcutaneous syringe 20 mg/ml. . . . .	34	hailey. . . . .	87
glatiramer subcutaneous syringe 40 mg/ml. . . . .	34	hailey 24 fe. . . . .	87
glatopa subcutaneous syringe 20 mg/ml. . . . .	34	HALAVEN. . . . .	24
glatopa subcutaneous syringe 40 mg/ml. . . . .	34	halcinonide. . . . .	61
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG. . . . .	24	halobetasol propionate topical cream. . . . .	62
glimepiride. . . . .	69	halobetasol propionate topical ointment. . . . .	62
glipizide oral tablet. . . . .	69	haloperidol. . . . .	45
glipizide oral tablet extended release 24hr. . . . .	69	haloperidol decanoate. . . . .	45
glipizide-metformin. . . . .	69	haloperidol lactate injection. . . . .	45
GLUCAGEN HYPOKIT. . . . .	69	haloperidol lactate oral. . . . .	45
GLUCAGON (HCL) EMERGENCY KIT. . . . .	69	HARVONI. . . . .	10
GLUCAGON EMERGENCY KIT (HUMAN). . . . .	69	HAVRIX (PF) INTRAMUSCULAR SUSPENSION. . . . .	81
		HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML. . . . .	81
		HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML. . . . .	81



heather. . . . .	86	HUMIRA PEN. . . . .	84
hep flush-10 (pf). . . . .	53	HUMIRA PEN CROHNS-UC-HS START. . . . .	84
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml). . . . .	53	HUMIRA PEN PSOR-UEVITS-ADOL HS. . . . .	84
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ ml), 25,000 unit/500 ml (50 unit/ml). . . . .	53	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML. . . . .	84
heparin (porcine) in nacl (pf). . . . .	53	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML. . . . .	84
heparin (porcine) injection cartridge. . . . .	53	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML. . . . .	84
heparin (porcine) injection solution. . . . .	54	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML. . . . .	84
heparin (porcine) injection syringe 5,000 unit/ml. . . . .	54	HUMIRA(CF) PEN CROHNS-UC-HS. . . . .	84
heparin flush(porcine)-0.9nacl. . . . .	54	HUMIRA(CF) PEN PSOR-UV-ADOL HS. . . . .	84
heparin lock flush. . . . .	54	HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML. . . . .	84
heparin lock flush (porcine) intravenous solution. . . . .	54	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML. . . . .	84
heparin lockflush(porcine)(pf). . . . .	54	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML. . . . .	84
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml. . . . .	54	HUMULIN 70/30 U-100 INSULIN. . . . .	69
heparin, porcine (pf) injection solution. . . . .	54	HUMULIN 70/30 U-100 KWIKPEN. . . . .	69
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml. . . . .	54	HUMULIN N NPH INSULIN KWIKPEN. . . . .	69
heparin, porcine (pf) intravenous syringe 1 unit/ml. . . . .	54	HUMULIN N NPH U-100 INSULIN. . . . .	69
heparin, porcine (pf) intravenous syringe 10 unit/ ml, 100 unit/ml. . . . .	54	HUMULIN R REGULAR U-100 INSULN. . . . .	69
HEPATAMINE 8%. . . . .	101	HUMULIN R U-500 (CONC) INSULIN. . . . .	69
HERCEPTIN HYLECTA. . . . .	24	HYALGAN. . . . .	41
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG. . . . .	24	HYCAMTIN ORAL. . . . .	24
HERZUMA. . . . .	24	hydralazine injection. . . . .	50
HETLIOZ. . . . .	45	hydralazine oral. . . . .	50
HIBERIX (PF). . . . .	81	hydrochlorothiazide. . . . .	50
hidex. . . . .	67	hydrocodone bitartrate. . . . .	38
HORIZANT. . . . .	34	hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml). . . . .	38
HUMALOG JUNIOR KWIKPEN U-100. . . . .	69	hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml. . . . .	38
HUMALOG KWIKPEN INSULIN. . . . .	69	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND). . . . .	38
HUMALOG MIX 50-50 INSULN U-100. . . . .	69	hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg. . . . .	38
HUMALOG MIX 50-50 KWIKPEN. . . . .	69	hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg. . . . .	38
HUMALOG MIX 75-25 KWIKPEN. . . . .	69	hydrocortisone butyr-emollient. . . . .	62
HUMALOG MIX 75-25(U-100)INSULN. . . . .	69		
HUMALOG U-100 INSULIN. . . . .	69		

hydrocortisone butyrate. . . . .	62	ibuprofen lysine (pf). . . . .	41
hydrocortisone oral. . . . .	67	ibuprofen oral suspension. . . . .	41
hydrocortisone rectal. . . . .	74	ibuprofen oral tablet 400 mg, 600 mg, 800 mg. . . . .	41
hydrocortisone topical cream 1 %, 2.5 %. . .	62	ibuprofen-oxycodone. . . . .	38
hydrocortisone topical cream with perineal applicator. . . . .	74	ibutilide fumarate. . . . .	48
hydrocortisone topical lotion 2.5 %. . . . .	62	icatibant. . . . .	95
hydrocortisone topical ointment 1 %, 2.5 %. .	62	ICLUSIG. . . . .	24
hydrocortisone valerate. . . . .	62	idarubicin. . . . .	24
hydrocortisone-acetic acid. . . . .	67	IDHIFA. . . . .	25
hydrocortisone-pramoxine rectal cream 1-1 % . . . . .	74	ifosfamide intravenous recon soln. . . . .	25
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml. . . . .	38	ifosfamide intravenous solution 1 gram/20 ml	25
hydromorphone (pf) injection solution 2 mg/ml. . . . .	38	ifosfamide intravenous solution 3 gram/60 ml	25
hydromorphone injection solution 1 mg/ml. .	38	ILARIS (PF) SUBCUTANEOUS SOLUTION. . . . .	78
hydromorphone injection solution 2 mg/ml, 4 mg/ml. . . . .	38	imatinib. . . . .	25
hydromorphone injection syringe 1 mg/ml, 4 mg/ml. . . . .	38	IMBRUVICA. . . . .	25
hydromorphone injection syringe 2 mg/ml. . .	38	IMFINZI. . . . .	25
hydromorphone oral liquid. . . . .	38	imipenem-cilastatin intravenous recon soln 250 mg. . . . .	16
hydromorphone oral tablet. . . . .	38	imipenem-cilastatin intravenous recon soln 500 mg. . . . .	16
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg. . . . .	38	imipramine hcl. . . . .	45
hydromorphone oral tablet extended release 24 hr 32 mg. . . . .	38	imipramine pamoate. . . . .	45
hydroxychloroquine. . . . .	16	imiquimod topical cream in packet. . . . .	58
hydroxyprogesterone caproate. . . . .	86	IMOVAX RABIES VACCINE (PF). . . . .	81
hydroxyurea. . . . .	24	IMPAVIDO. . . . .	16
hydroxyzine hcl intramuscular. . . . .	93	INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE. . . . .	32
hydroxyzine hcl oral solution 10 mg/5 ml. . .	93	incassia. . . . .	86
hydroxyzine hcl oral tablet. . . . .	93	INCRELEX. . . . .	64
hydroxyzine pamoate. . . . .	93	INCRUSE ELLIPTA. . . . .	95
HYMOVIS. . . . .	41	indapamide. . . . .	50
HYPER-SAL. . . . .	95	indomethacin oral capsule. . . . .	41
<b>I</b>		indomethacin oral capsule, extended release	41
ibandronate intravenous. . . . .	83	indomethacin sodium. . . . .	41
ibandronate oral. . . . .	83	INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION. . . . .	81
IBRANCE. . . . .	24	INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE. . . . .	81
ibu. . . . .	41	INFLECTRA. . . . .	74
		INFUGEM. . . . .	25
		INGREZZA. . . . .	34
		INGREZZA INITIATION PACK. . . . .	34

INLYTA. . . . .	25
INPEN (FOR HUMALOG). . . . .	69
INREBIC. . . . .	25
INSULIN PEN NEEDLE. . . . .	69
INSULIN SYRINGE (DISP) U-100 0.3 ML. . . . .	69
INSULIN SYRINGE (DISP) U-100 1 ML. . . . .	70
INSULIN SYRINGE (DISP) U-100 1/2 ML. . . . .	70
INTELENCE ORAL TABLET 100 MG, 200 MG. . . . .	11
INTELENCE ORAL TABLET 25 MG. . . . .	11
intralipid intravenous emulsion 20 %. . . . .	101
INTRALIPID INTRAVENOUS EMULSION 30 %. . . . .	101
INTRON A INJECTION RECON SOLN. . . . .	78
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML. . . . .	78
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML. . . . .	78
introvale. . . . .	87
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML. . . . .	45
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML. . . . .	45
INVEGA TRINZA. . . . .	45
INVIRASE ORAL TABLET. . . . .	11
INVOKAMET. . . . .	70
INVOKAMET XR. . . . .	70
INVOKANA. . . . .	70
IPOL. . . . .	81
ipratropium bromide inhalation. . . . .	95
ipratropium bromide nasal spray,non-aerosol 0.03 %. . . . .	66
ipratropium bromide nasal spray,non-aerosol mcg (0.06 %). . . . .	42
ipratropium-albuterol. . . . .	66
irbesartan. . . . .	95
irbesartan-hydrochlorothiazide. . . . .	50
IRESSA. . . . .	50
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml. . . . .	25
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml. . . . .	25
ISENTRESS HD. . . . .	11

ISENTRESS ORAL POWDER IN PACKET. . . . .	11
ISENTRESS ORAL TABLET. . . . .	11
ISENTRESS ORAL TABLET,CHEWABLE 100 MG. . . . .	11
ISENTRESS ORAL TABLET,CHEWABLE 25 MG. . . . .	11
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isoproterenol hcl. . . . .	56
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isradipine. . . . .	50
ISTODAX. . . . .	25
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itraconazole oral solution. . . . .	9
ivermectin oral. . . . .	16
ivermectin topical. . . . .	60
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JAKAFI. . . . .	25
jantoven. . . . .	54
JANUMET. . . . .	70
JANUMET XR. . . . .	70
JANUVIA. . . . .	70
JARDIANCE. . . . .	70
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jolessa. . . . .	88
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JULUCA. . . . .	11
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junel 1/20 (21).	88
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KALETRA ORAL TABLET 200-50 MG. . . . .	11
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KALYDECO ORAL GRANULES IN PACKET 50	50
MG, 75 MG. . . . .	95
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klor-con m10 oral tablet,er particles/crystals. . . . .	98
klor-con m15 oral tablet,er particles/crystals. . . . .	98
klor-con m20 oral tablet,er particles/crystals. . . . .	98
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lamotrigine oral tablet,disintegrating. . . . .	30
lamotrigine oral tablets,dose pack. . . . .	30

lansoprazole oral capsule, delayed release (dr/ ec) 15 mg. . . . .	77	levetiracetam oral solution 500 mg/5 ml (5 ml). . . . .	30
lansoprazole oral capsule, delayed release (dr/ ec) 30 mg. . . . .	77	levetiracetam oral tablet. . . . .	30
lansoprazole oral tablet, disintegrat, delay rel 15 mg. . . . .	77	levetiracetam oral tablet extended release 24 hr. . . . .	30
lansoprazole oral tablet, disintegrat, delay rel 30 mg. . . . .	77	levobunolol ophthalmic (eye) drops 0.5 %. . .	91
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larin 24 fe. . . . .	88	levofloxacin in d5w intravenous piggyback 250 mg/50 ml. . . . .	19
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layolis fe. . . . .	88	levoleucovorin calcium intravenous solution. . . . .	21
leena 28. . . . .	88	levonest (28). . . . .	88
leflunomide. . . . .	84	levonorg-eth estrad triphasic. . . . .	88
LEMTRADA. . . . .	35	levonorgestrel-ethinyl estrad. . . . .	88
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lessina. . . . .	88	levorphanol tartrate oral tablet 2 mg. . . . .	38
letrozole. . . . .	25	LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND). . . . .	38
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg. . . . .	21	levothyroxine intravenous recon soln. . . . .	73
leucovorin calcium injection recon soln 500 mg. . . . .	21	levothyroxine oral. . . . .	73
leucovorin calcium injection solution 10 mg/ml. . . . .	21	levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg. . . . .	73
leucovorin calcium oral. . . . .	21	LEXIVA ORAL SUSPENSION. . . . .	11
LEUKERAN. . . . .	25	LIBTAYO. . . . .	25
LEUKINE INJECTION RECON SOLN. . . . .	78	lidocaine (pf) in d7.5w. . . . .	48
leuprolide subcutaneous kit. . . . .	25	lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %). . . . .	58
levalbuterol hcl. . . . .	95	lidocaine (pf) injection solution 15 mg/ml (1.5 %). . . . .	58
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml. . . . .	30	lidocaine (pf) intravenous solution. . . . .	48
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml. . . . .	30	lidocaine (pf) intravenous syringe. . . . .	48
levetiracetam intravenous. . . . .	30	lidocaine hcl injection solution. . . . .	58
levetiracetam oral solution 100 mg/ml. . . . .	30		

lidocaine hcl laryngotracheal. . . . .	58	lorazepam injection syringe 4 mg/ml. . . . .	45
lidocaine hcl mucous membrane jelly. . . . .	58	lorazepam intensol. . . . .	45
lidocaine hcl mucous membrane jelly in applicator. . . . .	58	lorazepam oral. . . . .	45
lidocaine hcl mucous membrane solution 4 % (40 mg/ml). . . . .	58	LORBRENA. . . . .	25
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %). . . . .	48	lorcet (hydrocodone). . . . .	39
lidocaine topical adhesive patch,medicated 5 % . . . . .	58	lorcet hd. . . . .	39
lidocaine topical ointment. . . . .	58	lorcet plus oral tablet 7.5-325 mg. . . . .	39
lidocaine viscous. . . . .	58	loryna (28). . . . .	88
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000. . . . .	58	losartan. . . . .	51
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000. . . . .	58	losartan-hydrochlorothiazide. . . . .	51
lidocaine-prilocaine topical cream. . . . .	58	loteprednol etabonate. . . . .	92
lillow (28). . . . .	88	lovastatin. . . . .	55
lincomycin. . . . .	16	low-ogestrel (28). . . . .	88
lindane topical shampoo. . . . .	62	loxapine succinate. . . . .	45
linezolid in dextrose 5%. . . . .	16	LUCEMYRA. . . . .	42
linezolid oral suspension for reconstitution. . . . .	16	LULICONAZOLE. . . . .	60
linezolid oral tablet. . . . .	16	LUMOXITI. . . . .	25
linezolid-0.9% sodium chloride. . . . .	16	LUPANETA PACK (1 MONTH). . . . .	86
LINZESS. . . . .	74	LUPANETA PACK (3 MONTH). . . . .	86
liothyronine intravenous. . . . .	73	LUPRON DEPOT. . . . .	25
liothyronine oral. . . . .	73	LUPRON DEPOT (3 MONTH). . . . .	25
lisinopril. . . . .	51	LUPRON DEPOT (4 MONTH). . . . .	25
lisinopril-hydrochlorothiazide. . . . .	51	LUPRON DEPOT (6 MONTH). . . . .	25
lithium carbonate oral capsule. . . . .	45	LUPRON DEPOT-PED. . . . .	25
lithium carbonate oral tablet. . . . .	45	LUPRON DEPOT-PED (3 MONTH). . . . .	25
lithium carbonate oral tablet extended release. . . . .	45	lutera (28). . . . .	88
lithium citrate oral solution 8 meq/5 ml. . . . .	45	LUZU. . . . .	60
lo-zumandimine (28). . . . .	88	LYNPARZA ORAL TABLET. . . . .	25
lojaimiess. . . . .	88	LYSODREN. . . . .	25
LONSURF. . . . .	25	lyza. . . . .	86
loperamide oral capsule. . . . .	73		
lopinavir-ritonavir. . . . .	11	<b>M</b>	
lopreeza oral tablet 1-0.5 mg. . . . .	86	M-M-R II (PF). . . . .	81
lorazepam injection solution. . . . .	45	mafenide acetate. . . . .	60
lorazepam injection syringe 2 mg/ml. . . . .	45	magnesium chloride injection. . . . .	98
		magnesium sulfate in water intravenous parenteral solution. . . . .	98
		magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %). . . . .	99
		magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %). . . . .	99
		magnesium sulfate injection solution. . . . .	99

magnesium sulfate injection syringe. . . . .	99	meperidine oral. . . . .	39
malathion. . . . .	62	meprobamate. . . . .	36
mannitol 20 %. . . . .	51	MEPSEVII. . . . .	71
mannitol 25 % intravenous solution. . . . .	51	mercaptopurine. . . . .	26
maprotiline. . . . .	45	meropenem. . . . .	16
marlissa (28). . . . .	88	mesalamine. . . . .	75
MARPLAN. . . . .	45	mesalamine oral tablet, delayed release (dr/ec). . . . .	75
MATULANE. . . . .	25	mesalamine rectal. . . . .	75
matzim la oral tablet extended release 24 hr. . . . .	51	mesna. . . . .	21
MAVENCLAD (10 TABLET PACK). . . . .	35	MESNEX ORAL. . . . .	21
MAVENCLAD (4 TABLET PACK). . . . .	35	metadate er oral tablet extended release. . . . .	45
MAVENCLAD (5 TABLET PACK). . . . .	35	metaproterenol oral syrup. . . . .	95
MAVENCLAD (6 TABLET PACK). . . . .	35	metaxall. . . . .	36
MAVENCLAD (7 TABLET PACK). . . . .	35	metaxalone. . . . .	36
MAVENCLAD (8 TABLET PACK). . . . .	35	metformin oral solution. . . . .	70
MAVENCLAD (9 TABLET PACK). . . . .	35	metformin oral tablet. . . . .	70
MAVYRET. . . . .	11	metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR). . . . .	70
MAYZENT. . . . .	35	methadone injection solution. . . . .	39
meclizine oral tablet 12.5 mg, 25 mg. . . . .	75	methadone intensol. . . . .	39
meclofenamate. . . . .	42	methadone oral concentrate. . . . .	39
medroxyprogesterone. . . . .	86	methadone oral solution. . . . .	39
mefenamic acid. . . . .	42	methadone oral tablet. . . . .	39
mefloquine. . . . .	16	methadose oral concentrate. . . . .	39
megestrol oral suspension 400 mg/10 ml (10 ml). . . . .	25	methamphetamine. . . . .	45
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml. . . . .	25	methazolamide. . . . .	92
megestrol oral tablet. . . . .	25	methenamine hippurate. . . . .	21
MEKINIST. . . . .	25	methenamine mandelate. . . . .	21
MEKTOVI. . . . .	25	methergine. . . . .	90
melodetta 24 fe. . . . .	88	methimazole oral tablet 10 mg, 5 mg. . . . .	68
meloxicam oral tablet. . . . .	42	METHITEST. . . . .	71
melphalan. . . . .	26	methocarbamol injection. . . . .	36
melphalan hcl. . . . .	26	methocarbamol oral. . . . .	36
memantine oral capsule, sprinkle, er 24hr. . . . .	35	methotrexate sodium (pf) injection recon soln . . . . .	26
memantine oral solution. . . . .	35	methotrexate sodium (pf) injection solution. . . . .	26
memantine oral tablet. . . . .	35	methotrexate sodium injection. . . . .	26
MENACTRA (PF) INTRAMUSCULAR SOLUTION. . . . .	81	methotrexate sodium oral. . . . .	26
MENVEO A-C-Y-W-135-DIP (PF). . . . .	81	methoxsalen. . . . .	58
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml. . . . .	39	methscopolamine. . . . .	73
meperidine (pf) injection solution 25 mg/ml. . . . .	39	methyl dopa. . . . .	51
		methyl dopa-hydrochlorothiazide. . . . .	51

methylergonovine injection. . . . .	90	metoprolol tartrate oral tablet. . . . .	51
methylergonovine oral. . . . .	90	metro i.v.. . . . .	16
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg. . . . .	45	metronidazole in nacl (iso-os). . . . .	16
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg. . . . .	45	metronidazole oral. . . . .	16
methylphenidate hcl oral capsule,er biphasic 50-50. . . . .	45	metronidazole topical. . . . .	60
methylphenidate hcl oral solution. . . . .	46	metronidazole vaginal. . . . .	86
methylphenidate hcl oral tablet. . . . .	46	mexiletine. . . . .	48
methylphenidate hcl oral tablet extended release 10 mg. . . . .	46	MIACALCIN INJECTION. . . . .	71
methylphenidate hcl oral tablet extended release 20 mg. . . . .	46	mibelas 24 fe. . . . .	88
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating). . . . .	46	micafungin. . . . .	9
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg. . . . .	46	miconazole-3 vaginal suppository. . . . .	86
methylphenidate hcl oral tablet extended release 24hr 36 mg. . . . .	46	microgestin 1.5/30 (21). . . . .	88
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating). . . . .	46	microgestin 1/20 (21). . . . .	88
methylphenidate hcl oral tablet,chewable. . . . .	46	microgestin fe 1.5/30 (28). . . . .	88
methylprednisolone acetate. . . . .	67	microgestin fe 1/20 (28). . . . .	88
methylprednisolone oral tablet. . . . .	67	midazolam (pf) injection. . . . .	46
methylprednisolone oral tablets,dose pack. . . . .	67	midazolam injection. . . . .	46
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg. . . . .	67	midazolam oral syrup 2 mg/ml. . . . .	46
methylprednisolone sodium succ intravenous recon soln 1,000 mg. . . . .	68	midodrine. . . . .	64
methylprednisolone sodium succ intravenous recon soln 500 mg. . . . .	68	migergot. . . . .	33
methyltestosterone oral capsule. . . . .	71	miglitol. . . . .	70
metoclopramide hcl injection solution. . . . .	75	miglustat. . . . .	71
metoclopramide hcl injection syringe. . . . .	75	mili. . . . .	88
metoclopramide hcl oral solution. . . . .	75	millipred dp. . . . .	68
metoclopramide hcl oral tablet. . . . .	75	millipred oral tablet. . . . .	68
metoclopramide hcl oral tablet,disintegrating	75	milrinone. . . . .	56
metolazone. . . . .	51	milrinone in 5 % dextrose. . . . .	56
metoprolol succinate oral tablet extended release 24 hr. . . . .	51	mimvey. . . . .	86
metoprolol ta-hydrochlorothiaz. . . . .	51	minocycline oral capsule. . . . .	20
metoprolol tartrate intravenous solution. . . . .	51	minocycline oral tablet. . . . .	20
metoprolol tartrate intravenous syringe. . . . .	51	minocycline oral tablet extended release 24 hr 105 mg, 55 mg, 65 mg, 80 mg. . . . .	20
		minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 90 mg. . . . .	20
		minoxidil oral. . . . .	51
		miostat. . . . .	92
		mirtazapine oral tablet. . . . .	46
		mirtazapine oral tablet,disintegrating. . . . .	46
		misoprostol. . . . .	77
		mitomycin intravenous recon soln 20 mg, 5 mg. . . . .	26
		mitomycin intravenous recon soln 40 mg. . . . .	26



mitoxantrone. . . . .	26	mupirocin. . . . .	60
modafinil. . . . .	46	mupirocin calcium. . . . .	60
moexipril. . . . .	51	MVASI. . . . .	26
molindone. . . . .	46	MYALEPT. . . . .	71
mometasone nasal. . . . .	95	MYCAMINE. . . . .	9
mometasone topical. . . . .	62	mycophenolate mofetil (hcl). . . . .	26
mondoxylene nl oral capsule 100 mg, 75 mg. . . . .	20	mycophenolate mofetil oral capsule. . . . .	26
mono-linyah. . . . .	88	mycophenolate mofetil oral suspension for reconstitution. . . . .	26
monoject 0.9% sodium chloride. . . . .	64	mycophenolate mofetil oral tablet. . . . .	26
monoject prefill advanced ns. . . . .	64	mycophenolate sodium oral tablet,delayed release (dr/ec). . . . .	26
montelukast. . . . .	95	MYLERAN. . . . .	26
morgidox. . . . .	20	MYLOTARG. . . . .	26
morphine (pf) injection solution 0.5 mg/ml. . . . .	39	myorisan. . . . .	60
morphine (pf) injection solution 1 mg/ml. . . . .	39	MYRBETRIQ. . . . .	97
morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml. . . . .	39	MYTESI. . . . .	73
morphine concentrate oral solution. . . . .	39		
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND). . . . .	39	<b>N</b>	
morphine injection solution 8 mg/ml. . . . .	39	nabumetone. . . . .	42
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml. . . . .	39	nadolol. . . . .	51
morphine injection syringe 5 mg/ml, 8 mg/ml . . . . .	39	nadolol-bendroflumethiazide oral tablet 80-5 mg. . . . .	51
morphine intravenous solution 10 mg/ml. . . . .	39	nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml. . . . .	18
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND). . . . .	39	nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml. . . . .	18
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND). . . . .	39	nafcillin injection recon soln 1 gram, 2 gram. . . . .	18
morphine intravenous syringe 2 mg/ml, 4 mg/ml. . . . .	39	nafcillin injection recon soln 10 gram. . . . .	18
morphine oral capsule, er multiphase 24 hr. . . . .	39	nafcillin intravenous recon soln 1 gram. . . . .	18
morphine oral capsule,extend.release pellets . . . . .	40	nafcillin intravenous recon soln 2 gram. . . . .	18
morphine oral solution. . . . .	40	naftifine. . . . .	60
morphine oral tablet. . . . .	40	NAGLAZYME. . . . .	71
morphine oral tablet extended release. . . . .	40	nalbuphine. . . . .	42
MOTEGRITY. . . . .	75	naloxone injection solution. . . . .	42
moxifloxacin ophthalmic (eye). . . . .	90	naloxone injection syringe. . . . .	42
moxifloxacin oral. . . . .	19	naltrexone. . . . .	42
moxifloxacin-sod.chloride(iso). . . . .	19	naproxen oral suspension. . . . .	42
MOZOBIL. . . . .	78	naproxen oral tablet. . . . .	42
MULPLETA. . . . .	54	naproxen oral tablet,delayed release (dr/ec). . . . .	42
MULTAQ. . . . .	48	naproxen sodium oral tablet 275 mg, 550 mg . . . . .	42
		naproxen sodium oral tablet, er multiphase 24 hr. . . . .	42

naratriptan. . . . .	33	nifedipine oral capsule. . . . .	51
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION. . . . .	42	nifedipine oral tablet extended release. . . . .	51
NATACYN. . . . .	90	nifedipine oral tablet extended release 24hr. . . . .	51
nateglinide. . . . .	70	nikki (28). . . . .	88
NATPARA. . . . .	71	nilutamide. . . . .	26
NAYZILAM. . . . .	30	nimodipine. . . . .	51
NEBUPENT. . . . .	16	NINLARO. . . . .	26
nebusal inhalation solution for nebulization 3 %. . . . .	95	nisoldipine oral tablet extended release 24 hr . . . . .	51
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND). . . . .	95	nitisinone. . . . .	64
necon 0.5/35 (28). . . . .	88	nitro-bid. . . . .	57
NEEDLES, INSULIN DISP., SAFETY. . . . .	70	nitrofurantoin. . . . .	21
nefazodone. . . . .	46	nitrofurantoin macrocrystal. . . . .	21
neo-polycin. . . . .	90	nitrofurantoin monohyd/m-cryst. . . . .	21
neo-polycin hc. . . . .	92	nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml). . . . .	57
neomycin. . . . .	16	nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml). . . . .	57
neomycin-bacitracin-poly-hc. . . . .	92	nitroglycerin intravenous. . . . .	57
neomycin-bacitracin-polymyxin. . . . .	90	nitroglycerin sublingual. . . . .	57
neomycin-polymyxin b gu. . . . .	63	nitroglycerin transdermal patch 24 hour. . . . .	57
neomycin-polymyxin b-dexameth. . . . .	92	nitroglycerin translingual spray, non-aerosol. . . . .	57
neomycin-polymyxin-gramicidin. . . . .	90	NITYR. . . . .	64
neomycin-polymyxin-hc ophthalmic (eye). . . . .	92	nizatidine. . . . .	77
neomycin-polymyxin-hc otic (ear). . . . .	67	nolix. . . . .	62
neostigmine methylsulfate intravenous solution 0.5 mg/ml. . . . .	36	nora-be. . . . .	86
neostigmine methylsulfate intravenous solution 1 mg/ml. . . . .	36	norepinephrine bitartrate. . . . .	56
NEPHRAMINE 5.4 %. . . . .	101	noreth-ethinyl estradiol-iron. . . . .	88
NERLYNX. . . . .	26	norethindrone (contraceptive). . . . .	86
neuac. . . . .	60	norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg. . . . .	86
NEUPRO. . . . .	32	norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg. . . . .	88
nevirapine oral suspension. . . . .	11	norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg. . . . .	88
nevirapine oral tablet. . . . .	11	norethindrone acetate. . . . .	86
nevirapine oral tablet extended release 24 hr . . . . .	11	norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7). . . . .	89
NEXAVAR. . . . .	26	norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7). . . . .	89
niacin oral tablet 500 mg. . . . .	55	norethindrone-e.estradiol-iron oral tablet, chewable. . . . .	89
niacin oral tablet extended release 24 hr. . . . .	55	norgestimate-ethinyl estradiol. . . . .	89
nicardipine intravenous solution. . . . .	51	norlyda. . . . .	86
nicardipine oral. . . . .	51		
NICOTROL. . . . .	66		
NICOTROL NS. . . . .	66		

normal saline flush. . . . .	64	octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml). . . . .	26
NORMOSOL-M IN 5 % DEXTROSE. . . . .	101	octreotide acetate injection syringe 500 mcg/ml (1 ml). . . . .	26
NORMOSOL-R. . . . .	99	ODEFSEY. . . . .	11
NORMOSOL-R IN 5 % DEXTROSE. . . . .	99	ODOMZO. . . . .	26
NORMOSOL-R PH 7.4. . . . .	101	OFEV. . . . .	95
NORTHERA. . . . .	64	ofloxacin ophthalmic (eye). . . . .	90
nortrel 0.5/35 (28). . . . .	89	ofloxacin oral tablet 300 mg. . . . .	19
nortrel 1/35 (21). . . . .	89	ofloxacin oral tablet 400 mg. . . . .	19
nortrel 1/35 (28). . . . .	89	ofloxacin otic (ear). . . . .	67
nortrel 7/7/7 (28). . . . .	89	ogestrel (28). . . . .	89
nortriptyline. . . . .	46	OGIVRI. . . . .	26
NORVIR ORAL POWDER IN PACKET. . . . .	11	okebo oral capsule 75 mg. . . . .	21
NORVIR ORAL SOLUTION. . . . .	11	olanzapine intramuscular recon soln. . . . .	46
NOURIANZ. . . . .	32	olanzapine oral tablet. . . . .	46
NOVAREL. . . . .	71	olanzapine oral tablet,disintegrating. . . . .	46
NOXAFIL INTRAVENOUS. . . . .	9	olanzapine-fluoxetine. . . . .	46
NOXAFIL ORAL SUSPENSION. . . . .	9	olmesartan. . . . .	51
np thyroid. . . . .	73	olmesartan-amlodipin-hcthiazid. . . . .	51
NPLATE. . . . .	54	olmesartan-hydrochlorothiazide. . . . .	51
NUBEQA. . . . .	26	olopatadine nasal. . . . .	66
NUCALA. . . . .	95	olopatadine ophthalmic (eye). . . . .	91
NUDEXTA. . . . .	35	omega-3 acid ethyl esters. . . . .	55
NULOJIX. . . . .	26	omeprazole oral capsule,delayed release(dr/ec) 10 mg. . . . .	77
NUPLAZID ORAL CAPSULE. . . . .	46	omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg. . . . .	77
NUPLAZID ORAL TABLET 10 MG. . . . .	46	omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram. . . . .	77
NUZYRA INTRAVENOUS. . . . .	21	omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram. . . . .	77
NUZYRA ORAL. . . . .	21	omeprazole-sodium bicarbonate oral packet 20-1,680 mg. . . . .	77
nyamyc. . . . .	60	omeprazole-sodium bicarbonate oral packet 40-1,680 mg. . . . .	77
nystatin oral suspension. . . . .	9	OMNITROPE. . . . .	78
nystatin oral tablet. . . . .	9	ONCASPAN. . . . .	26
nystatin topical. . . . .	60	ondansetron hcl (pf) injection solution. . . . .	75
nystatin-triamcinolone. . . . .	60	ondansetron hcl (pf) injection syringe. . . . .	75
nystop. . . . .	60	ondansetron hcl intravenous. . . . .	75
		ondansetron hcl oral solution. . . . .	75
		ondansetron hcl oral tablet 24 mg. . . . .	75
<b>O</b>			
OCALIVA. . . . .	75		
ocella. . . . .	89		
OCREVUS. . . . .	35		
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml. . . . .	26		
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml. . . . .	26		

ondansetron hcl oral tablet 4 mg, 8 mg. . . . .	75	OTEZLA. . . . .	85
ondansetron oral tablet, disintegrating. . . . .	75	OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47). . .	85
ONETOUCH BLOOD GLUCOSE METERS. . . . .	70	oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml. . . . .	18
ONETOUCH ULTRA BLUE TEST STRIP. . . . .	70	oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml. . . . .	18
ONETOUCH VERIO TEST STRIP. . . . .	70	oxacillin injection recon soln 1 gram. . . . .	18
ONIVYDE. . . . .	26	oxacillin injection recon soln 10 gram. . . . .	19
ONPATTRO. . . . .	35	oxacillin injection recon soln 2 gram. . . . .	19
ONTRUZANT. . . . .	26	oxaliplatin intravenous recon soln 100 mg. . .	26
OPDIVO. . . . .	26	oxaliplatin intravenous recon soln 50 mg. . .	26
opium tincture. . . . .	73	oxaliplatin intravenous solution. . . . .	26
OPSUMIT. . . . .	95	oxandrolone oral tablet 10 mg. . . . .	71
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY. . . . .	81	oxandrolone oral tablet 2.5 mg. . . . .	71
oralone. . . . .	66	oxaprozin. . . . .	42
ORBACTIV. . . . .	16	oxazepam. . . . .	46
ORENCIA (WITH MALTOSE). . . . .	85	OXBRYTA. . . . .	64
ORENCIA CLICKJECT. . . . .	85	oxcarbazepine. . . . .	30
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML. . . . .	85	OXERVATE. . . . .	91
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML. . . . .	85	oxiconazole. . . . .	60
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML. . . . .	85	OXTELLAR XR. . . . .	30
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG. . . . .	51	oxybutynin chloride oral syrup. . . . .	97
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG. . .	51	oxybutynin chloride oral tablet. . . . .	97
ORFADIN. . . . .	64	oxybutynin chloride oral tablet extended release 24hr. . . . .	97
ORKAMBI ORAL GRANULES IN PACKET. . . . .	95	oxycodone oral capsule. . . . .	40
ORKAMBI ORAL TABLET. . . . .	95	oxycodone oral concentrate. . . . .	40
orphenadrine citrate injection. . . . .	36	oxycodone oral solution. . . . .	40
orphenadrine citrate oral tablet extended release. . . . .	36	oxycodone oral tablet. . . . .	40
orphenadrine-asa-caffeine oral tablet 50-770-60 mg. . . . .	36	OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND). . . . .	40
orphengesic forte. . . . .	36	OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 15 MG, 30 MG, 60 MG (BRAND). . . . .	40
orsythia. . . . .	89	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg. . . .	40
oseltamivir oral capsule 30 mg. . . . .	11	oxycodone-acetaminophen oral tablet 2.5-300 mg. . . . .	40
oseltamivir oral capsule 45 mg, 75 mg. . . . .	11	oxycodone-aspirin. . . . .	40
oseltamivir oral suspension for reconstitution	11	OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR. . . . .	40
osmitrol 15 %. . . . .	51	oxymorphone oral tablet. . . . .	40
osmitrol 20 %. . . . .	51		
OSMOPREP. . . . .	75		

oxymorphone oral tablet extended release 12 hr. . . . .	40
oxytocin injection solution. . . . .	90
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML). . . . .	70
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML). . . . .	70

**P**

pacerone oral tablet 100 mg, 200 mg, 400 mg. . . . .	48
paclitaxel. . . . .	26
PADCEV. . . . .	26
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg. . . . .	46
paliperidone oral tablet extended release 24hr 9 mg. . . . .	46
palonosetron intravenous solution 0.25 mg/5 ml. . . . .	75
palonosetron intravenous syringe. . . . .	75
PALYNZIQ. . . . .	71
pamidronate. . . . .	71
PANRETIN. . . . .	58
pantoprazole intravenous. . . . .	77
pantoprazole oral tablet,delayed release (dr/ec) 20 mg. . . . .	77
pantoprazole oral tablet,delayed release (dr/ec) 40 mg. . . . .	77
paraplatin. . . . .	26
PARICALCITOL HEMODIALYSIS PORT INJECTION. . . . .	71
paricalcitol intravenous. . . . .	71
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML (BRAND) . . . . .	72
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (BRAND) . . . . .	72
paricalcitol oral. . . . .	72
paroex oral rinse. . . . .	66
paramomycin. . . . .	16
paroxetine hcl oral tablet. . . . .	46
paroxetine hcl oral tablet extended release 24 hr. . . . .	46
paroxetine mesylate(menop.sym). . . . .	46
PARSABIV. . . . .	72

PASER. . . . .	16
PAXIL ORAL SUSPENSION. . . . .	46
PEDIARIX (PF). . . . .	81
PEDVAX HIB (PF). . . . .	81
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram. . . . .	75
peg-electrolyte. . . . .	75
PEGANONE. . . . .	30
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML. . . . .	79
PEGASYS SUBCUTANEOUS SOLUTION. . . . .	79
PEGASYS SUBCUTANEOUS SYRINGE. . . . .	79
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML. . . . .	79
penicillamine. . . . .	85
penicillin g potassium injection recon soln 20 million unit. . . . .	19
penicillin g potassium injection recon soln 5 million unit. . . . .	19
penicillin g procaine. . . . .	19
penicillin g sodium. . . . .	19
penicillin v potassium. . . . .	19
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML. . . . .	81
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML. . . . .	81
PENTAM. . . . .	16
pentamidine inhalation. . . . .	16
pentamidine injection. . . . .	16
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG. . . . .	75
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG. . . . .	75
pentazocine-naloxone. . . . .	42
pentobarbital sodium injection solution. . . . .	47
pentoxifylline oral tablet extended release. . . . .	54
perindopril erbumine. . . . .	51
periogard. . . . .	66
PERJETA. . . . .	27
permethrin topical cream. . . . .	62
perphenazine. . . . .	47
perphenazine-amitriptyline. . . . .	47
PERSERIS. . . . .	47
pfizerpen-g. . . . .	19

phenadoz. . . . .	93	PLEGRIDY SUBCUTANEOUS SYRINGE. . .	79
phenelzine. . . . .	47	plenamine. . . . .	101
phenobarbital. . . . .	30	PNEUMOVAX-23. . . . .	81
phenobarbital sodium injection solution 130 mg/ml. . . . .	31	podofilox. . . . .	58
phenobarbital sodium injection solution 65 mg/ml. . . . .	31	POLIVY. . . . .	27
phenoxybenzamine. . . . .	51	polocaine injection solution 1 % (10 mg/ml). . . . .	58
phentolamine injection recon soln. . . . .	51	polocaine-mpf. . . . .	58
phenytoin oral suspension 100 mg/4 ml. . . . .	31	polycin. . . . .	90
phenytoin oral suspension 125 mg/5 ml. . . . .	31	polyethylene glycol 3350. . . . .	75
phenytoin oral tablet, chewable. . . . .	31	polymyxin b sulf-trimethoprim. . . . .	90
phenytoin sodium extended. . . . .	31	polymyxin b sulfate. . . . .	16
phenytoin sodium intravenous solution. . . . .	31	POMALYST. . . . .	27
philit. . . . .	89	portia 28. . . . .	89
PHOSPHOLINE IODIDE. . . . .	91	PORTRAZZA. . . . .	27
PIFELTRO. . . . .	11	posaconazole oral tablet, delayed release (dr/ec). . . . .	9
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %. . . . .	91	potassium acetate intravenous solution 2 meq/ml. . . . .	99
pilocarpine hcl oral. . . . .	64	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l. . . . .	99
pimecrolimus. . . . .	58	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l. . . . .	99
pimozide. . . . .	47	potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l. . . . .	99
pimtree (28). . . . .	89	potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l. . . . .	99
pindolol. . . . .	52	potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l. . . . .	99
pioglitazone. . . . .	70	potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l. . . . .	99
pioglitazone-glimepiride. . . . .	70	potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l. . . . .	99
pioglitazone-metformin. . . . .	70	potassium chloride in water intravenous piggyback 10 meq/100 ml. . . . .	99
piperacillin-tazobactam intravenous recon soln 13.5 gram. . . . .	19	potassium chloride in water intravenous piggyback 10 meq/50 ml. . . . .	99
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram. . . . .	19	potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml. . . . .	99
piperacillin-tazobactam intravenous recon soln 40.5 gram. . . . .	19	potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml. . . . .	99
PIQRAY. . . . .	27	potassium chloride intravenous. . . . .	99
pirmella. . . . .	89	potassium chloride oral capsule, extended release. . . . .	99
piroxicam. . . . .	42	potassium chloride oral liquid. . . . .	99
plasbumin 25 %. . . . .	98		
plasbumin 5 %. . . . .	98		
plasmanate. . . . .	101		
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML. . . . .	79		
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML. . . . .	79		

potassium chloride oral packet. . . . .	99	prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml). . . . .	68
potassium chloride oral tablet extended release. . . . .	100	prednisolone sodium phosphate oral tablet, disintegrating. . . . .	68
potassium chloride oral tablet, er particles/crystals. . . . .	100	prednisone intensol. . . . .	68
potassium chloride-0.45 % nacl. . . . .	100	prednisone oral solution. . . . .	68
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l. . . . .	100	prednisone oral tablet. . . . .	68
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l. . . . .	100	prednisone oral tablets, dose pack. . . . .	68
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l. . . . .	100	pregabalin. . . . .	31
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l. . . . .	100	PREMARIN INJECTION. . . . .	86
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l. . . . .	100	premasol 10 %. . . . .	101
potassium citrate oral tablet extended release. . . . .	97	prenatal vitamin oral tablet. . . . .	101
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml. . . . .	100	PRETOMANID. . . . .	16
POTELIGEO. . . . .	27	prevalite. . . . .	55
PRADAXA. . . . .	54	previfem. . . . .	89
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML. . . . .	55	PREVNAR 13 (PF). . . . .	81
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML. . . . .	55	PREVYMIS INTRAVENOUS. . . . .	11
pramipexole oral tablet. . . . .	32	PREVYMIS ORAL. . . . .	11
pramipexole oral tablet extended release 24 hr. . . . .	32	PREZCOBIX. . . . .	11
prasugrel. . . . .	54	PREZISTA ORAL SUSPENSION. . . . .	11
pravastatin. . . . .	55	PREZISTA ORAL TABLET 150 MG, 75 MG. . . . .	11
PRAXBIND. . . . .	54	PREZISTA ORAL TABLET 600 MG, 800 MG . . . . .	11
praziquantel. . . . .	16	PRIFTIN. . . . .	16
prazosin. . . . .	52	PRIMAQUINE. . . . .	16
PRED MILD. . . . .	92	primaquine (generic). . . . .	16
prednicarbate. . . . .	62	primidone. . . . .	31
prednisolone acetate. . . . .	92	PROAIR HFA. . . . .	95
prednisolone oral solution 15 mg/5 ml. . . . .	68	PROAIR RESPICLICK. . . . .	95
prednisolone sodium phosphate ophthalmic (eye). . . . .	92	probenecid. . . . .	83
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml). . . . .	68	probenecid-colchicine. . . . .	83
		procainamide injection solution 100 mg/ml. . . . .	48
		procainamide injection solution 500 mg/ml. . . . .	48
		PROCALAMINE 3%. . . . .	101
		procentra. . . . .	47
		prochlorperazine. . . . .	75
		prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml). . . . .	75
		prochlorperazine edisylate injection solution 5 mg/ml. . . . .	75
		prochlorperazine maleate oral. . . . .	75
		procto-med hc. . . . .	75
		procto-pak. . . . .	75
		proctosol hc topical. . . . .	75

proctozone-hc. . . . .	76
PROCYSBI. . . . .	97
progesterone. . . . .	86
progesterone micronized. . . . .	86
PROGLYCEM. . . . .	70
PROGRAF INTRAVENOUS. . . . .	27
PROGRAF ORAL GRANULES IN PACKET. . . . .	27
PROLASTIN-C INTRAVENOUS RECON SOLN. . . . .	64
PROLASTIN-C INTRAVENOUS SOLUTION . . . . .	65
prolate. . . . .	40
PROLEUKIN. . . . .	79
PROLIA. . . . .	83
PROMACTA. . . . .	54
promethazine injection solution. . . . .	93
promethazine oral. . . . .	93
promethazine rectal suppository 12.5 mg, 25 mg. . . . .	93
promethegan. . . . .	93
propafenone oral capsule,extended release 12 hr. . . . .	49
propafenone oral tablet. . . . .	49
propantheline. . . . .	73
propranolol intravenous. . . . .	52
propranolol oral capsule,extended release 24 hr. . . . .	52
propranolol oral solution. . . . .	52
propranolol oral tablet. . . . .	52
propranolol-hydrochlorothiazid. . . . .	52
propylthiouracil. . . . .	68
PROQUAD (PF). . . . .	81
PROSOL 20 %. . . . .	101
protamine. . . . .	54
protriptyline. . . . .	47
prudoxin. . . . .	58
pulmosal. . . . .	95
PULMOZYME. . . . .	95
PURIXAN. . . . .	27
pyrazinamide. . . . .	16
pyridostigmine bromide oral syrup. . . . .	36
pyridostigmine bromide oral tablet. . . . .	36
pyridostigmine bromide oral tablet extended release. . . . .	36

pyrimethamine. . . . .	16
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## Q

QUADRACEL (PF). . . . .	81
QUDEXY XR. . . . .	31
quetiapine oral tablet. . . . .	47
quetiapine oral tablet extended release 24 hr . . . . .	47
quinapril. . . . .	52
quinapril-hydrochlorothiazide. . . . .	52
quinidine gluconate oral tablet extended release. . . . .	49
quinidine sulfate oral tablet. . . . .	49
quinine sulfate. . . . .	16

## R

RABAVERT (PF). . . . .	81
rabeprazole oral tablet,delayed release (dr/ec). . . . .	78
RADICAVA. . . . .	35
RAGWITEK. . . . .	81
raloxifene. . . . .	83
ramelteon. . . . .	47
ramipril. . . . .	52
ranitidine hcl oral syrup. . . . .	78
ranitidine hcl oral tablet 150 mg, 300 mg. . . . .	78
ranolazine. . . . .	56
rasagiline. . . . .	32
RAVICTI. . . . .	65
REBIF (WITH ALBUMIN). . . . .	79
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML. . . . .	79
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6). . . . .	79
REBIF TITRATION PACK. . . . .	79
REBLOZYL. . . . .	79
RECARBRIO. . . . .	16
reclipsen (28). . . . .	89
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML. . . . .	82
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML. . . . .	82



RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML. . . . .	82	risedronate oral tablet, delayed release (dr/ec). . . . .	83
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML. . . . .	82	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML. . . . .	47
RECTIV. . . . .	76	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML. . . . .	47
regonol. . . . .	36	risperidone oral solution. . . . .	47
REGRANEX. . . . .	58	risperidone oral tablet. . . . .	47
RELENZA DISKHALER. . . . .	11	risperidone oral tablet, disintegrating. . . . .	47
RELISTOR ORAL. . . . .	76	ritonavir. . . . .	12
RELISTOR SUBCUTANEOUS SOLUTION. . . . .	76	RITUXAN. . . . .	27
RELISTOR SUBCUTANEOUS SYRINGE. . . . .	76	RITUXAN HYCELA. . . . .	27
repaglinide. . . . .	70	rivastigmine tartrate. . . . .	35
repaglinide-metformin. . . . .	70	rivastigmine transdermal. . . . .	35
RESTASIS. . . . .	91	rivelsa. . . . .	89
RESTASIS MULTIDOSE. . . . .	91	rizatriptan oral tablet. . . . .	33
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML. . . . .	79	rizatriptan oral tablet, disintegrating. . . . .	33
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML. . . . .	79	ROMIDEPSIN INTRAVENOUS RECON SOLN. . . . .	27
RETROVIR INTRAVENOUS. . . . .	11	ROMIDEPSIN INTRAVENOUS SOLUTION. . . . .	27
REVCovi. . . . .	65	ropinirole oral tablet. . . . .	32
REVLIMID. . . . .	27	ropinirole oral tablet extended release 24 hr. . . . .	32
revonto. . . . .	36	rosadan topical cream. . . . .	60
REXULTI. . . . .	47	rosadan topical gel. . . . .	60
REYATAZ ORAL POWDER IN PACKET. . . . .	11	rosuvastatin. . . . .	55
ribavirin oral capsule. . . . .	11	ROTARIX. . . . .	82
ribavirin oral tablet 200 mg. . . . .	11	ROTATEQ VACCINE. . . . .	82
RIDAURA. . . . .	85	roweepra. . . . .	31
rifabutin. . . . .	16	roweepra xr. . . . .	31
rifampin intravenous. . . . .	16	ROZLYTREK. . . . .	27
rifampin oral. . . . .	16	RUBRACA. . . . .	27
RIFATER. . . . .	16	RUCONEST. . . . .	95
riluzole. . . . .	65	RUXIENCE. . . . .	27
rimantadine. . . . .	12	RUZURGI. . . . .	35
ringer's intravenous. . . . .	100	RYBELSUS. . . . .	70
ringer's irrigation. . . . .	63	RYDAPT. . . . .	27
RINVOQ. . . . .	85		
risedronate oral tablet 150 mg. . . . .	83	<b>S</b>	
risedronate oral tablet 30 mg. . . . .	65	salsalate. . . . .	42
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack). . . . .	83	SAMSCA. . . . .	72
risedronate oral tablet 5 mg. . . . .	83		

SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON. . . . .	27	SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML. . . . .	85
SANTYL. . . . .	58	SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML. . . . .	85
SAPHRIS. . . . .	47	SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML. . . . .	85
SARCLISA. . . . .	27	SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML. . . . .	85
scopolamine base. . . . .	76	SIMULECT INTRAVENOUS RECON SOLN 10 MG. . . . .	27
seconal sodium. . . . .	47	SIMULECT INTRAVENOUS RECON SOLN 20 MG. . . . .	27
SECUADO. . . . .	47	simvastatin oral tablet. . . . .	55
selegiline hcl. . . . .	32	sirolimus oral solution. . . . .	27
selenium sulfide topical lotion. . . . .	57	sirolimus oral tablet 0.5 mg, 1 mg. . . . .	27
SELZENTRY ORAL SOLUTION. . . . .	12	sirolimus oral tablet 2 mg. . . . .	27
SELZENTRY ORAL TABLET 150 MG, 300 MG. . . . .	12	SIRTURO. . . . .	16
SELZENTRY ORAL TABLET 25 MG, 75 MG	12	SIVEXTRO INTRAVENOUS. . . . .	16
SEREVENT DISKUS. . . . .	95	SIVEXTRO ORAL. . . . .	16
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG. . . . .	79	SKYRIZI SUBCUTANEOUS SYRINGE KIT. . . . .	57
sertraline oral concentrate. . . . .	47	SMOFLIPID. . . . .	101
sertraline oral tablet. . . . .	47	sodium acetate. . . . .	100
setlakin. . . . .	89	sodium benzoate-sod phenylacet. . . . .	65
sevelamer carbonate oral powder in packet.	65	sodium bicarbonate intravenous solution 1 meq/ ml (8.4 %). . . . .	100
sevelamer carbonate oral tablet. . . . .	65	sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml). . . . .	100
sevelamer hcl. . . . .	65	sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml). . . . .	100
sf. . . . .	66	sodium chlor 0.9% bacteriostat. . . . .	65
sf 5000 plus. . . . .	66	sodium chloride 0.45 % intravenous parenteral solution. . . . .	100
sharobel. . . . .	86	sodium chloride 0.9 % (flush) injection syringe. . . . .	65
SHINGRIX (PF). . . . .	82	sodium chloride 0.9 % injection. . . . .	65
SIGNIFOR. . . . .	27	sodium chloride 0.9 % intravenous parenteral solution. . . . .	65
SIGNIFOR LAR. . . . .	27	sodium chloride 0.9 % intravenous piggyback	65
SIKLOS. . . . .	27	sodium chloride 3 %. . . . .	100
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml. . . . .	95	sodium chloride 5 %. . . . .	100
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml. . . . .	95	sodium chloride inhalation. . . . .	96
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg. . . . .	96	sodium chloride injection. . . . .	65
silodosin. . . . .	97	sodium chloride intravenous. . . . .	100
silver sulfadiazine. . . . .	58	sodium chloride irrigation. . . . .	65
simliya (28). . . . .	89		
simpesse. . . . .	89		
SIMPONI ARIA. . . . .	85		

sodium fluoride 5000 plus. . . . .	66	subvenite starter (orange) kit. . . . .	31
sodium nitroprusside. . . . .	56	SUCRAID. . . . .	76
sodium phenylbutyrate. . . . .	65	sucralfate. . . . .	78
sodium phosphate. . . . .	100	sulfacetamide sodium (acne). . . . .	60
sodium polystyrene (sorb free). . . . .	65	sulfacetamide sodium ophthalmic (eye) drops. . . . .	91
sodium polystyrene sulfonate oral powder. . . . .	65	sulfacetamide sodium ophthalmic (eye) ointment. . . . .	91
solifenacin. . . . .	97	sulfacetamide-prednisolone. . . . .	91
SOLTAMOX. . . . .	27	sulfadiazine. . . . .	20
SOMATULINE DEPOT. . . . .	27	sulfamethoxazole-trimethoprim intravenous. . . . .	20
SOMAVERT. . . . .	72	sulfamethoxazole-trimethoprim oral. . . . .	20
SORBITOL IRRIGATION. . . . .	63	SULFAMYLON TOPICAL CREAM. . . . .	60
sorine oral tablet 120 mg, 160 mg, 80 mg. . . . .	49	sulfasalazine oral tablet. . . . .	76
sorine oral tablet 240 mg. . . . .	49	sulfasalazine oral tablet, delayed release (dr/ec). . . . .	76
sotalol af. . . . .	49	sulfatrim. . . . .	20
sotalol oral. . . . .	49	sulindac. . . . .	42
SOVALDI ORAL TABLET 200 MG. . . . .	12	sumatriptan nasal spray, non-aerosol 20 mg/actuation. . . . .	33
SOVALDI ORAL TABLET 400 MG. . . . .	12	sumatriptan nasal spray, non-aerosol 5 mg/actuation. . . . .	34
SPIRIVA RESPIMAT. . . . .	96	sumatriptan succinate oral. . . . .	34
SPIRIVA WITH HANDIHALER. . . . .	96	sumatriptan succinate subcutaneous cartridge. . . . .	34
spironolacton-hydrochlorothiaz. . . . .	52	sumatriptan succinate subcutaneous pen injector. . . . .	34
spironolactone. . . . .	52	sumatriptan succinate subcutaneous solution . . . . .	34
sprintec (28). . . . .	89	sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml. . . . .	34
SPRITAM. . . . .	31	sumatriptan-naproxen. . . . .	34
SPRYCEL. . . . .	27	SUPRAX ORAL TABLET, CHEWABLE. . . . .	14
sps (with sorbitol) oral. . . . .	65	SUTENT. . . . .	27
sps (with sorbitol) rectal. . . . .	65	syeda. . . . .	89
sronyx. . . . .	89	SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG. . . . .	79
ssd. . . . .	59	SYLVANT. . . . .	27
STAMARIL (PF). . . . .	82	SYMBICORT. . . . .	96
stavudine oral capsule. . . . .	12	SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N). . . . .	96
STELARA INTRAVENOUS. . . . .	57	SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N). . . . .	96
STELARA SUBCUTANEOUS. . . . .	57	SYMFI. . . . .	12
STIMATE. . . . .	72	SYMFI LO. . . . .	12
STIOLTO RESPIMAT. . . . .	96		
STIVARGA. . . . .	27		
STRENSIQ. . . . .	72		
STREPTOMYCIN. . . . .	16		
STRIBILD. . . . .	12		
STRIVERDI RESPIMAT. . . . .	96		
subvenite. . . . .	31		
subvenite starter (blue) kit. . . . .	31		
subvenite starter (green) kit. . . . .	31		

SYMLINPEN 120. . . . .	70
SYMLINPEN 60. . . . .	70
SYMPAZAN ORAL FILM 10 MG, 20 MG. . . . .	31
SYMPAZAN ORAL FILM 5 MG. . . . .	31
SYMTUZA. . . . .	12
SYNAGIS. . . . .	12
SYNAREL. . . . .	72
SYNDROS. . . . .	76
SYNERCID. . . . .	16
SYNJARDY. . . . .	70
SYNJARDY XR. . . . .	70
SYNRIBO. . . . .	27
SYNVISC. . . . .	42
SYNVISC-ONE. . . . .	42

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TABLOID. . . . .	27
tacrolimus oral. . . . .	27
tacrolimus topical. . . . .	59
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg. . . . .	96
tadalafil oral tablet 2.5 mg, 5 mg. . . . .	97
TAFINLAR. . . . .	27
TAGRISSE. . . . .	27
TAKHZYRO. . . . .	96
TALZENNA. . . . .	27
tamoxifen. . . . .	27
tamsulosin oral capsule, extended release 24hr. . . . .	97
TARGRETIN 1% GEL. . . . .	27
tarina 24 fe. . . . .	89
tarina fe 1-20 eq (28). . . . .	89
tarina fe 1/20 (28). . . . .	89
TASIGNA. . . . .	27
TAVALISSE. . . . .	54
tazarotene. . . . .	60
tazicef injection recon soln 1 gram. . . . .	14
tazicef injection recon soln 2 gram, 6 gram. . . . .	14
tazicef intravenous. . . . .	14
TAZORAC TOPICAL CREAM 0.05 %. . . . .	60
TAZORAC TOPICAL GEL. . . . .	60
taztia xt oral capsule, extended release. . . . .	52

TAZVERIK. . . . .	27
TDVAX. . . . .	82
TECENTRIQ. . . . .	27
TECFIDERA. . . . .	35
TEFLARO. . . . .	14
TEGSEDI. . . . .	35
TEKTURNA HCT. . . . .	52
telmisartan. . . . .	52
telmisartan-amlodipine. . . . .	52
telmisartan-hydrochlorothiazid. . . . .	52
temazepam. . . . .	47
TEMIXYS. . . . .	12
TEMODAR INTRAVENOUS. . . . .	28
temozolomide. . . . .	28
temsirolimus. . . . .	28
tencon oral tablet 50-325 mg. . . . .	40
TENIVAC (PF) INTRAMUSCULAR SUSPENSION. . . . .	82
TENIVAC (PF) INTRAMUSCULAR SYRINGE. . . . .	82
tenofovir disoproxil fumarate. . . . .	12
TEPEZZA. . . . .	72
terazosin. . . . .	52
terbinafine hcl oral. . . . .	9
terbutaline. . . . .	96
terconazole. . . . .	86
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml. . . . .	72
testosterone cypionate intramuscular oil 200 mg/ml (1 ml). . . . .	72
testosterone enanthate. . . . .	72
testosterone transdermal gel (generic). . . . .	72
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic). . . . .	72
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic). . . . .	72
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic). . . . .	72
testosterone transdermal gel in packet (Androgel generic). . . . .	72
testosterone transdermal solution in metered pump w/app (Axiron generic). . . . .	72

TETANUS,DIPHThERIA TOX PED(PF). . . .	82	tobramycin sulfate injection solution. . . . .	17
tetrabenazine. . . . .	35	tobramycin-dexamethasone. . . . .	92
tetracycline. . . . .	21	tolcapone. . . . .	32
THALOMID. . . . .	28	tolmetin. . . . .	42
theophylline oral elixir. . . . .	96	tolterodine oral capsule,extended release	
theophylline oral solution. . . . .	96	24hr. . . . .	97
theophylline oral tablet extended release 12		tolterodine oral tablet. . . . .	97
hr. . . . .	96	topiramate oral capsule, sprinkle. . . . .	31
theophylline oral tablet extended release 24		topiramate oral tablet. . . . .	31
hr. . . . .	96	toposar. . . . .	28
THIOLA. . . . .	65	topotecan intravenous recon soln. . . . .	28
THIOLA EC. . . . .	65	topotecan intravenous solution. . . . .	28
thioridazine. . . . .	47	toremifene. . . . .	28
thiotepa injection recon soln 100 mg. . . . .	28	torsemide oral. . . . .	52
thiotepa injection recon soln 15 mg. . . . .	28	TOUJEO MAX U-300 SOLOSTAR. . . . .	70
thiothixene. . . . .	47	TOUJEO SOLOSTAR U-300 INSULIN. . . . .	70
thyroid (pork) oral tablet 120 mg, 30 mg, 60		tovet emollient. . . . .	62
mg. . . . .	73	TRACLEER ORAL TABLET FOR	
thyroid (pork) oral tablet 15 mg, 90 mg. . . . .	73	SUSPENSION. . . . .	96
tiadylt er. . . . .	52	tramadol oral tablet 50 mg. . . . .	42
tiagabine. . . . .	31	tramadol oral tablet extended release 24 hr. . . . .	42
TIBSOVO. . . . .	28	tramadol oral tablet, er multiphase 24 hr. . . . .	42
TICE BCG. . . . .	82	tramadol-acetaminophen. . . . .	42
tigecycline. . . . .	16	trandolapril. . . . .	52
TIGLUTIK. . . . .	65	trandolapril-verapamil oral tablet, ir - er, biphasic	
tilia fe. . . . .	89	24hr. . . . .	52
timolol maleate ophthalmic (eye) drops. . . . .	91	tranexamic acid oral. . . . .	86
timolol maleate ophthalmic (eye) drops, once		tranylcypromine. . . . .	47
daily. . . . .	91	travasol 10 %. . . . .	101
timolol maleate ophthalmic (eye) gel forming		travoprost. . . . .	92
solution. . . . .	91	TRAZIMERA. . . . .	28
timolol maleate oral. . . . .	52	trazodone. . . . .	47
tinidazole. . . . .	16	TREANDA INTRAVENOUS RECON SOLN. . . . .	28
tis-u-sol pentalyte. . . . .	63	TRECTOR. . . . .	17
TIVICAY ORAL TABLET 10 MG. . . . .	12	TRELEGY ELLIPTA. . . . .	96
TIVICAY ORAL TABLET 25 MG, 50 MG. . . . .	12	TRELSTAR INTRAMUSCULAR SUSPENSION	
tizanidine. . . . .	36	FOR RECONSTITUTION. . . . .	28
TOBI PODHALER INHALATION CAPSULE. . . . .	16	treprostinil sodium. . . . .	52
TOBI PODHALER INHALATION CAPSULE, W/		tretinoin (antineoplastic). . . . .	28
INHALATION DEVICE. . . . .	16	tretinoin microspheres. . . . .	60
tobramycin. . . . .	90	tretinoin topical. . . . .	60
tobramycin in 0.225 % nacl. . . . .	16	tri femynor. . . . .	89
tobramycin sulfate injection recon soln. . . . .	17	tri-estarylla. . . . .	89

tri-legest fe. . . . .	89	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG. . . . .	31
tri-linyah. . . . .	89	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG. . . . .	31
tri-lo-estarylla. . . . .	89	TROPHAMINE 10 %. . . . .	101
tri-lo-marzia. . . . .	89	TROPHAMINE 6%. . . . .	101
tri-lo-mili. . . . .	89	tropium oral capsule,extended release 24hr	97
tri-lo-sprintec. . . . .	89	tropium oral tablet. . . . .	97
tri-mili. . . . .	89	TRULICITY. . . . .	70
tri-previfem (28). . . . .	89	TRUMENBA. . . . .	82
tri-sprintec (28). . . . .	89	TRUVADA. . . . .	12
tri-vylibra. . . . .	89	TRUXIMA. . . . .	28
tri-vylibra lo. . . . .	89	tulana. . . . .	86
triamcinolone acetonide dental. . . . .	66	TURALIO. . . . .	28
triamcinolone acetonide injection. . . . .	68	TWINRIX (PF) INTRAMUSCULAR SYRINGE. . . . .	82
triamcinolone acetonide topical aerosol. . . . .	62	TYBOST. . . . .	12
triamcinolone acetonide topical cream. . . . .	62	tydemy. . . . .	89
triamcinolone acetonide topical lotion. . . . .	62	TYKERB. . . . .	28
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %. . . . .	62	TYMLOS. . . . .	83
triamcinolone acetonide topical ointment 0.05 %. . . . .	62	TYPHIM VI INTRAMUSCULAR SOLUTION.	82
triamterene. . . . .	52	TYPHIM VI INTRAMUSCULAR SYRINGE. . . . .	82
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg. . . . .	52	TYSABRI. . . . .	35
triamterene-hydrochlorothiazid oral tablet. . . . .	52	TYVASO. . . . .	96
trianex. . . . .	62	TYVASO INSTITUTIONAL START KIT. . . . .	96
triazolam. . . . .	47	TYVASO REFILL KIT. . . . .	96
triderm topical cream. . . . .	62	TYVASO STARTER KIT. . . . .	96
trientine. . . . .	65		
trifluoperazine. . . . .	47	<b>U</b>	
trifluridine. . . . .	91	UCERIS RECTAL. . . . .	76
trihexyphenidyl oral elixir. . . . .	33	UDENYCA. . . . .	79
trihexyphenidyl oral tablet. . . . .	33	unithroid. . . . .	73
TRIKAFTA. . . . .	96	UNITUXIN. . . . .	28
trilyte with flavor packets. . . . .	76	UPTRAVI. . . . .	52
trimethobenzamide oral. . . . .	76	ursodiol. . . . .	76
trimethoprim. . . . .	21	UVADEX. . . . .	59
trimipramine. . . . .	47		
TRINTELLIX. . . . .	47	<b>V</b>	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML. . . . .	28	valacyclovir. . . . .	12
TRIUMEQ. . . . .	12	VALCHLOR. . . . .	59
trivora (28). . . . .	89	valganciclovir oral recon soln. . . . .	12
TROGARZO. . . . .	12	valganciclovir oral tablet. . . . .	12
		valproate sodium. . . . .	31

valproic acid. . . . .	31	venlafaxine oral capsule,extended release 24hr. . . . .	47
valproic acid (as sodium salt) oral solution 250 mg/5 ml. . . . .	31	venlafaxine oral tablet. . . . .	47
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml). . . . .	31	venlafaxine oral tablet extended release 24hr	47
valrubicin. . . . .	28	VENTAVIS. . . . .	96
valsartan. . . . .	52	verapamil intravenous solution. . . . .	52
valsartan-hydrochlorothiazide. . . . .	52	verapamil intravenous syringe. . . . .	52
VALSTAR. . . . .	28	verapamil oral capsule, 24 hr er pellet ct. . . . .	52
VALTOCO. . . . .	31	verapamil oral capsule,ext rel. pellets 24 hr. . . . .	52
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND). . . . .	17	verapamil oral tablet. . . . .	52
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND). . . . .	17	verapamil oral tablet extended release. . . . .	52
VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND). . . . .	17	VERSACLOZ. . . . .	47
VANCOMYCIN INJECTION (BRAND). . . . .	17	VERZENIO. . . . .	28
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg. . . . .	17	VGO. . . . .	70
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND). . . . .	17	VIBATIV INTRAVENOUS RECON SOLN 750 MG. . . . .	17
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND). . . . .	17	VIDEX 2 GRAM PEDIATRIC. . . . .	12
vancomycin intravenous recon soln 5 gram. . . . .	17	VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG. . . . .	12
vancomycin oral capsule 125 mg. . . . .	17	VIEKIRA PAK. . . . .	12
vancomycin oral capsule 250 mg. . . . .	17	vienna. . . . .	89
vancomycin oral recon soln. . . . .	17	vigabatrin. . . . .	31
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## Blue Cross Blue Shield of Massachusetts provides:

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

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

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

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

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

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

# TRANSLATION RESOURCES

## Proficiency of Language Assistance Services

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

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

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

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

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

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

**Russian/Русский:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-200-4255 (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:** ប្រយ័ត្ន: 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: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-200-4255 (TTY: 711).

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

**Hindi/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)



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

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

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

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with an Medicare contract.  
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disability, sex, sexual orientation, or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  
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ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.  
Ligue para **1-800-200-4255** (TTY: 711).



MASSACHUSETTS

This formulary was updated on 6/01/2020. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit [www.bluecrossma.com/medicare-options](http://www.bluecrossma.com/medicare-options).

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

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