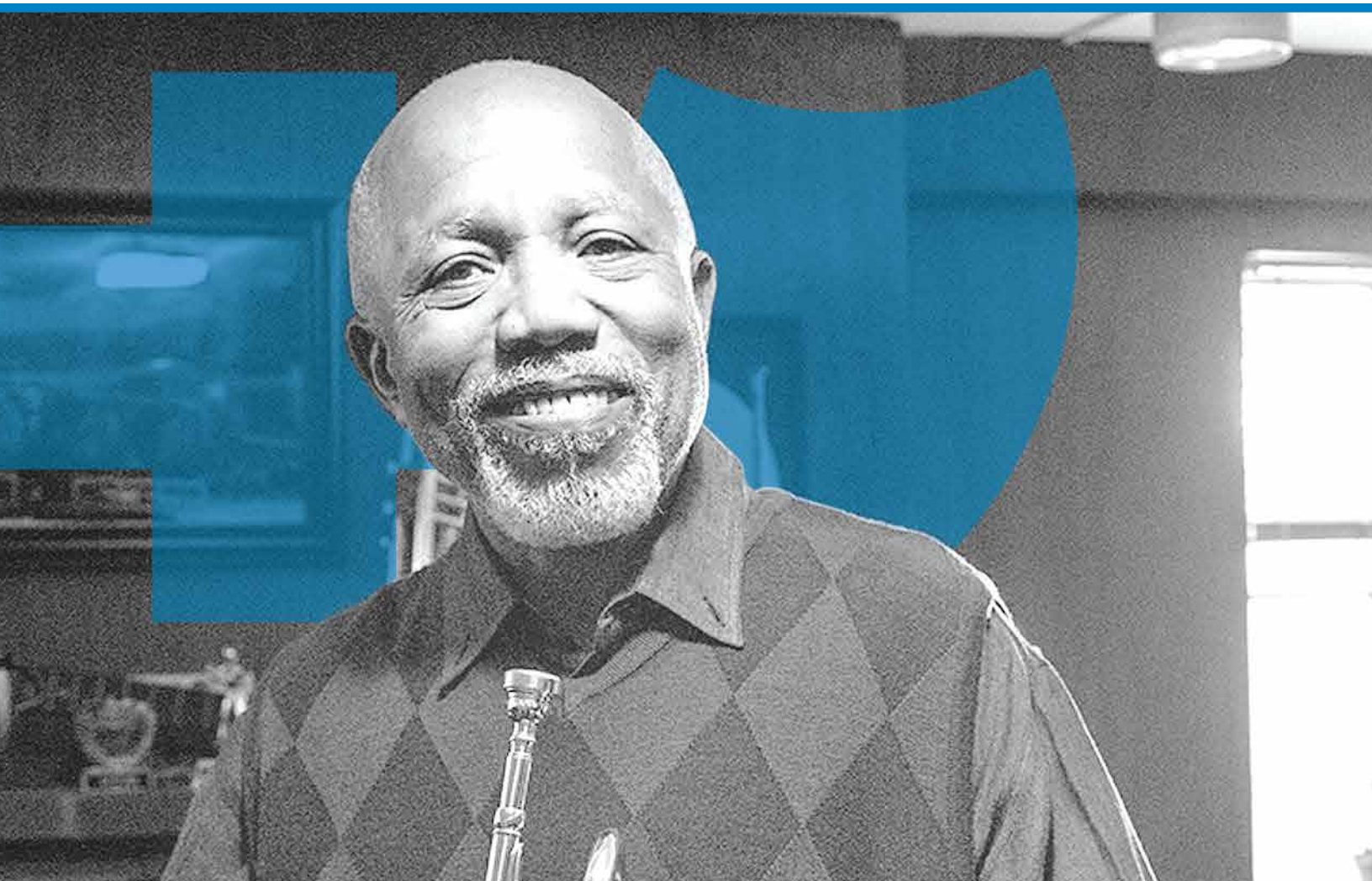




MASSACHUSETTS

Medicare Advantage Group



2020 FORMULARY (LIST OF COVERED DRUGS)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 5/01/2020. 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.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 5/01/2020. 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 Advantage Group Plan's Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

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

- **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 Advantage Group Plan's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 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 5/01/2020. 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. You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

- **Medical Condition.** The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 97. 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 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

Prior Authorization: Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 capsules per 30 days per prescription for Omeprazole 10 mg capsules. This may be in addition to a standard one-month or three-month supply.

Opioid Safety Edits: For certain drugs or combinations of drugs, there may be a safety 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Medicare Advantage Group Plan's Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, 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 Advantage Group Plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Medicare Advantage Group Plan's Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

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

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

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

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

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

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

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

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

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

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

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

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

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

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

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

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

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

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

ANTI - INFECTIVES: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA, MO, HI
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	2	MO
APTIVUS (WITH VITAMIN E)	2	
<i>atazanavir</i>	1	MO
ATRIPLA	2	MO
BARACLUDGE ORAL SOLUTION	2	MO
BIKTARVY	2	MO
<i>cidofovir</i>	1	B/D PA, MO, HI
CIMDUO	2	MO
COMPLERA	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DELSTRIGO	2	MO
DESCOVY	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	1	

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO
DOVATO	2	MO
EDURANT	2	MO
<i>efavirenz</i>	1	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA	2	PA, MO, QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EVOTAZ	2	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA, MO, HI
<i>ganciclovir sodium intravenous</i>	1	B/D PA, MO, HI
GENVOYA	2	MO
HARVONI	2	PA, MO, QL (28 per 28 days)
INTELENCE	2	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	2	MO
KALETRA ORAL TABLET	2	MO

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

ANTI - INFECTIVES: ANTIVIRALS
(continued)

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

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO, QL (60 per 180 days)
RESCRIPTOR ORAL TABLET	2	MO
RETROVIR INTRAVENOUS	2	MO, HI
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
SELZENTRY	2	MO
SOVALDI ORAL TABLET 200 MG	3	PA, MO, QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	3	PA, MO, QL (28 per 28 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SYMFI	2	MO
SYMFI LO	2	MO
SYMTUZA	2	MO
SYNAGIS	3	MO, LA
TEMIXYS	2	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TRIUMEQ	2	MO
TROGARZO	2	MO

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

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
TRUVADA	2	MO
TYBOST	2	MO
<i>valacyclovir</i>	1	MO
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	2	MO
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	2	MO
VIEKIRA PAK	3	PA, MO, QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA, MO, QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	3	MO, QL (4 per 180 days)
XOFLUZA ORAL TABLET 40 MG	3	MO, QL (2 per 180 days)
ZEPATIER	3	PA, MO, QL (28 per 28 days)
<i>zidovudine</i>	1	MO

ANTI - INFECTIVES: CEPHALOSPORINS

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

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

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

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

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

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

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

ANTI - INFECTIVES: ERYTHROMYCINS / OTHER MACROLIDES

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	1	MO, HI
<i>azithromycin oral</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID	3	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO, HI
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO

ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	HI
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	1	MO, HI
IMPAVIDO	2	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
<i>lincomycin</i>	1	HI
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	HI
<i>linezolid-0.9% sodium chloride</i>	1	
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO, HI
<i>metro i.v.</i>	1	MO, HI
<i>metronidazole in nacl (iso-os)</i>	1	MO, HI
<i>metronidazole oral</i>	1	MO
NEBUPENT	2	B/D PA, MO
<i>neomycin</i>	1	MO
ORBACTIV	2	MO, HI
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO
<i>pentamidine inhalation</i>	1	B/D PA
<i>pentamidine injection</i>	1	MO
<i>polymyxin b sulfata</i>	1	HI
<i>praziquantel</i>	1	MO
PRETOMANID	2	

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

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

Drug Name	Tier	Requirements/ Limits
PRIFTIN	2	MO
PRIMAQUINE	3	MO
<i>primaquine (generic)</i>	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin intravenous</i>	1	MO, HI
<i>rifampin oral</i>	1	MO
RIFATER	3	MO
SIRTURO	2	MO, LA
SIVEXTRO INTRAVENOUS	2	HI
SIVEXTRO ORAL	2	MO
STREPTOMYCIN	2	MO
SYNERCID	3	HI
<i>tigecycline</i>	1	HI
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE	3	
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	3	MO
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA, MO
<i>tobramycin sulfate injection recon soln</i>	1	HI
<i>tobramycin sulfate injection solution</i>	1	MO, HI
TRECTOR	2	MO

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

Drug Name	Tier	Requirements/ Limits
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	2	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	2	
VANCOMYCIN IN DEXTROSE ISO- OSM (BRAND)	2	
VANCOMYCIN INJECTION (BRAND)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	2	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND)	2	HI
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND)	2	HI
<i>vancomycin intravenous recon soln 5 gram</i>	1	MO, HI

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

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

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

ANTI - INFECTIVES: PENICILLINS

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

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

ANTI - INFECTIVES: PENICILLINS
(continued)

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

ANTI - INFECTIVES: PENICILLINS
(continued)

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

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

ANTI - INFECTIVES: QUINOLONES

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

ANTI - INFECTIVES: SULFA'S / RELATED AGENTS

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

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

ANTI - INFECTIVES: TETRACYCLINES

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

ANTI - INFECTIVES: TETRACYCLINES (continued)

Drug Name	Tier	Requirements/ Limits
<i>okebo oral capsule 75 mg</i>	1	MO
<i>tetracycline</i>	1	MO

ANTI - INFECTIVES: URINARY TRACT AGENTS

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

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

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

Drug Name	Tier	Requirements/ Limits
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	1	HI
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	1	MO, HI
ELITEK	2	MO, HI
KEPIVANCE	2	MO, HI
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	MO, HI
<i>leucovorin calcium injection recon soln 500 mg</i>	1	HI
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	HI
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	HI
<i>levoleucovorin calcium intravenous solution</i>	1	HI
<i>mesna</i>	1	MO, HI
MESNEX ORAL	2	MO
VISTOGARD	2	MO
XGEVA	3	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
<i>abiraterone</i>	1	PA, MO
ABRAXANE	2	MO, HI
ADAKVEO	2	PA, MO
<i>adriamycin intravenous recon soln 10 mg</i>	1	MO, HI
<i>adriamycin intravenous solution</i>	1	HI
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PA, HI
<i>adrucil intravenous solution 500 mg/10 ml</i>	1	B/D PA, MO, HI
AFINITOR	2	PA, MO
AFINITOR DISPERZ	2	PA, MO
ALECENSA	2	PA, MO
ALIMTA	2	MO, HI
ALIQOPA	2	MO, HI, LA
ALUNBRIG	2	PA, MO
<i>anastrozole</i>	1	MO
ARRANON	2	HI
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	2	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	
ARZERRA	2	B/D PA, MO, HI
ASTAGRAF XL	3	B/D PA, MO
AVASTIN	2	MO, HI
AYVAKIT	2	PA, MO, LA
<i>azacitidine</i>	1	MO, HI
<i>azathioprine</i>	1	B/D PA, MO

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>azathioprine sodium</i>	1	B/D PA, HI
BALVERSA	2	PA, MO, LA
BAVENCIO	2	MO, HI, LA
BELEODAQ	2	MO, HI
BENDEKA	2	MO
BESPONSA	2	MO, HI
<i>bexarotene</i>	1	MO
<i>bicalutamide</i>	1	MO
<i>bleomycin</i>	1	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	2	B/D PA, MO
BORTEZOMIB	2	MO, HI
BOSULIF	2	PA, MO
BRAFTOVI	2	MO, LA
BRUKINSA	2	PA, MO, LA
<i>busulfan</i>	1	HI
CABOMETYX	2	PA, MO, LA
CALQUENCE	2	PA, MO, LA
<i>capecitabine</i>	MB	MO
CAPRELSA ORAL TABLET 100 MG	2	PA, LA
CAPRELSA ORAL TABLET 300 MG	2	PA, MO, LA
<i>carboplatin intravenous solution</i>	1	MO, HI
<i>carmustine</i>	1	MO
<i>cisplatin intravenous solution</i>	1	MO, HI
<i>cladribine</i>	1	B/D PA, MO, HI
<i>clofarabine</i>	1	HI
COMETRIQ	2	PA, MO
COPIKTRA	2	PA, MO, LA

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
COTELLIC	2	PA, MO, LA
<i>cyclophosphamide intravenous</i>	1	MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA, MO
<i>cyclosporine intravenous</i>	1	B/D PA, HI
<i>cyclosporine modified</i>	1	B/D PA, MO
<i>cyclosporine oral capsule</i>	1	B/D PA, MO
CYRAMZA	2	B/D PA, MO, HI
<i>cytarabine</i>	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA, HI
<i>dacarbazine</i>	1	MO, HI
<i>dactinomycin</i>	1	HI
DARZALEX	2	MO, HI, LA
<i>daunorubicin intravenous solution</i>	1	HI
DAURISMO	2	PA, MO
<i>decitabine</i>	1	MO, HI
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	1	HI

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>etoposide oral</i>	MB	MO
<i>everolimus (antineoplastic)</i>	1	PA, MO
<i>everolimus (immunosuppressive)</i>	1	B/D PA, MO
<i>exemestane</i>	1	MO
FARYDAK	2	PA, MO
FASLODEX	2	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	MO, HI
<i>fludarabine intravenous solution</i>	1	HI
<i>fluorouracil intravenous</i>	1	B/D PA, MO, HI
<i>flutamide</i>	1	MO
FOLOTYN	2	MO, HI
<i>fulvestrant</i>	1	MO
GAZYVA	2	MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	MO, HI
<i>gemcitabine intravenous recon soln 2 gram</i>	1	HI
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	MO, HI

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	HI
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA, MO
<i>gengraf oral solution</i>	1	B/D PA, MO
GILOTRIF	2	PA, MO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
HALAVEN	2	MO, HI
HERCEPTIN HYLECTA	2	MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	MO, HI
HERZUMA	2	
HYCAMTIN ORAL	MB	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA, MO
ICLUSIG	2	PA
<i>idarubicin</i>	1	HI
IDHIFA	2	PA, MO, LA
<i>ifosfamide intravenous recon soln</i>	1	MO, HI
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	MO, HI
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	HI
<i>imatinib</i>	1	MO
IMBRUVICA	2	PA, MO
IMFINZI	2	MO, HI, LA

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
INFUGEM	2	HI
INLYTA	2	PA, MO
INREBIC	2	PA, MO, LA
IRESSA	2	PA, MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	MO, HI
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	HI
ISTODAX	2	MO, HI
IXEMPRA	2	MO, HI
JAKAFI	2	PA, MO
JEVTANA	2	MO, HI
KADCYLA	2	PA, MO, HI
KANJINTI	2	MO
KEYTRUDA INTRAVENOUS SOLUTION	2	PA, MO, HI
KISQALI	2	PA, MO
KISQALI FEMARA CO-PACK	2	PA, MO
KYPROLIS	2	MO, HI
LENVIMA	2	PA, MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	MO
LIBTAYO	2	PA, MO, HI
LONSURF	2	PA, MO
LORBRENA	2	PA, MO
LUMOXITI	2	PA, MO, HI, LA
LUPRON DEPOT	2	MO

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
LUPRON DEPOT (3 MONTH)	2	MO
LUPRON DEPOT (4 MONTH)	2	MO
LUPRON DEPOT (6 MONTH)	2	MO
LUPRON DEPOT-PED	2	MO
LUPRON DEPOT-PED (3 MONTH)	2	MO
LYNPARZA ORAL TABLET	2	PA, MO
LYSODREN	2	MO
MATULANE	2	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA, MO
<i>megestrol oral tablet</i>	1	PA, MO
MEKINIST	2	PA, MO
MEKTOVI	2	MO, LA
<i>melphalan</i>	1	B/D PA, MO
<i>melphalan hcl</i>	1	HI
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA, HI
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA, MO, HI
<i>methotrexate sodium injection</i>	1	B/D PA, MO, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>methotrexate sodium oral</i>	1	B/D PA, MO
<i>mitomycin intravenous</i>	1	MO, HI
<i>mitoxantrone</i>	1	MO, HI
MVASI	2	MO
<i>mycophenolate mofetil</i>	1	B/D PA, MO
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA, HI
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D PA, MO
MYLERAN	MB	MO
MYLOTARG	2	MO, HI, LA
NERLYNX	2	PA, MO, LA
NEXAVAR	2	PA, MO, LA
<i>nilutamide</i>	1	MO
NINLARO	2	PA, MO
NUBEQA	2	PA, MO, LA
NULOJIX	3	B/D PA, MO, HI
<i>octreotide acetate</i>	1	MO
ODOMZO	2	PA, MO, LA
OGIVRI	2	MO
ONCASPAR	2	MO
ONIVYDE	2	MO
OPDIVO	2	PA, MO, HI
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	HI
<i>oxaliplatin intravenous solution</i>	1	MO, HI
<i>paclitaxel</i>	1	MO, HI

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
PADCEV	2	MO
<i>paraplatin</i>	1	HI
PERJETA	2	MO, HI
PIQRAY	2	PA, MO
POLIVY	2	PA, MO
POMALYST	2	PA, MO, LA
PORTRAZZA	2	B/D PA, MO
POTELIGEO	2	MO
PROGRAF INTRAVENOUS	2	B/D PA, MO, HI
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA, MO
PURIXAN	2	
REVLIMID	2	PA, MO, LA
RITUXAN	2	PA, MO, HI
RITUXAN HYCELA	2	MO
ROMIDEPSIN	2	MO
ROZLYTREK	2	PA, MO
RUBRACA	2	PA, MO, LA
RUXIENCE	2	MO
RYDAPT	2	PA, MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	MO
SARCLISA	2	MO
SIGNIFOR	2	MO
SIGNIFOR LAR	2	MO
SIKLOS	2	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

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

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>thiotepa injection recon soln 100 mg</i>	1	
<i>thiotepa injection recon soln 15 mg</i>	1	MO
TIBSOVO	2	MO
toposar	1	MO, HI
<i>topotecan intravenous recon soln</i>	1	HI
<i>topotecan intravenous solution</i>	1	MO, HI
toremifene	1	MO
TRAZIMERA	2	
TREANDA INTRAVENOUS RECON SOLN	2	MO, HI
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
<i>tretinoin (chemotherapy)</i>	1	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	2	MO, HI
TRUXIMA	2	MO
TURALIO	2	MO, LA
TYKERB	2	PA, MO, LA
UNITUXIN	2	MO
<i>valrubicin</i>	1	MO
VALSTAR	2	MO
VANTAS	2	MO
VECTIBIX	2	B/D PA, MO, HI
VELCADE	2	MO, HI
VENCLEXTA	2	PA, MO, LA

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
VENCLEXTA STARTING PACK	2	PA, MO, LA
VERZENIO	2	PA, MO, LA
<i>vinblastine intravenous solution</i>	1	B/D PA, MO, HI
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D PA, MO, HI
<i>vincristine</i>	1	B/D PA, MO, HI
<i>vinorelbine</i>	1	MO, HI
VITRAKVI	2	PA, MO, LA
VIZIMPRO	2	PA, MO
VOTRIENT	2	PA, MO
VYXEOS	2	B/D PA, MO, HI
XALKORI	2	PA, MO
XATMEP	2	B/D PA, MO
XERMELO	2	MO, LA
XOSPATA	2	PA, MO, LA
XPOVIO	2	PA, MO, LA
XTANDI	2	PA, MO
YERVOY	2	MO, HI
YONDELIS	2	MO, HI
YONSA	2	PA, MO
ZALTRAP	2	MO, HI
ZANOSAR	2	MO, HI
ZEJULA	2	PA, MO, LA
ZELBORAF	2	PA, MO
ZIRABEV	2	MO
ZOLADEX	2	MO
ZOLINZA	2	MO
ZORTRESS	2	B/D PA, MO
ZYDELIG	2	PA, MO

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

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
ZYKADIA ORAL TABLET	2	PA, MO
ZYTIGA ORAL TABLET 500 MG	2	PA, MO

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

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

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

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

Drug Name	Tier	Requirements/ Limits
FYCOMPA ORAL SUSPENSION	3	MO
FYCOMPA ORAL TABLET	3	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO, HI
<i>levetiracetam intravenous</i>	1	MO, HI
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
NAYZILAM	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
<i>phenobarbital oral elixir</i>	1	PA, MO
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA, MO
<i>phenobarbital oral tablet 15 mg, 30 mg</i>	1	PA
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin</i>	1	MO
<i>primidone</i>	1	MO
QUDEXY XR	3	PA, MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	
SPRITAM	3	MO

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

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

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

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

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

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

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

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

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

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

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

**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>	1	MO, QL (36 per 30 days)
<i>sumatriptan succinate oral</i>	1	MO, QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO, QL (8 per 30 days)
<i>sumatriptan-naproxen</i>	1	MO, QL (18 per 30 days)
<i>zolmitriptan</i>	1	MO, QL (18 per 30 days)
ZOMIG NASAL	2	MO, QL (18 per 30 days)

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

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

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

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

Drug Name	Tier	Requirements/ Limits
MAVENCLAD (4 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (5 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (6 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (7 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (8 TABLET PACK)	3	PA, MO, LA
MAVENCLAD (9 TABLET PACK)	3	PA, MO, LA
MAYZENT	3	PA, MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	MO
<i>memantine oral solution</i>	1	MO
<i>memantine oral tablet</i>	1	MO
NUDEXTA	2	PA, MO
OCREVUS	2	MO
ONPATTRO	2	PA, MO, HI, LA
RADICAVA	2	MO, HI
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal</i>	1	MO
RUZURGI	2	MO
TECFIDERA	2	PA, MO, LA
TEGSEDI	2	PA, MO, LA
<i>tetrabenazine</i>	1	MO
TYSABRI	2	PA, MO, HI, LA

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>orphenadrine citrate oral tablet extended release</i>	1	PA, MO
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	PA
<i>orphengesic forte</i>	1	PA
<i>pyridostigmine bromide oral syrup</i>	1	MO
<i>pyridostigmine bromide oral tablet</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>regonol</i>	1	
<i>revonto</i>	1	
<i>tizanidine</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	MO
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	MO
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO
<i>acetaminophen-codeine oral tablet</i>	1	MO
<i>ascomp with codeine</i>	1	PA, MO
<i>buprenorphine hcl injection solution</i>	1	MO, HI
<i>buprenorphine hcl injection syringe</i>	1	HI
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA, MO
<i>butalbital compound w/codeine</i>	1	PA, MO
<i>butalbital-acetaminop-caf-cod</i>	1	PA, MO
<i>butalbital-acetaminophen oral capsule</i>	1	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>butalbital- acetaminophen oral tablet 25-325 mg</i>	1	PA
<i>butalbital- acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA, MO
<i>butalbital- acetaminophen-caff oral capsule</i>	1	PA, MO
<i>butalbital- acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA, MO
<i>butalbital-aspirin- caffeine</i>	1	PA, MO
<i>codeine sulfate oral tablet</i>	1	MO
<i>codeine-butalbital- asa-caff</i>	1	PA, MO
<i>demerol (pf) injection solution 100 mg/ml</i>	1	MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO, HI
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	HI
<i>dvorah</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>fentanyl</i>	1	MO
<i>fentanyl citrate (pf) injection solution</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA, MO
<i>hydrocodone bitartrate</i>	1	PA, MO
<i>hydrocodone- acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO
HYDROCODONE- ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)	2	
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO
<i>hydrocodone- ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	

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

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

Drug Name	Tier	Requirements/ Limits
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO
<i>hydromorphone oral tablet</i>	1	MO
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA, MO
<i>ibuprofen-oxycodone</i>	1	MO
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO
LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND)	2	MO
<i>lorcet (hydrocodone)</i>	1	MO
<i>lorcet hd</i>	1	MO
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>meperidine (pf) injection solution 25 mg/ml</i>	1	
<i>meperidine oral</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>methadone injection solution</i>	1	HI
<i>methadone intensol</i>	1	PA, MO
<i>methadone oral concentrate</i>	1	PA, MO
<i>methadone oral solution</i>	1	PA, MO
<i>methadone oral tablet</i>	1	PA, MO
<i>methadose oral concentrate</i>	1	PA, MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	1	B/D PA, MO
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	1	B/D PA
<i>morphine concentrate oral solution</i>	1	MO
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	2	
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	2	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml</i>	1	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND)	2	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	2	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)	2	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA, MO
<i>morphine oral capsule, extend. release pellets</i>	1	PA, MO
<i>morphine oral solution</i>	1	MO
<i>morphine oral tablet</i>	1	MO
<i>morphine oral tablet extended release</i>	1	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>oxycodone oral capsule</i>	1	MO
<i>oxycodone oral concentrate</i>	1	MO
<i>oxycodone oral solution</i>	1	MO
<i>oxycodone oral tablet</i>	1	MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	2	PA, MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	2	PA
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG (BRAND)	2	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	
<i>oxycodone-aspirin</i>	1	MO
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR	2	PA, MO
<i>oxymorphone oral tablet</i>	1	MO
<i>oxymorphone oral tablet</i>	1	PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>oxymorphone oral tablet extended release 12 hr</i>	1	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA, MO
<i>prolate</i>	1	
<i>tencon oral tablet 50-325 mg</i>	1	PA, MO
<i>vto1 lq</i>	1	PA
<i>zebutal oral capsule 50-325-40 mg</i>	1	PA, MO

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>ketorolac injection syringe 30 mg/ml</i>	1	MO
<i>ketorolac intramuscular cartridge</i>	1	MO
<i>ketorolac intramuscular solution</i>	1	MO
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	1	MO
LUCEMYRA	2	MO, QL (224 per 180 days)
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO, QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	MO, HI
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON- AEROSOL 4 MG/ ACTUATION	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>oxaprozin</i>	1	MO
<i>pentazocine-naloxone</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
SYNVISC	MB	MO
SYNVISC-ONE	MB	MO
<i>tolmetin</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO
<i>tramadol oral tablet extended release 24 hr</i>	1	PA, MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA, MO
<i>tramadol-acetaminophen</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	2	MO
ADASUVE	3	
<i>alprazolam intensol</i>	1	PA, MO
<i>alprazolam oral tablet</i>	1	PA, MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	PA, MO
<i>alprazolam oral tablet, disintegrating</i>	1	PA, MO
<i>amitriptyline</i>	1	PA, MO
<i>amitriptyline-chlordiazepoxide</i>	1	PA, MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	MO
<i>aripiprazole</i>	1	MO
ARISTADA	2	MO
ARISTADA INITIO	2	MO
<i>armodafinil</i>	1	PA, MO
<i>atomoxetine</i>	1	MO, QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO
<i>bupropion</i>	1	MO
CAPLYTA	2	
<i>chlordiazepoxide hcl</i>	1	PA, MO
<i>chlorpromazine injection</i>	1	MO, HI

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

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

Drug Name	Tier	Requirements/ Limits
<i>chlorpromazine oral</i>	1	MO
<i>citalopram</i>	1	MO
<i>clomipramine</i>	1	PA, MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	PA, MO
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	3	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg</i>	1	MO, QL (60 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	MO, QL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>eszopiclone</i>	1	MO, QL (30 per 30 days)
FANAPT	3	MO
FETZIMA	3	MO
<i>flumazenil</i>	1	MO
<i>fluoxetine</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>flurazepam</i>	1	PA, MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
FORFIVO XL	3	MO
GEODON INTRAMUSCULAR	2	MO
<i>guanfacine oral tablet extended release 24 hr</i>	1	MO
<i>guanidine</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	2	PA, MO, QL (30 per 30 days)
<i>imipramine hcl</i>	1	PA, MO
<i>imipramine pamoate</i>	1	PA, MO
INVEGA SUSTENNA	3	MO
INVEGA TRINZA	3	MO

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

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

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>molindone</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID ORAL CAPSULE	2	MO
NUPLAZID ORAL TABLET 10 MG	2	MO
<i>olanzapine intramuscular recon soln</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO
<i>olanzapine oral tablet, disintegrating</i>	1	MO
<i>olanzapine-fluoxetine</i>	1	MO
<i>oxazepam</i>	1	PA, MO
<i>paliperidone</i>	1	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO
<i>paroxetine mesylate (menop.sym)</i>	1	MO
PAXIL ORAL SUSPENSION	3	MO
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA, MO
PERSERIS	2	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet</i>	1	MO
<i>quetiapine oral tablet extended release 24 hr</i>	1	MO
<i>ramelteon</i>	1	MO
REXULTI	3	MO
RISPERDAL CONSTA	2	MO
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet, disintegrating</i>	1	MO
SAPHRIS	3	MO
<i>seconal sodium</i>	1	PA
SECUADO	3	
<i>sertraline</i>	1	MO
<i>temazepam</i>	1	PA, MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>triazolam</i>	1	PA, MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA, MO
TRINTELLIX	3	MO
<i>venlafaxine oral capsule, extended release 24hr</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS (continued)

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY

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

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>	1	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal DEMSE</i>	2	MO
<i>diltiazem hcl intravenous</i>	1	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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>labetalol intravenous solution</i>	1	MO, HI
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	HI
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim 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>	1	MO, HI
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>nicardipine intravenous solution</i>	1	HI
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hctiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM	2	PA, MO
<i>osmitrol 15 %</i>	1	
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	HI

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<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	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium</i>	1	PA, MO
<i>triamterene</i>	1	MO

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO, QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO, QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO, QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO, QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO, QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO, QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO, QL (18 per 30 days)
<i>hep flush-10 (pf)</i>	MB	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	HI
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO, HI
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO, HI

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

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>pentoxifylline oral tablet extended release</i>	1	MO
PRADAXA	3	MO
<i>prasugrel</i>	1	MO
PRAXBIND	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	MO, LA
PROMACTA ORAL TABLET	2	MO, LA
PROMACTA ORAL SUSPENSION	2	MO, LA
<i>protamine</i>	1	
TAVALISSE	2	MO, LA
<i>warfarin</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>amlodipine-atorvastatin</i>	1	MO
<i>atorvastatin</i>	1	MO
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam oral powder in packet</i>	1	MO
<i>colesevelam oral tablet</i>	1	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)	2	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	3	PA, MO, LA
<i>lovastatin</i>	1	MO

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA, MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA, MO
ENTRESTO	2	MO, QL (60 per 30 days)
<i>isoproterenol hcl</i>	1	
<i>milrinone</i>	1	B/D PA, MO
<i>milrinone in 5 % dextrose</i>	1	B/D PA, MO
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VECAMYL	3	
VYNDAMAX	2	PA, MO
VYNDAQEL	2	PA, MO

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS: NITRATES**

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

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

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

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

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

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

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA, MO
UVADEX	2	
VALCHLOR	2	MO
<i>xylocaine dental-epinephrine</i>	1	

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

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

Drug Name	Tier	Requirements/ Limits
<i>adapalene topical cream</i>	1	PA, MO
<i>adapalene topical gel</i>	1	PA, MO
<i>adapalene topical gel with pump</i>	1	PA, MO
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	PA, MO
<i>amnesteem</i>	1	MO
<i>avita topical cream</i>	1	PA, MO
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	MO
<i>clindacin etz topical swab</i>	1	MO
<i>clindacin p</i>	1	MO
<i>clindamycin phosphate topical foam</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO
<i>clindamycin phosphate topical swab</i>	1	MO
<i>clindamycin-benzoyl peroxide</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA, MO
<i>dapsone topical gel</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

Drug Name	Tier	Requirements/ Limits
<i>gentamicin topical</i>	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole- betamethasone</i>	1	MO
<i>econazole</i>	1	MO
<i>ketoconazole topical</i>	1	MO
<i>ketodan</i>	1	MO
LULICONAZOLE	3	MO
LUZU	3	MO
<i>naftifine</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>acyclovir topical</i>	1	MO
DENAVIR	2	MO

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

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

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

Drug Name	Tier	Requirements/ Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	
<i>trianex</i>	1	MO
<i>triderm topical cream</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

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

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>d5 %-0.45 % sodium chloride</i>	1	MO, HI
<i>deferasirox oral tablet 360 mg, 90 mg</i>	1	MO
<i>deferasirox oral tablet, dispersible</i>	1	MO
<i>deferoxamine</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	HI
<i>dextrose 10 % in water (d10w)</i>	1	MO, HI
<i>dextrose 20 % in water (d20w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 30 % in water (d30w)</i>	1	
<i>dextrose 40 % in water (d40w)</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO, HI
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO, HI
<i>dextrose 5%-0.2 % sod chloride</i>	1	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	1	HI
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	MO

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
<i>dextrose with sodium chloride</i>	1	HI
<i>disulfiram</i>	1	MO
FERRIPROX	2	MO
GIVLAARI	2	PA, MO
GLASSIA	3	PA, MO, HI, LA
INCRELEX	2	PA, MO, LA
JADENU ORAL TABLET 180 MG	2	MO
JADENU SPRINKLE	2	MO
<i>kionex (with sorbitol) oral suspension</i>	1	MO
<i>lanthanum oral tablet, chewable</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>midodrine</i>	1	MO
<i>monoject 0.9% sodium chloride</i>	MB	
<i>monoject prefill advanced ns</i>	MB	MO
<i>nitisinone</i>	1	MO
NITYR	2	MO, LA
<i>normal saline flush</i>	MB	MO
NORTHERA	3	MO
ORFADIN	2	MO, LA
OXBRYTA	2	PA, MO, LA, QL (90 per 30 days)
<i>pilocarpine hcl oral</i>	1	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS RECON SOLN	2	PA, HI, LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA, MO, HI, LA
RAVICTI	3	MO
REVCIVI	2	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO, QL (30 per 30 days)
<i>sevelamer carbonate</i>	1	MO
<i>sevelamer hcl</i>	1	MO
<i>sodium benzoate-sod phenylacet</i>	1	
<i>sodium chlor 0.9% bacteriostat</i>	MB	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	MB	MO
<i>sodium chloride 0.9 % injection</i>	MB	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO, HI
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO, HI
<i>sodium chloride injection</i>	MB	
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	MO
<i>sodium polystyrene (sorb free)</i>	1	MO

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

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
THIOLA	2	MO
THIOLA EC	2	MO
TIGLUTIK	3	MO
<i>trientine</i>	1	MO
VELTASSA	3	MO
<i>water for inject, bacteriostat</i>	MB	
<i>water for irrigation, sterile</i>	1	MO
XURIDEN	2	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

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

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

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

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

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

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/ Limits
CIPRODEX	2	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO

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

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
<i>betamethasone acet, sod phos</i>	1	MO
<i>cortisone</i>	1	MO
<i>decadron oral tablet</i>	1	
<i>dexabliss</i>	1	
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hidex</i>	1	
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA, MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO, HI
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	MO, HI
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	1	
<i>millipred dp</i>	1	MO

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>millipred oral tablet</i>	1	B/D PA, MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	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>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	B/D PA, MO
<i>prednisone intensol</i>	1	B/D PA, MO
<i>prednisone oral solution</i>	1	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>	1	MO

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

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

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

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acarbose</i>	1	MO
ALCOHOL PADS	2	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO
BAQSIMI	2	MO
BYDUREON BCISE	2	MO, QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	MO, QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO, QL (1.2 per 30 days)
CYCLOSET	3	MO
<i>diazoxide</i>	1	
GAUZE PADS 2X2	2	MO
<i>glimepiride</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin</i>	1	MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON (HCL) EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	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	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25 (U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
INPEN (FOR HUMALOG)	2	QL (1 per 365 days)
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO

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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
INVOKAMET	2	MO
INVOKAMET XR	2	MO
INVOKANA	2	MO
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO
JARDIANCE	2	MO
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	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	2	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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	ST, MO, QL (1.5 per 28 days)

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

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

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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

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

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

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

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

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

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

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

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

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

ENDOCRINE/DIABETES: THYROID HORMONES

Drug Name	Tier	Requirements/ Limits
<i>levothyroxine intravenous recon soln</i>	1	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>	1	MO, HI
<i>liothyronine oral</i>	1	MO
<i>np thyroid</i>	1	MO
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	1	
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	1	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

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

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

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

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

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

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

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

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

Drug Name	Tier	Requirements/ Limits
<i>mesalamine rectal</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO, HI
<i>metoclopramide hcl injection syringe</i>	1	HI
<i>metoclopramide hcl oral</i>	1	MO
MOTEGRITY	3	MO, QL (30 per 30 days)
OICALIVA	3	MO, LA, QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO, HI
<i>ondansetron hcl (pf) injection syringe</i>	1	HI
<i>ondansetron hcl intravenous</i>	1	MO, HI
<i>ondansetron hcl oral solution</i>	1	B/D PA, MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA, MO
<i>ondansetron oral tablet, disintegrating</i>	1	B/D PA, MO
OSMOPREP	3	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>peg-electrolyte</i>	1	
PENTASA	2	MO
<i>polyethylene glycol 3350</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	3	MO
RELISTOR ORAL	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
<i>scopolamine base</i>	1	MO
SUCRAID	2	MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	MO
SYNDROS	3	B/D PA, MO

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

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

Drug Name	Tier	Requirements/ Limits
<i>trilyte with flavor packets</i>	1	MO
<i>trimethobenzamide oral</i>	1	B/D PA, MO
UCERIS RECTAL	3	MO
<i>ursodiol</i>	1	MO
VARUBI ORAL	2	B/D PA, MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000- UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO

**GASTROENTEROLOGY: ULCER
THERAPY**

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

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

GASTROENTEROLOGY: ULCER THERAPY (continued)

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

GASTROENTEROLOGY: ULCER THERAPY (continued)

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

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

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

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	2	PA, MO
ARCALYST	2	MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	MO, QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	MO, QL (4 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	2	PA, MO
EGRIFTA SV	2	PA, MO
FULPHILA	2	MO, QL (1.2 per 30 days)
GRANIX	2	MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	2	PA, MO, LA
INTRON A INJECTION	2	PA, MO
LEUKINE INJECTION RECON SOLN	2	MO, HI
MOZOBIL	2	MO
OMNITROPE	2	PA, MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO, QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO, QL (2 per 28 days)

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

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

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

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

Drug Name	Tier	Requirements/ Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	MO
UDENYCA	2	MO, QL (1.2 per 30 days)
ZARXIO	2	MO
ZIEXTENZO	2	MO, QL (1.2 per 28 days)
ZORBTIVE	2	PA, MO

**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	3	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
DYSPOORT	3	PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA, MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA, MO
FLUAD 2019-2020 (65 YR UP)(PF)	MB	MO
FLUARIX QUAD 2019-2020 (PF)	MB	MO
FLUBLOK QUAD 2019-2020 (PF)	MB	MO

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

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

Drug Name	Tier	Requirements/ Limits
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>	1	HI
GAMASTAN	2	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	2	PA, MO, HI
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA, MO, HI

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

Drug Name	Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA, MO, HI
GARDASIL 9 (PF)	1	MO
GRASTEK	3	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

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

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

Drug Name	Tier	Requirements/ Limits
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	3	MO
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PNEUMOVAX-23	MB	MO
PREVNAR 13 (PF)	MB	MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	MO
RABAVERT (PF)	1	MO
RAGWITEK	3	MO

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

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

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

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

Drug Name	Tier	Requirements/ Limits
TRUMENBA	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	MO
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
XEOMIN	3	PA, MO
YF-VAX (PF)	1	MO
ZINPLAVA	2	PA, MO, HI
ZOSTAVAX (PF)	1	MO

MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY

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

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

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alendronate oral solution</i>	1	MO, QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO, QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO, QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	3	PA, QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA, MO, QL (2.34 per 30 days)
FORTEO	2	PA, MO, QL (2.4 per 28 days)
<i>ibandronate intravenous</i>	1	MO
<i>ibandronate oral</i>	1	MO, QL (1 per 30 days)
PROLIA	3	PA, MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO, QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO, QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO, QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO, QL (4 per 28 days)
TYMLOS	2	PA, MO, QL (1.56 per 30 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
ACTEMRA ACTPEN	3	PA, MO, QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	3	PA, MO, HI, QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS	3	PA, MO, QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS	2	MO, HI
BENLYSTA SUBCUTANEOUS	2	MO
DEPEN TITRATABS	3	MO
D-PENAMINE	2	MO
ENBREL MINI	2	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA, MO, QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA, MO, QL (8 per 28 days)
ENBREL SURECLICK	2	PA, MO, QL (8 per 28 days)
HUMIRA PEN	2	PA, MO, QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA, MO, QL (6 per 180 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	2	PA, MO, QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA, MO, QL (2 per 28 days)

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

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

Drug Name	Tier	Requirements/ Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA, MO, QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA, MO, QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA, MO, QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA, MO, QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA, MO, QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	2	PA, MO, QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA, MO, QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA, MO, QL (4 per 28 days)
KEVZARA	3	PA, MO, QL (2.28 per 28 days)
KINERET	2	PA, MO
<i>leflunomide</i>	1	MO, QL (30 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
ORENCIA (WITH MALTOSE)	2	PA, MO, HI, QL (4 per 28 days)
ORENCIA CLICKJECT	2	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ ML	2	PA, MO, QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA, MO, QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA, MO, QL (2.8 per 28 days)
OTEZLA	2	PA, MO, QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA, MO, QL (54 per 28 days)
<i>penicillamine</i>	1	MO
RIDAURA	2	MO
RINVOQ	2	PA, MO, QL (30 per 30 days)
SIMPONI ARIA	3	PA, MO, HI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)

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

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

Drug Name	Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ ML	3	PA, MO, QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)
XELJANZ	2	PA, MO, QL (60 per 30 days)
XELJANZ XR	2	PA, MO, QL (30 per 30 days)

**OBSTETRICS / GYNECOLOGY:
ESTROGENS / PROGESTINS**

Drug Name	Tier	Requirements/ Limits
<i>amabelz</i>	1	MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
<i>dotti</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol- norethindrone acet</i>	1	MO
<i>fyavolv</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	MO
<i>lopreeza oral tablet 1-0.5 mg</i>	1	MO
<i>lyza</i>	1	MO
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>norlyda</i>	1	MO
PREMARIN INJECTION	3	MO, HI

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

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

Drug Name	Tier	Requirements/ Limits
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>tulana</i>	1	MO
<i>yuvafem</i>	1	MO

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**OBSTETRICS / GYNECOLOGY:
OXYTOCICS**

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

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

OPHTHALMOLOGY: ANTIBIOTICS

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

OPHTHALMOLOGY: ANTIVIRALS

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

OPHTHALMOLOGY: BETA-BLOCKERS

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

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

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

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

OPHTHALMOLOGY: NON- STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

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

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

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

Drug Name	Tier	Requirements/ Limits
<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	1	
TRAVATAN Z	2	MO
<i>travoprost</i>	1	MO

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

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

OPHTHALMOLOGY: STEROIDS

Drug Name	Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
FML S.O.P.	2	MO
<i>loteprednol etabonate</i>	1	MO
PRED MILD	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: SYMPATHOMIMETICS

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

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>hydroxyzine hcl intramuscular</i>	1	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA, MO
<i>hydroxyzine hcl oral tablet</i>	1	PA, MO
<i>hydroxyzine pamoate</i>	1	PA, MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO
<i>phenadoz</i>	1	MO
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethegan</i>	1	MO

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

RESPIRATORY AND ALLERGY: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	1	B/D PA, MO
ADEMPAS	2	PA, MO, LA
ADVAIR HFA	3	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO, QL (25.5 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA, MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
<i>alyq</i>	1	PA, MO
<i>ambrisentan</i>	1	PA, MO, LA
<i>aminophylline intravenous</i>	1	HI
ANORO ELLIPTA	2	MO, QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO, QL (30 per 30 days)
ARNUITY ELLIPTA	2	MO, QL (30 per 30 days)
ATROVENT HFA	2	MO, QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	1	MO
BEVESPI AEROSPHERE	2	MO, QL (10.7 per 30 days)
<i>bosentan</i>	1	PA, MO, LA
BROVANA	2	B/D PA, MO
<i>budesonide inhalation</i>	1	B/D PA, MO

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
CINRYZE	2	MO, HI
COMBIVENT RESPIMAT	2	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA, MO
DALIRESP	2	MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	MO, QL (17.6 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	MO, QL (13 per 30 days)
ESBRIET	2	PA, MO
FASENRA	2	PA, MO
FASENRA PEN	2	PA, MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO, QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO, QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO, QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO, QL (24 per 30 days)

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

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

Drug Name	Tier	Requirements/ Limits
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	2	MO, QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO, QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO, QL (16 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	1	PA, MO, QL (60 per 30 days)
HYPER-SAL	MB	MO
<i>icatibant</i>	1	MO
INCRUSE ELLIPTA	2	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA, MO
<i>ipratropium-albuterol</i>	1	B/D PA, MO
KALYDECO ORAL GRANULES IN PACKET 25 MG	2	PA, MO, QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA, MO, QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA, MO, QL (60 per 30 days)
<i>levalbuterol hcl</i>	1	B/D PA, MO
<i>metaproterenol oral syrup</i>	1	MO
<i>mometasone nasal</i>	1	MO, QL (34 per 30 days)
<i>montelukast</i>	1	MO
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO

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

Drug Name	Tier	Requirements/ Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA	2	PA, MO, LA
OFEV	2	PA, MO
OPSUMIT	2	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET	2	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	PA, MO, QL (112 per 28 days)
PROAIR HFA	2	MO, QL (25.5 per 30 days)
PROAIR RESPICLICK	2	MO, QL (2 per 30 days)
<i>pulmosal</i>	MB	MO
PULMOZYME	2	B/D PA, MO
RUCONEST	2	MO, HI
SEREVENT DISKUS	2	MO, QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA, HI
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ ml</i>	1	PA, MO
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO
<i>sodium chloride inhalation</i>	MB	MO

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

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

Drug Name	Tier	Requirements/ Limits
SPIRIVA RESPIMAT	2	MO, QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO, QL (30 per 30 days)
STIOLTO RESPIMAT	2	MO, QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO, QL (4 per 30 days)
SYMBICORT	2	MO, QL (13.8 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA, MO, QL (56 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	2	PA, MO, QL (60 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO
TAKHZYRO	2	MO, LA
<i>terbutaline</i>	1	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	1	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO

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

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

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

UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	1	MO
<i>flavoxate</i>	1	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr</i>	1	MO
<i>tolterodine oral tablet</i>	1	MO
<i>trospium oral capsule, extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO

UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

UROLOGICALS: MISCELLANEOUS UROLOGICALS

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

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

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

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

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

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

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

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO, HI
<i>magnesium sulfate injection syringe</i>	1	HI
NORMOSOL-R	3	MO
NORMOSOL-R IN 5 % DEXTROSE	3	HI
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	HI
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	HI

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l</i>	1	HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	HI
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	MO, HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	1	MO, HI
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	HI
<i>potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	1	HI
<i>potassium chloride intravenous</i>	1	MO, HI
<i>potassium chloride oral</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	HI

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

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	HI
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	HI
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

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

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

VITAMINS, HEMATINICS / ELECTROLYTES: MISCELLANEOUS NUTRITION PRODUCTS

Drug Name	Tier	Requirements/ Limits
AMINOSYN II 10 %	3	B/D PA, HI
AMINOSYN II 15 %	3	B/D PA, HI
AMINOSYN-PF 10 %	3	B/D PA, HI
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA, HI
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA, HI
CLINIMIX 4.25%/ D10W SULF FREE	3	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	3	B/D PA, HI
CLINIMIX E 4.25%/ D10W SUL FREE	3	B/D PA, HI
CLINIMIX E 4.25%/ D5W SULF FREE	3	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA, HI
CLINISOL SF 15 %	3	B/D PA, MO, HI
CLINOLIPID	3	B/D PA
<i>electrolyte-48 in d5w</i>	1	
FREAMINE HBC 6.9 %	3	B/D PA, HI
<i>freamine iii 10 %</i>	1	B/D PA, HI
HEPATAMINE 8%	3	B/D PA, HI
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA, HI
NEPHRAMINE 5.4 %	3	B/D PA, HI
NORMOSOL-M IN 5 % DEXTROSE	3	HI

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

Drug Name	Tier	Requirements/ Limits
NORMOSOL-R PH 7.4	3	HI
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA, HI
<i>premasol 10 %</i>	1	B/D PA, MO, HI
PROCALAMINE 3%	3	B/D PA, HI
PROSOL 20 %	3	B/D PA, MO, HI
SMOFLIPID	3	B/D PA, HI
<i>travasol 10 %</i>	1	B/D PA, MO, HI
TROPHAMINE 10 %	3	B/D PA, MO, HI
TROPHAMINE 6%	3	B/D PA, HI

VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

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

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

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bethanechol chloride.	91	buprenorphine hcl injection solution.	32
BETHKIS.	12	buprenorphine hcl injection syringe.	32
BEVESPI AEROSPHERE.	88	buprenorphine hcl sublingual.	32
BEVYXXA.	47	buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour.	32

buprenorphine-naloxone.	36	calcitriol oral.	65
bupropion hcl (smoking deter) oral tablet extended release.	60	calcitriol topical.	52
bupropion hcl oral tablet.	38	calcium acetate(phosphat bind).	92
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg.	38	calcium chloride.	92
bupropion hcl oral tablet sustained-release 12 hr.	38	calcium gluconate intravenous.	92
bupirone.	38	CALQUENCE.	20
busulfan.	20	camila.	79
butalbital compound w/codeine.	32	camrese.	80
butalbital-acetaminop-caf-cod.	32	camrese lo.	80
butalbital-acetaminophen oral capsule.	32	candesartan.	44
butalbital-acetaminophen oral tablet 25-325 mg.	33	candesartan-hydrochlorothiazid.	44
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg.	33	CAPASTAT.	12
butalbital-acetaminophen-caff oral capsule.	33	capecitabine.	20
butalbital-acetaminophen-caff oral tablet 50-325-40 mg.	33	CAPLYTA.	38
butalbital-aspirin-caffeine.	33	CAPRELSA ORAL TABLET 100 MG.	20
butorphanol tartrate injection.	36	CAPRELSA ORAL TABLET 300 MG.	20
butorphanol tartrate nasal.	36	captopril.	44
BYDUREON BCISE.	63	captopril-hydrochlorothiazide.	44
BYDUREON SUBCUTANEOUS PEN INJECTOR.	63	CARBAGLU.	58
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML.	63	carbamazepine oral capsule, er multiphase 12 hr.	26
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML.	63	carbamazepine oral suspension 100 mg/5 ml	26
		carbamazepine oral tablet.	26
		carbamazepine oral tablet extended release 12 hr.	26
		carbamazepine oral tablet,chewable.	26
		carbidopa.	28
		carbidopa-levodopa oral tablet.	28
		carbidopa-levodopa oral tablet extended release.	28
		carbidopa-levodopa oral tablet,disintegrating	28
		carbidopa-levodopa-entacapone.	28
		carbinoxamine maleate.	87
		carbocaine (pf) injection solution 15 mg/ml (1.5 %).	52
		carboplatin intravenous solution.	20
		cardioplegic soln.	50
		carisoprodol.	31
		carisoprodol-aspirin.	31
		carisoprodol-aspirin-codeine.	31
		carmustine.	20
		carteolol.	84
		cartia xt oral capsule,extended release 24hr.	44
C			
cabergoline.	65		
CABLIVI INJECTION KIT.	47		
CABOMETYX.	20		
caffeine citrate intravenous.	58		
caffeine citrate oral.	58		
calcipotriene scalp.	52		
calcipotriene topical cream.	52		
calcipotriene topical ointment.	52		
calcipotriene-betamethasone topical ointment.	52		
calcitonin (salmon).	65		
calcitriol intravenous solution 1 mcg/ml.	65		

carvedilol.	44	ceftazidime injection recon soln 6 gram.	11
carvedilol phosphate oral capsule, er multiphase 24 hr.	44	ceftriaxone in dextrose,iso-os.	11
caspofungin.	7	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg.	11
CAYSTON.	12	ceftriaxone injection recon soln 10 gram.	11
caziant (28).	80	ceftriaxone intravenous.	11
cefaclor oral capsule.	10	cefuroxime axetil oral tablet.	11
cefaclor oral suspension for reconstitution 125 mg/5 ml.	10	cefuroxime sodium injection recon soln 750 mg.	11
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml.	10	cefuroxime sodium intravenous recon soln 1.5 gram.	11
cefaclor oral tablet extended release 12 hr.	10	cefuroxime sodium intravenous recon soln 7.5 gram.	11
cefadroxil oral capsule.	10	celecoxib.	36
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml.	10	CELONTIN ORAL CAPSULE 300 MG.	26
cefadroxil oral tablet.	10	cephalexin.	11
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml.	10	CERDELGA.	65
cefazolin injection recon soln 1 gram, 500 mg	10	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.	65
cefazolin injection recon soln 10 gram.	10	cetirizine oral solution 1 mg/ml.	87
cefazolin injection recon soln 100 gram, 20 gram, 300 g.	10	cevimeline.	58
cefazolin intravenous.	10	CHANTIX.	60
cefdinir.	10	CHANTIX CONTINUING MONTH BOX.	60
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml.	10	CHANTIX STARTING MONTH BOX.	60
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml.	11	chateal (28).	80
cefepime injection.	11	chateal eq (28).	81
cefixime.	11	CHEMET.	58
cefotetan injection.	11	chloramphenicol sod succinate.	12
cefotetan intravenous.	11	chlordiazepoxide hcl.	38
cefoxitin in dextrose, iso-osm.	11	chlordiazepoxide-clidinium.	67
cefoxitin intravenous recon soln 1 gram, 2 gram.	11	chlorhexidine gluconate mucous membrane.	61
cefoxitin intravenous recon soln 10 gram.	11	chloroprocaine (pf).	52
cefpodoxime oral suspension for reconstitution 100 mg/5 ml.	11	chloroquine phosphate.	12
cefpodoxime oral suspension for reconstitution 50 mg/5 ml.	11	chlorothiazide oral tablet 500 mg.	44
cefpodoxime oral tablet.	11	chlorothiazide sodium.	44
cefprozil.	11	chlorpromazine injection.	38
ceftazidime injection recon soln 1 gram, 2 gram.	11	chlorpromazine oral.	39
		chlorthalidone oral tablet 25 mg, 50 mg.	44
		chlorzoxazone oral tablet 250 mg.	31
		chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg.	31
		CHOLBAM.	68
		cholestyramine (with sugar).	49

cholestyramine light.	49	clindamycin phosphate injection.	12
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR.	65	clindamycin phosphate intravenous solution 600 mg/4 ml.	13
ciclodan topical solution.	55	clindamycin phosphate topical foam.	54
ciclopirox.	55	clindamycin phosphate topical gel.	54
cidofovir.	8	clindamycin phosphate topical lotion.	54
cilostazol.	47	clindamycin phosphate topical solution.	54
CIMDUO.	8	clindamycin phosphate topical swab.	54
cimetidine.	70	clindamycin phosphate vaginal.	80
cimetidine hcl oral.	70	clindamycin-benzoyl peroxide.	54
CIMZIA.	68	clindamycin-tretinoin.	54
CIMZIA POWDER FOR RECONST.	68	CLINIMIX 5%/D15W SULFITE FREE.	95
CIMZIA STARTER KIT.	68	CLINIMIX 4.25%/D10W SULF FREE.	95
cinacalcet.	65	CLINIMIX 4.25%/D5W SULFIT FREE.	58
CINRYZE.	88	CLINIMIX 5%-D20W(SULFITE-FREE).	95
CINVANTI.	68	CLINIMIX E 2.75%/D5W SULF FREE.	58
CIPRODEX.	61	CLINIMIX E 4.25%/D10W SUL FREE.	95
ciprofloxacin.	17	CLINIMIX E 4.25%/D5W SULF FREE.	95
ciprofloxacin hcl ophthalmic (eye).	84	CLINIMIX E 5%/D15W SULFIT FREE.	95
ciprofloxacin hcl oral.	17	CLINIMIX E 5%/D20W SULFIT FREE.	95
ciprofloxacin hcl otic (ear).	61	CLINISOL SF 15 %.	95
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml.	17	CLINOLIPID.	95
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml.	17	clobazam.	26
cisplatin intravenous solution.	20	clobetasol.	56
citalopram.	39	clobetasol-emollient.	56
cladribine.	20	clodan.	56
claravis.	54	clofarabine.	20
clarithromycin oral suspension for reconstitution.	12	clomiphene citrate.	65
clarithromycin oral tablet.	12	clomipramine.	39
clarithromycin oral tablet extended release 24 hr.	12	clonazepam oral tablet.	26
clemastine oral tablet 2.68 mg.	87	clonazepam oral tablet,disintegrating.	26
cleocin intravenous solution 300 mg/2 ml.	12	clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml).	44
CLEOCIN VAGINAL SUPPOSITORY.	80	clonidine (pf) epidural solution 5,000 mcg/10 ml.	36
clindacin etz topical swab.	54	clonidine hcl oral tablet.	44
clindacin p.	54	clonidine hcl oral tablet extended release 12 hr.	39
clindamycin hcl.	12	clonidine transdermal.	44
clindamycin in 5 % dextrose.	12	clopidogrel.	47
clindamycin palmitate hcl.	12	clorazepate dipotassium.	39
clindamycin pediatric.	12	clotrimazole mucous membrane.	7
		clotrimazole topical.	55

clotrimazole-betamethasone.	55	CUVPOSA.	67
clovique.	58	cyclafem 1/35 (28).	81
clozapine oral tablet.	39	cyclafem 7/7/7 (28).	81
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg.	39	cyclobenzaprine.	31
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND).	39	cyclophosphamide intravenous.	20
COARTEM.	13	cyclophosphamide oral capsule.	20
codeine sulfate oral tablet.	33	CYCLOSERINE.	13
codeine-butalbital-asa-caff.	33	CYCLOSET.	63
colchicine oral tablet (Brand - Colcrys).	76	cyclosporine intravenous.	20
COLCRYS.	76	cyclosporine modified.	20
colesevelam oral powder in packet.	49	cyclosporine oral capsule.	20
colesevelam oral tablet.	49	cyproheptadine.	87
colestipol.	49	CYRAMZA.	20
colistin (colistimethate na).	13	cyred.	81
colocort.	68	cyred eq.	81
COMBIVENT RESPIMAT.	88	CYSTADANE.	68
COMETRIQ.	20	CYSTAGON.	91
COMPLERA.	8	CYSTARAN.	85
compro.	68	cytarabine.	20
CONDYLOX TOPICAL GEL.	52	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml).	20
constulose.	68	cytarabine (pf) injection solution 20 mg/ml.	20
COPIKTRA.	20		
CORLANOR ORAL SOLUTION.	50	D	
CORLANOR ORAL TABLET.	50	D-PENAMINE.	77
cortisone.	62	d10 %-0.45 % sodium chloride.	58
COSENTYX.	52	d2.5 %-0.45 % sodium chloride.	58
COSENTYX (2 SYRINGES).	52	d5 % and 0.9 % sodium chloride.	58
COSENTYX PEN.	52	d5 %-0.45 % sodium chloride.	58
COSENTYX PEN (2 PENS).	52	dacarbazine.	20
COTELLIC.	20	dactinomycin.	20
CREON.	68	dalfampridine oral tablet extended release 12 hr.	30
CRESEMBA INTRAVENOUS.	7	DALIRESP.	88
CRESEMBA ORAL.	7	DALVANCE.	13
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	8	danazol.	65
cromolyn inhalation.	88	dantrolene intravenous.	31
cromolyn ophthalmic (eye).	85	dantrolene oral.	31
cromolyn oral.	68	dapsone oral.	13
crotan.	57	dapsone topical gel.	54
cryselle (28).	81	DAPTACEL (DTAP PEDIATRIC) (PF).	73
CRYSVITA.	65		

DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)	13	dexamethasone sodium phos (pf) injection solution.	62
daptomycin intravenous recon soln 500 mg.	13	dexamethasone sodium phosphate injection.	62
DARAPRIM.	13	dexamethasone sodium phosphate ophthalmic (eye).	86
darifenacin oral tablet extended release 24 hr	91	dexchlorpheniramine maleate oral solution.	87
DARZALEX.	20	dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg.	39
dasetta 1/35 (28).	81	dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.	39
dasetta 7/7/7 (28).	81	dexmethylphenidate oral tablet.	39
daunorubicin intravenous solution.	20	dexrazoxane hcl intravenous recon soln 250 mg.	19
DAURISMO.	20	dexrazoxane hcl intravenous recon soln 500 mg.	19
daysee.	81	dextroamphetamine oral capsule, extended release.	39
deblitane.	79	dextroamphetamine oral solution.	39
decadron oral tablet.	62	dextroamphetamine oral tablet.	39
decitabine.	20	dextroamphetamine-amphetamine oral capsule, extended release 24hr.	39
deferasirox oral tablet 360 mg, 90 mg.	58	dextroamphetamine-amphetamine oral tablet	39
deferasirox oral tablet, dispersible.	58	dextrose 10 % and 0.2 % nacl.	58
deferoxamine.	58	dextrose 10 % in water (d10w).	58
DELSTRIGO.	8	dextrose 20 % in water (d20w).	58
demeclocycline.	18	dextrose 25 % in water (d25w).	58
demerol (pf) injection solution 100 mg/ml.	33	dextrose 30 % in water (d30w).	58
DEM SER.	44	dextrose 40 % in water (d40w).	58
DENAVIR.	55	dextrose 5 % in water (d5w) intravenous parenteral solution.	58
denta 5000 plus.	61	dextrose 5 % in water (d5w) intravenous piggyback.	58
dentagel.	61	dextrose 5 %-lactated ringers.	58
DEPEN TITRATABS.	77	dextrose 5%-0.2 % sod chloride.	58
DESCOVY.	8	dextrose 5%-0.3 % sod.chloride.	58
desipramine.	39	dextrose 50 % in water (d50w).	58
desloratadine oral tablet.	87	dextrose 70 % in water (d70w).	58
desloratadine oral tablet,disintegrating.	87	dextrose with sodium chloride.	59
desmopressin injection.	65	DIASTAT.	26
desmopressin nasal spray with pump.	65	diazepam injection solution.	39
desmopressin nasal spray,non-aerosol.	65	diazepam injection syringe.	39
desmopressin oral.	65	diazepam intensol.	39
desog-e.estradiol/e.estradiol.	81	diazepam oral concentrate.	39
desogestrel-ethinyl estradiol.	81		
desonide.	56		
desoximetasone.	56		
desvenlafaxine succinate oral tablet extended release 24 hr.	39		
dexabliss.	62		
dexamethasone.	62		
dexamethasone intensol.	62		

diazepam oral solution 5 mg/5 ml (1 mg/ml).	39	diltiazem hcl oral tablet.	44
diazepam oral tablet.	39	diltiazem hcl oral tablet extended release 24 hr.	44
diazepam rectal.	26	dimenhydrinate injection solution.	68
diazoxide.	63	DIPENTUM.	68
diclofenac potassium.	36	diphenhydramine hcl injection solution 50 mg/ml.	87
diclofenac sodium ophthalmic (eye).	85	diphenhydramine hcl injection syringe.	87
diclofenac sodium oral tablet extended release 24 hr.	36	diphenhydramine hcl oral elixir.	87
diclofenac sodium oral tablet, delayed release (dr/ec).	36	diphenoxylate-atropine.	67
diclofenac sodium topical drops.	36	dipyridamole intravenous.	47
diclofenac sodium topical gel 1 %.	36	dipyridamole oral.	47
diclofenac sodium topical gel 3 %.	52	disopyramide phosphate oral capsule.	43
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic.	36	disulfiram.	59
dicloxacillin.	16	divalproex.	26
dicyclomine intramuscular.	67	dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml).	50
dicyclomine oral capsule.	67	dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml).	50
dicyclomine oral solution.	67	dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml).	50
dicyclomine oral tablet.	67	docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml).	20
didanosine oral capsule, delayed release (dr/ec) 200 mg.	8	docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml).	21
didanosine oral capsule, delayed release (dr/ec) 250 mg, 400 mg.	8	DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML (BRAND).	21
DIFICID.	12	dofetilide.	43
diflorasone.	56	donepezil.	30
diflunisal.	36	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).	50
digitek.	50	dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml).	51
digox.	50	dopamine intravenous solution 200 mg/5 ml (40 mg/ml).	51
digoxin injection solution.	50	dopamine intravenous solution 400 mg/10 ml (40 mg/ml).	51
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	50	DOPTELET (10 TAB PACK).	47
digoxin oral tablet.	50	DOPTELET (15 TAB PACK).	47
dihydroergotamine injection.	29	DOPTELET (30 TAB PACK).	47
dihydroergotamine nasal.	29	dorzolamide.	86
DILANTIN 30 MG.	26		
dilt-xr oral capsule, ext release degradable.	44		
diltiazem hcl intravenous.	44		
diltiazem hcl oral capsule, extended release 12 hr.	44		
diltiazem hcl oral capsule, extended release 24 hr.	44		
diltiazem hcl oral capsule, extended release 24hr.	44		

dorzolamide-timolol.	86	dutasteride-tamsulosin oral capsule, er multiphase 24 hr.	91
dorzolamide-timolol (pf) ophthalmic (eye) dropperette.	86	dvorah.	33
dotti.	79	DYSPORT.	73
DOVATO.	8	E	
doxazosin.	44	e.e.s. 400 oral tablet.	12
doxepin oral capsule.	39	ec-naproxen oral tablet, delayed release (dr/ec) 375 mg.	36
doxepin oral concentrate.	39	ec-naproxen oral tablet, delayed release (dr/ec) 500 mg.	36
doxepin oral tablet.	39	econazole.	55
doxepin topical.	52	EDURANT.	8
doxercalciferol intravenous.	65	efavirenz.	8
doxercalciferol oral.	65	effer-k oral tablet, effervescent 25 meq.	92
doxorubicin intravenous recon soln 50 mg.	21	EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG.	72
doxorubicin intravenous solution.	21	EGRIFTA SV.	72
doxorubicin, peg-liposomal.	21	electrolyte-48 in d5w.	95
doxy-100.	18	ELELYSO.	65
doxycycline hyclate intravenous.	18	eletriptan.	29
doxycycline hyclate oral capsule.	18	ELIGARD.	21
doxycycline hyclate oral tablet.	18	ELIGARD (3 MONTH).	21
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg.	18	ELIGARD (4 MONTH).	21
doxycycline monohydrate oral capsule.	18	ELIGARD (6 MONTH).	21
doxycycline monohydrate oral suspension for reconstitution.	18	elinest.	81
doxycycline monohydrate oral tablet.	18	ELIQUIS.	47
doxylamine-pyridoxine (vit b6).	68	ELIQUIS DVT-PE TREAT 30D START.	47
DRIZALMA SPRINKLE.	39	ELITEK.	19
dronabinol.	68	ELLA.	81
droperidol injection solution.	68	ELMIRON.	91
drospirenone-e.estradiol-lm.fa.	81	eluryng.	80
drospirenone-ethinyl estradiol.	81	EMCYT.	21
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION.	88	EMEND (FOSAPREPITANT).	68
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION.	88	EMEND ORAL SUSPENSION FOR RECONSTITUTION.	68
duloxetine oral capsule, delayed release (dr/ec).	39	EMGALITY PEN.	29
DUPIXENT.	52	EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML.	29
duramorph (pf) injection solution 0.5 mg/ml.	33	EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3).	29
duramorph (pf) injection solution 1 mg/ml.	33	emoquette.	81
dutasteride.	91	EMPLICITI.	21

EMSAM.	39	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPEN).	87
EMTRIVA.	8	EPIPEN.	87
EMVERM.	13	EPIPEN 2-PAK.	87
enalapril maleate.	44	EPIPEN JR.	87
enalapril-hydrochlorothiazide.	45	EPIPEN JR 2-PAK.	87
enalaprilat intravenous solution.	45	epirubicin intravenous solution.	21
ENBREL MINI.	77	epitol.	26
ENBREL SUBCUTANEOUS RECON SOLN.	77	EPIVIR HBV ORAL SOLUTION.	8
ENBREL SUBCUTANEOUS SYRINGE.	77	eplerenone.	45
ENBREL SURECLICK.	77	epoprostenol (glycine).	45
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.	33	eprosartan.	45
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION.	73	ERBITUX.	21
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE.	73	ergoloid.	39
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE.	73	ergotamine-caffeine.	29
ENHERTU.	21	ERIVEDGE.	21
enoxaparin subcutaneous solution.	47	ERLEADA.	21
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml.	47	erlotinib.	21
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml.	47	errin.	79
enoxaparin subcutaneous syringe 30 mg/0.3 ml.	48	ertapenem.	13
enoxaparin subcutaneous syringe 40 mg/0.4 ml.	48	ERWINAZE.	21
enoxaparin subcutaneous syringe 60 mg/0.6 ml.	48	ery pads.	54
enpresse.	81	ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg.	12
enskyce.	81	erygel.	54
entacapone.	28	erythrocin (as stearate) oral tablet 250 mg.	12
entecavir.	8	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.	12
ENTRESTO.	51	erythromycin ethylsuccinate oral suspension for reconstitution.	12
ENTYVIO.	68	erythromycin ethylsuccinate oral tablet.	12
enulose.	68	erythromycin ophthalmic (eye).	84
ENVARUSUS XR.	21	erythromycin oral.	12
EPCLUSA.	8	erythromycin with ethanol topical gel.	54
EPIDIOLEX.	26	erythromycin with ethanol topical solution.	54
epinastine.	85	erythromycin-benzoyl peroxide.	54
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml.	87	ESBRIET.	88
		escitalopram oxalate.	39
		esmolol in nacl (iso-osm).	45
		esmolol intravenous solution.	45
		esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg.	70

esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg.	70	famotidine (pf).	70
esomeprazole magnesium oral granules dr for susp in packet.	70	famotidine (pf)-nacl (iso-os).	70
esomeprazole sodium intravenous recon soln 20 mg.	70	famotidine intravenous solution.	70
esomeprazole sodium intravenous recon soln 40 mg.	70	famotidine oral suspension.	70
estarylla.	81	famotidine oral tablet 20 mg, 40 mg.	70
estazolam.	39	FANAPT.	40
estradiol.	79	FARYDAK.	21
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml.	40	FASENRA.	88
estradiol-norethindrone acet.	79	FASENRA PEN.	88
eszopiclone.	40	FASLODEX.	21
ethacrynate sodium.	45	fayosim.	81
ethacrynic acid.	45	febuxostat.	76
ethambutol.	13	felbamate.	26
ethosuximide.	26	felodipine oral tablet extended release 24 hr.	45
ethynodiol diac-eth estradiol.	81	femynor.	81
etodolac oral capsule.	36	fenofibrate micronized.	49
etodolac oral tablet.	36	fenofibrate nanocrystallized oral tablet 145 mg, 48 mg.	49
etodolac oral tablet extended release 24 hr.	37	FENOFIBRATE ORAL CAPSULE (BRAND).	49
etonogestrel-ethinyl estradiol.	80	fenofibrate oral tablet 120 mg, 40 mg, 54 mg	49
ETOPOPHOS.	21	fenofibrate oral tablet 160 mg (generic).	49
etoposide intravenous.	21	fenofibric acid.	49
etoposide oral.	21	fenofibric acid (choline) oral capsule, delayed release(dr/ec).	49
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML.	77	fenopropfen oral tablet.	37
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2).	77	fentanyl.	33
everolimus (antineoplastic).	21	fentanyl citrate (pf) injection solution.	33
everolimus (immunosuppressive).	21	fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml).	33
EVOTAZ.	8	fentanyl citrate buccal lozenge on a handle.	33
exemestane.	21	FERRIPROX.	59
ezetimibe.	49	FETZIMA.	40
ezetimibe-simvastatin.	49	finasteride oral tablet 5 mg.	91
F		FIRMAGON KIT W DILUENT SYRINGE.	21
FABIOR.	54	flac otic oil.	61
FABRAZYME.	65	flavoxate.	91
falmina (28).	81	flecainide.	43
famciclovir.	8	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.	88
		FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.	88

FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION.	88	fluorouracil topical solution.	52
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION.	88	fluoxetine.	40
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION.	89	fluphenazine decanoate.	40
floxuridine.	21	fluphenazine hcl.	40
FLUAD 2019-2020 (65 YR UP)(PF).	73	flurandrenolide.	56
FLUARIX QUAD 2019-2020 (PF).	73	flurazepam.	40
FLUBLOK QUAD 2019-2020 (PF).	73	flurbiprofen oral tablet 100 mg.	37
FLUCELVAX QUAD 2019-2020.	74	flurbiprofen sodium.	85
FLUCELVAX QUAD 2019-2020 (PF).	74	flutamide.	21
fluconazole.	7	fluticasone propion-salmeterol inhalation blister with device.	89
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml.	7	fluticasone propionate nasal.	89
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml.	7	fluticasone propionate topical.	56
flucytosine.	7	fluvastatin.	49
fludarabine intravenous recon soln.	21	fluvoxamine oral capsule,extended release 24hr.	40
fludarabine intravenous solution.	21	fluvoxamine oral tablet.	40
fludrocortisone.	62	FLUZONE HIGH-DOSE 2019-20 (PF).	74
FLULAVAL QUAD 2019-2020.	74	FLUZONE QUAD 2019-2020.	74
FLULAVAL QUAD 2019-2020 (PF).	74	FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION.	74
flumazenil.	40	FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE.	74
FLUMIST QUAD 2019-2020.	74	FLUZONE QUAD PEDI 2019-20 (PF).	74
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %).	89	FML S.O.P..	86
fluocinolone.	56	FOLOTYN.	21
fluocinolone acetonide oil.	61	fomepizole.	74
fluocinolone and shower cap.	56	fondaparinux subcutaneous syringe 10 mg/0.8 ml.	48
fluocinonide.	56	fondaparinux subcutaneous syringe 2.5 mg/0.5 ml.	48
fluocinonide-e.	56	fondaparinux subcutaneous syringe 5 mg/0.4 ml.	48
fluocinonide-emollient.	56	fondaparinux subcutaneous syringe 7.5 mg/0.6 ml.	48
fluoride (sodium) dental cream.	61	FORFIVO XL.	40
fluoride (sodium) dental gel.	61	FORTEO.	77
fluoride (sodium) oral tablet.	95	fosamprenavir.	8
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride).	95	fosaprepitant.	68
fluorometholone.	86	fosinopril.	45
fluorouracil intravenous.	21	fosinopril-hydrochlorothiazide.	45
FLUOROURACIL TOPICAL CREAM 0.5 % (BRAND).	52	fosphenytoin.	26
fluorouracil topical cream 5 %.	52	FREAMINE HBC 6.9 %.	95

freamine iii 10 %	95	gavilyte-g	68
frovatriptan	29	gavilyte-n	68
FULPHILA	72	GAZYVA	21
fulvestrant	21	gemcitabine intravenous recon soln 1 gram, 200 mg	21
furosemide injection	45	gemcitabine intravenous recon soln 2 gram	21
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	45	gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	21
furosemide oral tablet	45	gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	22
FUZEON SUBCUTANEOUS RECON SOLN.	8	gemfibrozil	49
fyavolv	79	generlac	68
FYCOMPA ORAL SUSPENSION	27	gengraf oral capsule 100 mg, 25 mg	22
FYCOMPA ORAL TABLET	27	gengraf oral solution	22
G			
gabapentin oral capsule	27	gentak ophthalmic (eye) ointment	84
gabapentin oral solution 250 mg/5 ml	27	gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	13
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	27	gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	13
gabapentin oral tablet 600 mg, 800 mg	27	gentamicin injection solution 40 mg/ml	13
GALAFOLD	65	gentamicin ophthalmic (eye) drops	84
galantamine oral capsule, ext rel. pellets 24 hr	30	gentamicin sulfate (ped) (pf)	13
galantamine oral solution	30	gentamicin topical	55
galantamine oral tablet	30	GENVOYA	8
GAMASTAN	74	GEODON INTRAMUSCULAR	40
GAMASTAN S/D	74	gianvi (28)	81
GAMMAGARD LIQUID	74	GILENYA ORAL CAPSULE 0.5 MG	30
GAMMAGARD S-D (IGA < 1 MCG/ML)	74	GILOTRIF	22
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	74	GIVLAARI	59
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 %)	74	GLASSIA	59
ganciclovir sodium intravenous	8	glatiramer subcutaneous syringe 20 mg/ml	30
ganciclovir sodium intravenous recon soln	8	glatiramer subcutaneous syringe 40 mg/ml	30
GARDASIL 9 (PF)	74	glatopa subcutaneous syringe 20 mg/ml	30
gatifloxacin	84	glatopa subcutaneous syringe 40 mg/ml	30
GATTEX 30-VIAL	68	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	22
GATTEX ONE-VIAL	68	glimepiride	63
GAUZE PADS 2X2	63	glipizide oral tablet	63
gavilyte-c	68	glipizide oral tablet extended release 24hr	63
		glipizide-metformin	63
		GLUCAGEN HYPOKIT	63
		GLUCAGON (HCL) EMERGENCY KIT	63

GLUCAGON EMERGENCY KIT (HUMAN)	63	heather.	79
glyburide.	63	hep flush-10 (pf).	48
glyburide micronized.	63	heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).	48
glyburide-metformin.	63	heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ ml), 25,000 unit/500 ml (50 unit/ml).	48
glycine urologic.	91	heparin (porcine) in nacl (pf).	48
glycine urologic solution.	91	heparin (porcine) injection cartridge.	48
GLYCOPHOS.	92	heparin (porcine) injection solution.	48
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml).	67	heparin (porcine) injection syringe 5,000 unit/ml.	48
glycopyrrolate injection.	67	heparin flush(porcine)-0.9nacl.	48
glycopyrrolate oral tablet 1 mg, 2 mg.	67	heparin lock flush.	48
glycopyrrolate oral tablet 1.5 mg.	67	heparin lock flush (porcine) intravenous solution.	48
glydo.	52	heparin lockflush(porcine)(pf).	48
granisetron (pf).	68	heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml.	48
granisetron hcl intravenous.	68	heparin, porcine (pf) injection solution.	48
granisetron hcl oral.	68	heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml.	48
GRANIX.	72	heparin, porcine (pf) intravenous syringe 1 unit/ml.	48
GRASTEK.	74	heparin, porcine (pf) intravenous syringe 10 unit/ ml, 100 unit/ml.	48
griseofulvin microsize.	7	HEPATAMINE 8%.	95
griseofulvin ultramicrosize.	7	HERCEPTIN HYLECTA.	22
guanfacine oral tablet.	45	HERCEPTIN INTRAVENOUS RECON SOLN 150 MG.	22
guanfacine oral tablet extended release 24 hr	40	HERZUMA.	22
guanidine.	40	HETLIOZ.	40
GYNAZOLE-1.	80	HIBERIX (PF).	74
H		hidex.	62
hailey.	81	HORIZANT.	30
hailey 24 fe.	81	HUMALOG JUNIOR KWIKPEN U-100.	63
HALAVEN.	22	HUMALOG KWIKPEN INSULIN.	63
halcinonide.	56	HUMALOG MIX 50-50 INSULN U-100.	63
halobetasol propionate topical cream.	56	HUMALOG MIX 50-50 KWIKPEN.	63
halobetasol propionate topical ointment.	56	HUMALOG MIX 75-25 KWIKPEN.	63
haloperidol.	40	HUMALOG MIX 75-25(U-100)INSULN.	63
haloperidol decanoate.	40	HUMALOG U-100 INSULIN.	63
haloperidol lactate injection.	40		
haloperidol lactate oral.	40		
HARVONI.	8		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION.	74		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.	74		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.	74		

HUMIRA PEN.	77	hydrocortisone butyrate.	56
HUMIRA PEN CROHNS-UC-HS START.	77	hydrocortisone oral.	62
HUMIRA PEN PSOR-UVEITS-ADOL HS.	77	hydrocortisone rectal.	68
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML.	77	hydrocortisone topical cream 1 %, 2.5 %.	56
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.	78	hydrocortisone topical cream with perineal applicator.	68
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML.	78	hydrocortisone topical lotion 2.5 %.	56
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.	78	hydrocortisone topical ointment 1 %, 2.5 %.	56
HUMIRA(CF) PEN CROHNS-UC-HS.	78	hydrocortisone valerate.	56
HUMIRA(CF) PEN PSOR-UV-ADOL HS.	78	hydrocortisone-acetic acid.	61
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML.	78	hydrocortisone-min oil-wht pet.	56
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML.	78	hydrocortisone-pramoxine rectal cream 1-1 %.	68
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML.	78	hydromorphone (pf) injection solution 10 (mg/ ml) (5 ml), 10 mg/ml.	33
HUMULIN 70/30 U-100 INSULIN.	63	hydromorphone (pf) injection solution 2 mg/ml.	33
HUMULIN 70/30 U-100 KWIKPEN.	63	hydromorphone injection solution 1 mg/ml.	34
HUMULIN N NPH INSULIN KWIKPEN.	63	hydromorphone injection solution 2 mg/ml, 4 mg/ml.	34
HUMULIN N NPH U-100 INSULIN.	63	hydromorphone injection syringe 1 mg/ml, 4 mg/ml.	34
HUMULIN R REGULAR U-100 INSULIN.	63	hydromorphone injection syringe 2 mg/ml.	34
HUMULIN R U-500 (CONC) INSULIN.	63	hydromorphone oral liquid.	34
HYALGAN.	37	hydromorphone oral tablet.	34
HYCAMTIN ORAL.	22	hydromorphone oral tablet extended release 24 hr.	34
hydralazine.	45	hydroxychloroquine.	13
hydralazine injection.	45	hydroxyprogesterone caproate.	79
hydrochlorothiazide.	45	hydroxyurea.	22
hydrocodone bitartrate.	33	hydroxyzine hcl intramuscular.	87
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml).	33	hydroxyzine hcl oral solution 10 mg/5 ml.	87
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	33	hydroxyzine hcl oral tablet.	87
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND).	33	hydroxyzine pamoate.	87
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg.	33	HYMOVIS.	37
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg.	33	HYPERSAL.	89
hydrocortisone butyr-emollient.	56		
		I	
		ibandronate intravenous.	77
		ibandronate oral.	77
		IBRANCE.	22
		ibu.	37
		ibuprofen lysine (pf).	37

ibuprofen oral suspension.	37	INPEN (FOR HUMALOG).	63
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.	37	INREBIC.	22
ibuprofen-oxycodone.	34	INSULIN PEN NEEDLE.	63
ibutilide fumarate.	43	INSULIN SYRINGE (DISP) U-100 0.3 ML. . .	63
icatibant.	89	INSULIN SYRINGE (DISP) U-100 1 ML. . .	64
ICLUSIG.	22	INSULIN SYRINGE (DISP) U-100 1/2 ML. . .	64
idarubicin.	22	INTELENCE.	8
IDHIFA.	22	intralipid intravenous emulsion 20 %.	95
ifosfamide intravenous recon soln.	22	INTRALIPID INTRAVENOUS EMULSION 30 %	95
ifosfamide intravenous solution 1 gram/20 ml	22	INTRON A INJECTION.	72
ifosfamide intravenous solution 3 gram/60 ml	22	introvale.	81
ILARIS (PF) SUBCUTANEOUS SOLUTION.	72	INVEGA SUSTENNA.	40
imatinib.	22	INVEGA TRINZA.	40
IMBRUVICA.	22	INVIRASE ORAL TABLET.	8
IMFINZI.	22	INVOKAMET.	64
imipenem-cilastatin intravenous recon soln 250 mg.	13	INVOKAMET XR.	64
imipenem-cilastatin intravenous recon soln 500 mg.	13	INVOKANA.	64
imipramine hcl.	40	IPOL.	74
imipramine pamoate.	40	ipratropium bromide inhalation.	89
imiquimod topical cream in packet.	52	ipratropium bromide nasal spray,non-aerosol 0.03 %.	61
IMOVAX RABIES VACCINE (PF).	74	ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %).	61
IMPAVIDO.	13	ipratropium-albuterol.	89
INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE.	28	irbesartan.	45
incassia.	79	irbesartan-hydrochlorothiazide.	45
INCRELEX.	59	IRESSA.	22
INCRUSE ELLIPTA.	89	irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml.	22
indapamide.	45	irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml.	22
indomethacin oral capsule.	37	ISENTRESS.	8
indomethacin oral capsule, extended release	37	ISENTRESS HD.	8
indomethacin sodium.	37	isibloom.	81
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION.	74	isoniazid injection.	13
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE.	74	isoniazid oral.	13
INFLECTRA.	68	isoproterenol hcl.	51
INFUGEM.	22	isosorbide dinitrate oral tablet.	51
INGREZZA.	30	isosorbide mononitrate oral tablet.	51
INGREZZA INITIATION PACK.	30	isosorbide mononitrate oral tablet extended release 24 hr.	51
INLYTA.	22	isotretinoin.	54

isradipine.	45
ISTODAX.	22
itraconazole oral capsule.	7
itraconazole oral solution.	7
ivermectin oral.	13
ivermectin topical.	54
IXEMPRA.	22
IXIARO (PF).	74

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JADENU ORAL TABLET 180 MG.	59
JADENU SPRINKLE.	59
jaimiess.	81
JAKAFI.	22
jantoven.	48
JANUMET.	64
JANUMET XR.	64
JANUVIA.	64
JARDIANCE.	64
jasmiel (28).	81
jencycla.	79
JEVTANA.	22
jinteli.	79
jolessa.	81
juleber.	81
JULUCA.	8
junel 1.5/30 (21).	81
junel 1/20 (21).	81
junel fe 1.5/30 (28).	81
junel fe 1/20 (28).	81
junel fe 24.	81
JUXTAPID.	49
JYNARQUE ORAL TABLET.	65
JYNARQUE ORAL TABLETS, SEQUENTIAL	65

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k-tab oral tablet extended release 8 meq.	92
KADCYLA.	22
kaitlib fe.	81
KALETRA ORAL TABLET.	8
kalliga.	81

KALYDECO ORAL GRANULES IN PACKET 25 MG.	89
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG.	89
KALYDECO ORAL TABLET.	89
KANJINTI.	22
KANUMA.	65
kariva (28).	81
kelnor 1-50.	81
kelnor 1/35 (28).	81
KEPIVANCE.	19
ketoconazole oral.	7
ketoconazole topical.	55
ketodan.	55
ketoprofen oral capsule 25 mg.	37
ketoprofen oral capsule 50 mg, 75 mg.	37
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg.	37
ketorolac injection cartridge 30 mg/ml.	37
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml).	37
ketorolac injection syringe 15 mg/ml.	37
ketorolac injection syringe 30 mg/ml.	37
ketorolac intramuscular cartridge.	37
ketorolac intramuscular solution.	37
ketorolac intramuscular syringe.	37
ketorolac ophthalmic (eye).	85
ketorolac oral.	37
KEVEYIS.	30
KEVZARA.	78
KEYTRUDA INTRAVENOUS SOLUTION.	22
KINERET.	78
KINRIX (PF) INTRAMUSCULAR SUSPENSION.	75
KINRIX (PF) INTRAMUSCULAR SYRINGE.	75
kionex (with sorbitol) oral suspension.	59
KISQALI.	22
KISQALI FEMARA CO-PACK.	22
klor-con 10 oral tablet extended release.	92
klor-con 20 meq packet.	92
klor-con 8 oral tablet extended release.	92
klor-con m10 oral tablet,er particles/crystals.	92
klor-con m15 oral tablet,er particles/crystals.	92

klor-con m20 oral tablet,er particles/crystals.	92	leflunomide.	78
klor-con/ef.	92	LEMTRADA.	30
KORLYM.	65	LENVIMA.	22
KRYSTEXXA.	76	lessina.	81
kurvelo (28).	81	letrozole.	22
KUVAN.	65	leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg.	19
KYPROLIS.	22	leucovorin calcium injection recon soln 500 mg.	19
L		leucovorin calcium injection solution 10 mg/ml.	19
l norgest/e.estradiol-e.estradiol.	81	leucovorin calcium oral.	19
labetalol intravenous solution.	45	LEUKERAN.	22
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml).	45	LEUKINE INJECTION RECON SOLN.	72
labetalol oral.	45	leuprolide subcutaneous kit.	22
LACRISERT.	85	levabuterol hcl.	89
lactated ringers intravenous.	92	levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml.	27
lactated ringers irrigation.	57	levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml.	27
lactulose oral packet.	68	levetiracetam intravenous.	27
lactulose oral solution.	68	levetiracetam oral solution 100 mg/ml.	27
lamivudine.	9	levetiracetam oral solution 500 mg/5 ml (5 ml).	27
lamivudine-zidovudine.	9	levetiracetam oral tablet.	27
lamotrigine.	27	levetiracetam oral tablet extended release 24 hr.	27
lansoprazole oral capsule,delayed release(dr/ ec) 15 mg.	70	levobunolol ophthalmic (eye) drops 0.5 %.	84
lansoprazole oral capsule,delayed release(dr/ ec) 30 mg.	70	levocarnitine (with sugar).	59
lansoprazole oral tablet,disintegrat, delay rel 15 mg.	71	levocarnitine oral solution 100 mg/ml.	59
lansoprazole oral tablet,disintegrat, delay rel 30 mg.	71	levocarnitine oral tablet.	59
lanthanum oral tablet,chewable.	59	levocetirizine oral solution.	87
LANTUS SOLOSTAR U-100 INSULIN.	64	levocetirizine oral tablet.	87
LANTUS U-100 INSULIN.	64	levofloxacin in d5w intravenous piggyback 250 mg/50 ml.	17
larin 1.5/30 (21).	81	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml.	17
larin 1/20 (21).	81	levofloxacin intravenous.	17
larin 24 fe.	81	levofloxacin ophthalmic (eye).	84
larin fe 1.5/30 (28).	81	levofloxacin oral.	17
larin fe 1/20 (28).	81	levoleucovorin calcium intravenous recon soln 50 mg.	19
larissia.	81	levoleucovorin calcium intravenous solution.	19
latanoprost.	86		
LATUDA.	40		
layolis fe.	81		
leena 28.	81		

levonest (28)	81	linezolid	13
levonorg-eth estrad triphasic	82	linezolid in dextrose 5%	13
levonorgestrel-ethinyl estrad	81	linezolid-0.9% sodium chloride	13
levora-28	82	LINZESS	68
levorphanol tartrate oral tablet 2 mg	34	liothyronine intravenous	67
LEVORPHANOL TARTRATE ORAL TABLET 3 MG (BRAND)	34	liothyronine oral	67
levothyroxine intravenous recon soln	67	lisinopril	45
levothyroxine oral	67	lisinopril-hydrochlorothiazide	45
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	67	lithium carbonate oral capsule	40
LEXIVA ORAL SUSPENSION	9	lithium carbonate oral tablet	40
LIBTAYO	22	lithium carbonate oral tablet extended release	40
lidocaine (pf) in d7.5w	43	lithium citrate oral solution 8 meq/5 ml	40
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %).	52	lo-zumandimine (28)	82
lidocaine (pf) injection solution 15 mg/ml (1.5 %).	52	lojaimiess	82
lidocaine (pf) intravenous solution	43	LONSURF	22
lidocaine (pf) intravenous syringe	43	loperamide oral capsule	67
lidocaine hcl injection solution	52	lopinavir-ritonavir	9
lidocaine hcl laryngotracheal	52	lopreeza oral tablet 1-0.5 mg	79
lidocaine hcl mucous membrane jelly	52	lorazepam injection solution	40
lidocaine hcl mucous membrane jelly in applicator	53	lorazepam injection syringe 2 mg/ml	40
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	53	lorazepam injection syringe 4 mg/ml	40
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %).	43	lorazepam intensol	40
lidocaine topical adhesive patch,medicated 5 %.	53	lorazepam oral	40
lidocaine topical ointment	53	LORBRENA	22
lidocaine viscous	53	lorcet (hydrocodone)	34
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %- 1:200,000	53	lorcet hd	34
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000	53	lorcet plus oral tablet 7.5-325 mg	34
lidocaine-prilocaine topical cream	53	loryna (28)	82
lillow (28)	82	losartan	45
lincomycin	13	losartan-hydrochlorothiazide	45
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		norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg.	82

norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg.	82
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omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram.	71
omeprazole-sodium bicarbonate oral packet 20-1,680 mg.	71
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ondansetron hcl oral tablet 24 mg.	69	oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml.	16
ondansetron hcl oral tablet 4 mg, 8 mg.	69	oxacillin injection recon soln 1 gram, 10 gram	16
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ONETOUCH BLOOD GLUCOSE METERS.	64	oxaliplatin intravenous recon soln 100 mg. . .	23
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ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML.	78	oxybutynin chloride oral tablet extended release 24hr.	91
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML.	78	oxycodone oral capsule.	35
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML.	78	oxycodone oral concentrate.	35
ORENITRAM.	46	oxycodone oral solution.	35
ORFADIN.	59	oxycodone oral tablet.	35
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ORKAMBI ORAL TABLET.	89	OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 15 MG, 30 MG, 60 MG (BRAND).	35
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orphenadrine citrate oral tablet extended release.	32	oxycodone-acetaminophen oral tablet 2.5-300 mg.	35
orphenadrine-asa-caffeine oral tablet 50-770-60 mg.	32	oxycodone-aspirin.	35
orphengestic forte.	32	OXYCONTIN ORAL TABLET,ORAL ONLY,EXT. REL.12 HR.	35
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oseltamivir oral capsule 30 mg.	9	oxymorphone oral tablet extended release 12 hr.	36
oseltamivir oral capsule 45 mg, 75 mg.	9	oxytocin injection solution.	83
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PEGASYS SUBCUTANEOUS SYRINGE.	72
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML.	72
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penicillin g potassium injection recon soln 20 million unit.	16
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PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML.	75
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML.	75
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phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg.	27
phenobarbital oral tablet 15 mg, 30 mg.	27
phenobarbital sodium injection solution 130 mg/ml.	27

phenobarbital sodium injection solution 65 mg/ml.	27	polocaine injection solution 1 % (10 mg/ml).	53
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phenytoin oral suspension 125 mg/5 ml.	27	polymyxin b sulf-trimethoprim.	84
phenytoin oral tablet, chewable.	27	polymyxin b sulfate.	13
phenytoin sodium extended.	27	POMALYST.	24
phenytoin sodium intravenous solution.	27	portia 28.	82
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PIFELTRO.	9	potassium acetate intravenous solution 2 meq/ml.	93
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %.	85	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.	93
pilocarpine hcl oral.	59	potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l.	93
pimecrolimus.	53	potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.	93
pimozide.	41	potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l.	93
pimtree (28).	82	potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l.	93
pindolol.	46	potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l.	93
pioglitazone.	64	potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l.	93
pioglitazone-glimepiride.	64	potassium chloride in water intravenous piggyback 10 meq/100 ml.	93
pioglitazone-metformin.	64	potassium chloride in water intravenous piggyback 10 meq/50 ml.	93
piperacillin-tazobactam intravenous recon soln 13.5 gram.	16	potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml.	93
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram.	16	potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml.	93
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PIQRAY.	24	potassium chloride oral.	93
pirmella.	82	potassium chloride-0.45 % nacl.	93
piroxicam.	38	potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.	94
plasbumin 25 %.	92	potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l.	94
plasbumin 5 %.	92	potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l.	94
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PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.	72		
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potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l.	94	prevalite.	50
potassium citrate oral tablet extended release.	91	previfem.	82
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml.	94	PREVNAR 13 (PF).	75
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PRADAXA.	49	PREVYMIS ORAL.	9
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.	50	PREZCOBIX.	9
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML.	50	PREZISTA ORAL SUSPENSION.	9
pramipexole oral tablet.	28	PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG.	9
pramipexole oral tablet extended release 24 hr.	28	PRIFTIN.	14
prasugrel.	49	PRIMAQUINE.	14
pravastatin.	50	primaquine (generic).	14
PRAXBIND.	49	primidone.	27
praziquantel.	13	PROAIR HFA.	89
prazosin.	46	PROAIR RESPICLICK.	89
PRED MILD.	86	probenecid.	76
prednicarbate.	56	probenecid-colchicine.	76
prednisolone acetate.	86	procainamide injection solution 100 mg/ml.	43
prednisolone oral solution 15 mg/5 ml.	62	procainamide injection solution 500 mg/ml.	43
prednisolone sodium phosphate ophthalmic (eye).	86	PROCALAMINE 3%.	95
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).	62	procentra.	42
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml).	62	prochlorperazine.	69
prednisolone sodium phosphate oral tablet, disintegrating.	62	prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml).	69
prednisone intensol.	62	prochlorperazine edisylate injection solution 5 mg/ml.	69
prednisone oral solution.	62	prochlorperazine maleate oral.	69
prednisone oral tablet.	62	procto-med hc.	69
prednisone oral tablets, dose pack.	62	procto-pak.	69
pregabalin.	27	proctosol hc topical.	69
PREMARIN INJECTION.	79	proctozone-hc.	69
premasol 10 %.	95	PROCYSBI.	91
prenatal vitamin oral tablet.	95	progesterone.	80
		progesterone micronized.	80
		PROGLYCEM.	64
		PROGRAF INTRAVENOUS.	24
		PROGRAF ORAL GRANULES IN PACKET.	24
		PROLASTIN-C INTRAVENOUS RECON SOLN.	59
		PROLASTIN-C INTRAVENOUS SOLUTION	59
		prolate.	36
		PROLEUKIN.	72

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PROMACTA ORAL POWDER IN PACKET 12.5 MG.	49
PROMACTA ORAL SUSPENSION.	49
PROMACTA ORAL TABLET.	49
promethazine injection solution.	87
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promethegan.	87
propafenone oral capsule,extended release 12 hr.	43
propafenone oral tablet.	43
propantheline.	67
propranolol intravenous.	46
propranolol oral capsule,extended release 24 hr.	46
propranolol oral solution.	46
propranolol oral tablet.	46
propranolol-hydrochlorothiazid.	46
propylthiouracil.	62
PROQUAD (PF).	75
PROSOL 20 %.	95
protamine.	49
protriptyline.	42
prudoxin.	53
pulmosal.	89
PULMOZYME.	89
PURIXAN.	24
pyrazinamide.	14
pyridostigmine bromide oral syrup.	32
pyridostigmine bromide oral tablet.	32
pyridostigmine bromide oral tablet extended release.	32
pyrimethamine.	14

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QUADRACEL (PF).	75
QUDEXY XR.	27
quetiapine oral tablet.	42
quetiapine oral tablet extended release 24 hr	42
quinapril.	46
quinapril-hydrochlorothiazide.	46

quinidine gluconate oral tablet extended release.	43
quinidine sulfate oral tablet.	43
quinine sulfate.	14

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rabeprazole oral tablet,delayed release (dr/ec).	71
RADICAVA.	31
RAGWITEK.	75
raloxifene.	77
ramelteon.	42
ramipril.	46
ranitidine hcl oral capsule.	71
ranitidine hcl oral syrup.	71
ranitidine hcl oral tablet 150 mg, 300 mg.	71
ranolazine.	51
rasagiline.	28
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REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML.	72
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6).	72
REBIF TITRATION PACK.	72
REBLOZYL.	72
reclipsen (28).	82
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML.	75
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML.	75
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.	75
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.	75
RECTIV.	69
regonol.	32
REGRANEX.	53
RELENZA DISKHALER.	9
RELISTOR ORAL.	69
RELISTOR SUBCUTANEOUS SOLUTION.	69

RELISTOR SUBCUTANEOUS SYRINGE.	69	rizatriptan oral tablet.	29
repaglinide.	64	rizatriptan oral tablet,disintegrating.	29
repaglinide-metformin.	64	ROMIDEPSIN.	24
RESCRIPTOR ORAL TABLET.	9	ropinirole oral tablet.	28
RESTASIS.	85	ropinirole oral tablet extended release 24 hr.	28
RESTASIS MULTIDOSE.	85	rosadan topical cream.	54
RETACRIT.	72	rosadan topical gel.	54
RETROVIR INTRAVENOUS.	9	rosuvastatin.	50
REVCOVI.	59	ROTARIX.	75
REVLIMID.	24	ROTATEQ VACCINE.	75
revonto.	32	roweepra.	27
REXULTI.	42	roweepra xr.	27
REYATAZ ORAL POWDER IN PACKET.	9	ROZLYTREK.	24
ribavirin oral capsule.	9	RUBRACA.	24
ribavirin oral tablet 200 mg.	9	RUCONEST.	89
RIDAURA.	78	RUXIENCE.	24
rifabutin.	14	RUZURGI.	31
rifampin intravenous.	14	RYBELSUS.	64
rifampin oral.	14	RYDAPT.	24
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rimantadine.	9	salsalate.	38
ringer's intravenous.	94	SAMSCA.	66
ringer's irrigation.	57	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.	24
RINVOQ.	78	SANTYL.	53
risedronate oral tablet 150 mg.	77	SAPHRIS.	42
risedronate oral tablet 30 mg.	59	SARCLISA.	24
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack).	77	scopolamine base.	69
risedronate oral tablet 5 mg.	77	seconal sodium.	42
risedronate oral tablet,delayed release (dr/ec).	77	SECUADO.	42
RISPERDAL CONSTA.	42	selegiline hcl.	28
risperidone oral solution.	42	selenium sulfide topical lotion.	52
risperidone oral tablet.	42	SELZENTRY.	9
risperidone oral tablet,disintegrating.	42	SEREVENT DISKUS.	89
ritonavir.	9	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG.	72
RITUXAN.	24	sertraline.	42
RITUXAN HYCELA.	24	setlakin.	82
rivastigmine tartrate.	31	sevelamer carbonate.	59
rivastigmine transdermal.	31	sevelamer hcl.	59
rivelsa.	82		

sf.	61	sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml).	94
sf 5000 plus.	61	sodium chlor 0.9% bacteriostat.	59
sharobel.	80	sodium chloride 0.45 % intravenous parenteral solution.	94
SHINGRIX (PF).	75	sodium chloride 0.9 % (flush) injection syringe.	59
SIGNIFOR.	24	sodium chloride 0.9 % injection.	59
SIGNIFOR LAR.	24	sodium chloride 0.9 % intravenous parenteral solution.	59
SIKLOS.	24	sodium chloride 0.9 % intravenous piggyback	59
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml.	89	sodium chloride 3 %.	94
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml.	89	sodium chloride 5 %.	94
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg.	89	sodium chloride inhalation.	89
silodosin.	91	sodium chloride injection.	59
silver sulfadiazine.	53	sodium chloride intravenous.	94
simliya (28).	82	sodium chloride irrigation.	59
simpesse.	82	sodium fluoride 5000 plus.	61
SIMPONI ARIA.	78	sodium nitroprusside.	51
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML.	78	sodium phenylbutyrate.	59
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML.	78	sodium phosphate.	94
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML.	79	sodium polystyrene (sorb free).	59
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML.	79	sodium polystyrene sulfonate oral powder.	60
SIMULECT INTRAVENOUS RECON SOLN 10 MG.	24	solifenacin.	91
SIMULECT INTRAVENOUS RECON SOLN 20 MG.	24	SOLTAMOX.	24
simvastatin oral tablet.	50	SOMATULINE DEPOT.	24
sirolimus.	24	SOMAVERT.	66
SIRTURO.	14	SORBITOL IRRIGATION.	57
SIVEXTRO INTRAVENOUS.	14	sorine oral tablet 120 mg, 160 mg, 80 mg.	43
SIVEXTRO ORAL.	14	sorine oral tablet 240 mg.	43
SKYRIZI SUBCUTANEOUS SYRINGE KIT.	52	sotalol af.	43
SMOFLIPID.	95	sotalol oral.	43
sodium acetate.	94	SOVALDI ORAL TABLET 200 MG.	9
sodium benzoate-sod phenylacet.	59	SOVALDI ORAL TABLET 400 MG.	9
sodium bicarbonate intravenous solution 1 meq/ ml (8.4 %).	94	SPIRIVA RESPIMAT.	90
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml).	94	SPIRIVA WITH HANDIHALER.	90
		spironolacton-hydrochlorothiaz.	46
		spironolactone.	46
		sprintec (28).	82
		SPRITAM.	27
		SPRYCEL.	24
		sps (with sorbitol) oral.	60
		sps (with sorbitol) rectal.	60

sronyx.	82	sumatriptan-naproxen.	30
ssd.	53	SUPRAX ORAL TABLET,CHEWABLE.	11
STAMARIL (PF).	75	SUTENT.	24
stavudine oral capsule.	9	syeda.	82
STELARA INTRAVENOUS.	52	SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG.	73
STELARA SUBCUTANEOUS.	52	SYLVANT.	24
STIMATE.	66	SYMBICORT.	90
STIOLTO RESPIMAT.	90	SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N).	90
STIVARGA.	24	SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N).	90
STRENSIQ.	66	SYMFI.	9
STREPTOMYCIN.	14	SYMFI LO.	9
STRIBILD.	9	SYMLINPEN 120.	64
STRIVERDI RESPIMAT.	90	SYMLINPEN 60.	64
subvenite.	28	SYMPAZAN.	28
subvenite starter (blue) kit.	28	SYMTUZA.	9
subvenite starter (green) kit.	28	SYNAGIS.	9
subvenite starter (orange) kit.	28	SYNAREL.	66
SUCRAID.	69	SYNDROS.	69
sucralfate.	71	SYNERCID.	14
sulfacetamide sodium (acne).	55	SYNJARDY.	64
sulfacetamide sodium ophthalmic (eye).	85	SYNJARDY XR.	64
sulfacetamide-prednisolone.	85	SYNRIBO.	24
sulfadiazine.	17	SYNVISC.	38
sulfamethoxazole-trimethoprim intravenous.	17	SYNVISC-ONE.	38
sulfamethoxazole-trimethoprim oral.	17		
SULFAMYLON TOPICAL CREAM.	55		
sulfasalazine oral tablet.	69		
sulfasalazine oral tablet,delayed release (dr/ec).	69	T	
sulfatrim.	17	TABLOID.	24
sulindac.	38	tacrolimus oral.	24
sumatriptan nasal spray,non-aerosol 20 mg/actuation.	29	tacrolimus topical.	53
sumatriptan nasal spray,non-aerosol 5 mg/actuation.	30	tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.	90
sumatriptan succinate oral.	30	tadalafil oral tablet 2.5 mg, 5 mg.	91
sumatriptan succinate subcutaneous cartridge.	30	TAFINLAR.	24
sumatriptan succinate subcutaneous pen injector.	30	TAGRISSE.	24
sumatriptan succinate subcutaneous solution	30	TAKHZYRO.	90
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml.	30	TALZENNA.	24
		tamoxifen.	24
		tamsulosin oral capsule,extended release 24hr.	91
		TARGRETIN 1% GEL.	24

tarina 24 fe.	83	testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram (Fortesta generic). . .	66
tarina fe 1-20 eq (28).	83	testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic).	66
tarina fe 1/20 (28).	83	testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (Androgel generic).	66
TASIGNA.	24	testosterone transdermal gel in packet (Androgel generic).	66
TAVALISSE.	49	testosterone transdermal solution in metered pump w/app (Axiron generic).	66
tazarotene.	54	TETANUS,DIPHThERIA TOX PED(PF). . . .	75
tazicef injection recon soln 1 gram.	11	tetrabenazine.	31
tazicef injection recon soln 2 gram, 6 gram. .	11	tetracycline.	18
tazicef intravenous.	11	THALOMID.	24
TAZORAC TOPICAL CREAM 0.05 %.	54	theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml.	90
TAZORAC TOPICAL GEL.	54	theophylline oral elixir.	90
taztia xt oral capsule, extended release. . . .	46	theophylline oral solution.	90
TAZVERIK.	24	theophylline oral tablet extended release 12 hr.	90
TDVAX.	75	theophylline oral tablet extended release 24 hr.	90
TECENTRIQ.	24	THIOLA.	60
TECFIDERA.	31	THIOLA EC.	60
TEFLARO.	11	thioridazine.	42
TEGSEDI.	31	thiotepa injection recon soln 100 mg.	25
TEKTURNA HCT.	46	thiotepa injection recon soln 15 mg.	25
telmisartan.	46	thiothixene.	42
telmisartan-amlodipine.	46	thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg.	67
telmisartan-hydrochlorothiazid.	46	thyroid (pork) oral tablet 15 mg, 90 mg. . . .	67
temazepam.	42	tiadylt er.	46
TEMIXYS.	9	tiagabine.	28
TEMODAR INTRAVENOUS.	24	TIBSOVO.	25
temozolomide.	24	TICE BCG.	75
temsirolimus.	24	tigecycline.	14
tencon oral tablet 50-325 mg.	36	TIGLUTIK.	60
TENIVAC (PF) INTRAMUSCULAR SUSPENSION.	75	tilia fe.	83
TENIVAC (PF) INTRAMUSCULAR SYRINGE.	75	timolol maleate ophthalmic (eye).	84
tenofovir disoproxil fumarate.	9	timolol maleate oral.	46
terazosin.	46	tinidazole.	14
terbinafine hcl oral.	7	tis-u-sol pentalyte.	57
terbutaline.	90		
terconazole.	80		
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml.	66		
testosterone cypionate intramuscular oil 200 mg/ml (1 ml).	66		
testosterone enanthate.	66		
testosterone transdermal gel (generic). . . .	66		

TIVICAY.	9	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION.	25
tizanidine.	32	treprostinil sodium.	46
TOBI PODHALER INHALATION CAPSULE.	14	tretinoin (chemotherapy).	25
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE.	14	tretinoin microspheres.	54
tobramycin.	84	tretinoin topical.	54
tobramycin in 0.225 % nacl.	14	tri femynor.	83
tobramycin sulfate injection recon soln.	14	tri-estarylla.	83
tobramycin sulfate injection solution.	14	tri-legest fe.	83
tobramycin-dexamethasone.	86	tri-linyah.	83
tolcapone.	28	tri-lo-estarylla.	83
tolmetin.	38	tri-lo-marzia.	83
tolterodine oral capsule,extended release 24hr.	91	tri-lo-mili.	83
tolterodine oral tablet.	91	tri-lo-sprintec.	83
topiramate oral capsule, sprinkle.	28	tri-mili.	83
topiramate oral tablet.	28	tri-previfem (28).	83
toposar.	25	tri-sprintec (28).	83
topotecan intravenous recon soln.	25	tri-vylibra.	83
topotecan intravenous solution.	25	tri-vylibra lo.	83
toremifene.	25	triamcinolone acetonide dental.	61
torseamide oral.	46	triamcinolone acetonide injection.	62
TOUJEO MAX U-300 SOLOSTAR.	64	triamcinolone acetonide topical aerosol.	56
TOUJEO SOLOSTAR U-300 INSULIN.	64	triamcinolone acetonide topical cream.	56
tovet emollient.	56	triamcinolone acetonide topical lotion.	56
TRACLEER ORAL TABLET FOR SUSPENSION.	90	triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %.	57
tramadol oral tablet 50 mg.	38	triamcinolone acetonide topical ointment 0.05 %.	57
tramadol oral tablet extended release 24 hr.	38	triamterene.	46
tramadol oral tablet, er multiphase 24 hr.	38	triamterene-hydrochlorothiazid oral capsule 37.5-25 mg.	47
tramadol-acetaminophen.	38	triamterene-hydrochlorothiazid oral tablet.	47
trandolapril.	46	trianex.	57
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr.	46	triazolam.	42
tranexamic acid oral.	80	triderm topical cream.	57
tranylcypromine.	42	trientine.	60
travasol 10 %.	95	trifluoperazine.	42
TRAVATAN Z.	86	trifluridine.	84
travoprost.	86	trihexyphenidyl.	29
TRAZIMERA.	25	TRIKAFTA.	90
trazodone.	42	trilyte with flavor packets.	70
TREANDA INTRAVENOUS RECON SOLN.	25	trimethobenzamide oral.	70
TRECATOR.	14	trimethoprim.	18

trimipramine.	42	VALCHLOR.	53
TRINTELLIX.	42	valganciclovir oral recon soln.	10
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML.	25	valganciclovir oral tablet.	10
TRIUMEQ.	9	valproate sodium.	28
trivora (28).	83	valproic acid.	28
TROGARZO.	9	valproic acid (as sodium salt) oral solution 250 mg/5 ml.	28
TROKENDI XR.	28	valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml).	28
TROPHAMINE 10 %.	95	valrubicin.	25
TROPHAMINE 6%.	95	valsartan.	47
tropium oral capsule,extended release 24hr	91	valsartan-hydrochlorothiazide.	47
tropium oral tablet.	91	VALSTAR.	25
TRULICITY.	64	VALTOCO.	28
TRUMENBA.	76	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND).	14
TRUVADA.	10	VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND).	14
TRUXIMA.	25	VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND).	14
tulana.	80	VANCOMYCIN INJECTION (BRAND).	14
TURALIO.	25	vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg.	14
TWINRIX (PF) INTRAMUSCULAR SYRINGE.	76	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM (BRAND).	14
TYBOST.	10	VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND).	14
tydemy.	83	vancomycin intravenous recon soln 5 gram.	14
TYKERB.	25	vancomycin oral capsule.	15
TYMLOS.	77	vancomycin oral recon soln.	15
TYPHIM VI INTRAMUSCULAR SOLUTION.	76	vandazole.	80
TYPHIM VI INTRAMUSCULAR SYRINGE.	76	VANTAS.	25
TYSABRI.	31	VAQTA (PF).	76
TYVASO.	90	VARIVAX (PF).	76
TYVASO INSTITUTIONAL START KIT.	90	VARIZIG INTRAMUSCULAR SOLUTION.	76
TYVASO REFILL KIT.	90	VARUBI ORAL.	70
TYVASO STARTER KIT.	90	VECAMYL.	51
U		VECTIBIX.	25
UCERIS RECTAL.	70	VELCADE.	25
UDENYCA.	73	veletri.	47
unithroid.	67	velivet triphasic regimen (28).	83
UNITUXIN.	25	VELTASSA.	60
UPTRAVI.	47	VEMLIDY.	10
ursodiol.	70		
UVADEX.	53		
V			
valacyclovir.	10		

VENCLEXTA.	25
VENCLEXTA STARTING PACK.	25
venlafaxine oral capsule,extended release 24hr.	42
venlafaxine oral tablet.	42
venlafaxine oral tablet extended release 24hr	42
VENTAVIS.	90
verapamil intravenous solution.	47
verapamil intravenous syringe.	47
verapamil oral capsule, 24 hr er pellet ct. . . .	47
verapamil oral capsule,ext rel. pellets 24 hr. .	47
verapamil oral tablet.	47
verapamil oral tablet extended release.	47
VERSACLOZ.	42
VERZENIO.	25
VGO.	64
VIBATIV INTRAVENOUS RECON SOLN 750 MG.	15
VIDEX 2 GRAM PEDIATRIC.	10
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG.	10
VIEKIRA PAK.	10
vienva.	83
vigabatrin.	28
vigadrone.	28
VIIBRYD ORAL TABLET.	42
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23).	42
VIMIZIM.	66
VIMPAT INTRAVENOUS.	28
VIMPAT ORAL SOLUTION.	28
VIMPAT ORAL TABLET.	28
vinblastine intravenous solution.	25
vincasar pfs intravenous solution 1 mg/ml. . .	25
vincristine.	25
vinorelbine.	25
vioele (28).	83
VIRACEPT ORAL TABLET.	10
VIREAD ORAL POWDER.	10
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.	10
VISTOGARD.	19
VITRAKVI.	25

VIZIMPRO.	25
volnea (28).	83
voriconazole intravenous.	7
voriconazole oral.	7
VOSEVI.	10
VOTRIENT.	25
VRAYLAR.	42
vtol lq.	36
vyfemla (28).	83
vylibra.	83
VYNDAMAX.	51
VYNDAQEL.	51
VYXEOS.	25

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warfarin.	49
water for inject, bacteriostat.	60
water for irrigation, sterile.	60
wera (28).	83
wixela inhub.	90
wymzya fe.	83

X

XALKORI.	25
XATMEP.	25
XELJANZ.	79
XELJANZ XR.	79
XENLETA INTRAVENOUS.	15
XENLETA ORAL.	15
XEOMIN.	76
XERMELO.	25
XGEVA.	19
XIFAXAN ORAL TABLET 550 MG.	15
XOFLUZA ORAL TABLET 20 MG.	10
XOFLUZA ORAL TABLET 40 MG.	10
XOLAIR.	90
XOSPATA.	25
XPOVIO.	25
XTANDI.	25
xulane.	80
XURIDEN.	60
xylocaine dental-epinephrine.	53

XYREM.	42	zoledronic acid intravenous solution.	66
Y		zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml.	66
YERVOY.	25	zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml.	60
YF-VAX (PF).	76	ZOLINZA.	25
YONDELIS.	25	zolmitriptan.	30
YONSA.	25	zolpidem oral tablet.	42
YUPELRI.	90	zolpidem oral tablet,ext release multiphase. .	42
yuvafem.	80	zolpidem sublingual.	42
Z		ZOMIG NASAL.	30
zafirlukast.	90	zonisamide.	28
zaleplon.	42	ZORBTIVE.	73
ZALTRAP.	25	ZORTRESS.	25
ZANOSAR.	25	ZOSTAVAX (PF).	76
zarah.	83	zovia 1/35e (28).	83
ZARXIO.	73	zumandimine (28).	83
zebutal oral capsule 50-325-40 mg.	36	ZYDELIG.	25
ZEJULA.	25	ZYKADIA ORAL TABLET.	26
ZELAPAR.	29	ZYPREXA RELPREVV.	42
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zenatane.	54		
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zenzedi oral tablet 10 mg, 5 mg.	42		
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND).	42		
ZEPATIER.	10		
ZERBAXA.	11		
zidovudine.	10		
ZIEXTENZO.	73		
zileuton oral tablet,extended release 12hr mphase.	90		
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NONDISCRIMINATION NOTICE

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

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 week; fax at **617-246-8506**; or email at 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; 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.

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, សេវាជំនួយភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកនិយាយភាសាខ្មែរ អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-200-4255 (TTY: 711)។

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

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

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

Greek/λληνικά: 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 | 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.
Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

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and does not discriminate on the basis of race, color, national origin, age,
disability, sex, sexual orientation, or gender identity.

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

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



MASSACHUSETTS

This formulary was updated on 5/01/2020. 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.

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

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