

Excellus BlueCross BlueShield Medicare Employer Group Plans



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2021 Formulary (List of Covered Drugs)

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

This formulary was updated on 02/23/2021. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 or, for TTY users, 1-800-662-1220, Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusMedicare.com/Formulary.

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.

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.



When this drug list (formulary) refers to “we,” “us,” or “our,” it means Excellus BlueCross BlueShield. When it refers to “plan” or “our plan,” it means Excellus BlueCross BlueShield.

This document includes a list of the drugs (formulary) for our plan which is current as of 02/23/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Excellus BlueCross BlueShield Medicare Employer Group Formulary?

A formulary is a list of covered drugs selected by our plan 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 plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?”.
- **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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 Excellus BlueCross BlueShield Medicare Employer Group Formulary?”.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 02/23/2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. An updated copy of the formulary book will be on our website and a printed copy can be requested on our website or by calling us at the telephone numbers found on the front and back covers of this book.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 86. 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 plan covers 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 plan requires 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 plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires 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 plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. 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 Excellus BlueCross BlueShield Medicare Employer Group Formulary?" on page IV 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 Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. 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 plan.
- You can ask our plan 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 Excellus BlueCross BlueShield Medicare Employer Group Formulary?

You can ask our 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 a 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits 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 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 or utilization restriction exception. **When you request a formulary 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.

Any member experiencing a level of care change, such as a change in their treatment setting, will be provided a one time, up to 31-day supply of medication. This includes emergency supplies of non-formulary drugs and most Part D drugs which require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose.

For more information

For more detailed information about your Excellus BlueCross BlueShield prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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 <http://www.medicare.gov>.

Excellus BlueCross BlueShield's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 86.

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

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

EXPLANATION OF REQUIREMENTS/LIMITS	
QUANTITY LIMITS (QL)	For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day prescription for ENTRESTO.
PRIOR AUTHORIZATION (PA)	Certain medications require prior authorization. This means that you need approval before you fill your prescription. If you don't get approval, the drug may not be covered.
STEP THERAPY (ST)	In some cases, we 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
VERIFICATION FOR PART B OR PART D (B/D PA)	These medications require prior authorization only to determine whether they qualify for payment under Part B or Part D.
EXCLUDED PART D DRUGS (EX)	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

DESCRIPTION OF TIERS

TIER 1	Most generic drugs on our formulary. Includes many of the preventive vaccines recommended for adult immunization.
TIER 2	Brand name drugs on our formulary. Certain generic drugs may appear in Tier 2 due to the high cost of the drug or the potential safety concerns for our Part D members.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib</i>	Tier 1	QL (60 per 30 days)
<i>diclofenac 1.5% topical soln</i>	Tier 2	
<i>diclofenac epolamine 1.3% patch</i>	Tier 2	PA, QL (60 per 30 days)
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium (sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab, sodium 1% gel)</i>	Tier 1	
<i>diclofenac sodium er</i>	Tier 1	
<i>diclofenac sodium-misoprostol</i>	Tier 2	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>etodolac er</i>	Tier 1	
<i>fenoprofen 600 mg tablet</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
IBU	Tier 1	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	Tier 1	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	Tier 1	
<i>indomethacin er</i>	Tier 1	
<i>ketoprofen (50 mg capsule, 75 mg capsule)</i>	Tier 2	
<i>ketoprofen er 200 mg capsule</i>	Tier 2	QL (30 per 30 days)
<i>ketorolac 10 mg tablet</i>	Tier 1	QL (20 per 30 days)
<i>meclofenamate sodium</i>	Tier 1	
<i>meloxicam 15 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>meloxicam 7.5 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>nabumetone</i>	Tier 1	
<i>naproxen (125 mg/5 ml suspen, 250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	Tier 1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	Tier 1	
<i>naproxen sodium ds</i>	Tier 1	
<i>naproxen-esomeprazole mag</i>	Tier 2	QL (60 per 30 days)
<i>oxaprozin</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<i>tolmetin sodium</i>	Tier 2	
VIMOVO	Tier 2	QL (60 per 30 days)
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA	Tier 2	

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

LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
buprenorphine 7.5 mcg/hr patch	Tier 2	
buprenorphine patch	Tier 2	
DISKETS		
fentanyl (12 patch, 25 patch, 50 patch, 75 patch, 100 patch)	Tier 1	
fentanyl (37.5 patch, 62.5 patch, 87.5 patch)	Tier 2	
hydrocodone bitartrate er	Tier 2	
hydromorphone er	Tier 2	
levorphanol tartrate	Tier 2	
methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, hcl 10 mg tablet)	Tier 1	
METHADONE INTENSOL		
METHADOSE (10 MG/ML ORAL CONC, 40 MG TABLET DISPR)	Tier 1	
morphine sulfate er (er 10 mg cap, er 20 mg cap, er 30 mg cap, er 40 mg cap, er 45 mg cap, er 50 mg cap, er 60 mg cap, er 75 mg cap, er 80 mg cap, er 90 mg cap, er 100 mg cap, er 120 mg cap)	Tier 2	
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	Tier 1	
oxycodone hcl er	Tier 2	
oxymorphone hcl er	Tier 2	
tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg capsule, hcl er 100 mg tablet, hcl er 200 mg capsule, hcl er 200 mg tablet, hcl er 300 mg capsule, hcl er 300 mg tablet)	Tier 2	
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)	Tier 1	
asa-butalb-caffeine-codeine	Tier 2	
ASCOMP WITH CODEINE	Tier 2	
butalb-acetaminoph-caff-codein	Tier 2	
butalbital compound-codeine	Tier 2	
butalbital-acetaminophen-caff	Tier 2	
butalbital-acetaminophn 50-300 capsule	Tier 2	
butalbital-acetaminophn 50-325	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
<i>butalbital-aspirin-caffeine</i>	Tier 2	
<i>butalbital/acetaminophen 50-300 tablet</i>	Tier 2	
<i>butorphanol 10 mg/ml spray</i>	Tier 2	
<i>codeine sulfate</i>	Tier 1	
ENDOCET	Tier 1	
<i>fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit otfc 1,200 mcg, cit otfc 1,600 mcg, citrate otfc 200 mcg, citrate otfc 400 mcg, citrate otfc 600 mcg, citrate otfc 800 mcg)</i>	Tier 2	PA
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-300 mg, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-300, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-300 mg, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 10-325/15, hydrocodone-acetamin 7.5-325/15)</i>	Tier 1	
<i>hydrocodone-ibuprofen</i>	Tier 1	
<i>hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml carpujct, 1 mg/ml solution, 1 mg/ml syringe, hcl 1 mg/ml amp, 2 mg tablet, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 4 mg tablet, 4 mg/ml carpujct, hcl 4 mg/ml amp, 5 mg/5 ml soln, 8 mg tablet, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	Tier 1	
LAZANDA	Tier 2	PA
LORCET	Tier 1	
LORCET HD	Tier 1	
LORCET PLUS	Tier 1	
<i>morphine sulfate (sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc, sulfate ir 15 mg tab, sulfate ir 30 mg tab)</i>	Tier 1	
<i>morphine sulfate (sulfate 1 mg/ml vial, 2 mg/ml carpujct, 2 mg/ml syringe, 4 mg/ml carpujct, 4 mg/ml syringe, sulfate 4 mg/ml vial, 5 mg/10 ml vial, 5 mg/ml vial, sulfate 8 mg/ml vial, 10 mg/10 ml vial, 10 mg/ml carpujct, 10 mg/ml syringe, sulfate 10 mg/ml vial)</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
<i>nalbuphine hcl</i>	Tier 1	
<i>oxycodone hcl (5 mg capsule, 5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet, 100 mg/5 ml conc)</i>	Tier 1	
<i>oxycodone hcl-aspirin</i>	Tier 1	
<i>oxycodone hcl-ibuprofen</i>	Tier 1	
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	Tier 1	
<i>oxymorphone hcl</i>	Tier 2	
<i>pentazocine-naloxone hcl</i>	Tier 2	
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Tier 2	PA
TENCON	Tier 2	
<i>tramadol hcl 100 mg tablet</i>	Tier 2	
<i>tramadol hcl 50 mg tablet</i>	Tier 1	
<i>tramadol hcl-acetaminophen</i>	Tier 1	
VANATOL LQ	Tier 2	
VANATOL S	Tier 2	
VTOL LQ	Tier 2	
ZEBUTAL	Tier 2	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5% ointment</i>	Tier 2	
<i>lidocaine 5% patch</i>	Tier 2	PA, QL (90 per 30 days)
<i>lidocaine hcl (hcl 0.5% vial, hcl 1% 20 mg/2 ml, hcl 1% 20 mg/2 ml vl, hcl 1% 300 mg/30 ml, hcl 1% 50 mg/5 ml, hcl 1% 50 mg/5 ml vl, hcl 1% abboject, hcl 1% ampul, hcl 1% syringe, hcl 1% vial, hcl 1.5% ampul, hcl 2% 100 mg/5 ml, hcl 2% 40 mg/2 ml, hcl 2% 40 mg/2 ml vl, hcl 2% abboject, hcl 2% ampul, hcl 2% jel urojet ac, hcl 2% jelly, hcl 2% jelly uro-jet, hcl 2% luer-jet, hcl 2% syringe, hcl 2% vial, hcl 4% ampul, hcl 4% solution, 100 mg/5 ml (2% syr)</i>	Tier 1	
<i>lidocaine hcl viscous</i>	Tier 1	
<i>lidocaine-prilocaine</i>	Tier 1	
PLIAGLIS	Tier 2	

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LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANESTHETICS (CONTINUED)		
SYNERA	Tier 2	
ZTLIDO	Tier 2	PA, QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	Tier 2	
<i>disulfiram</i>	Tier 2	
<i>naltrexone hcl</i>	Tier 1	
OPIOID DEPENDENCE		
<i>buprenorphine hcl (2 mg tablet sl, 8 mg tablet sl)</i>	Tier 1	
<i>buprenorphine-naloxone</i>	Tier 1	
LUCEMYRA	Tier 2	
VIVITROL	Tier 2	
OPIOID REVERSAL AGENTS		
EVZIO 2 MG AUTO-INJECTOR	Tier 2	QL (1 per 30 days)
<i>naloxone 2 mg auto-injector</i>	Tier 2	QL (1 per 30 days)
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	Tier 1	
NARCAN	Tier 2	QL (2 per 30 days)
SMOKING CESSATION AGENTS		
<i>bupropion hcl sr 150 mg tablet</i>	Tier 1	
CHANTIX	Tier 2	QL (336 per 365 days)
NICOTROL	Tier 2	
NICOTROL NS	Tier 2	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	Tier 1	
ARIKAYCE	Tier 2	PA, QL (236 per 28 days)
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	Tier 1	
<i>gentamicin sulfate in ns (isoton 60 mg/50 ml, 80 mg/ns 100 ml pb, 80 mg/ns 50 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, 100 mg/ns 100 ml, isoton 100 mg/50 ml)</i>	Tier 1	
<i>neomycin sulfate</i>	Tier 1	
<i>paromomycin sulfate</i>	Tier 1	
<i>streptomycin sulfate</i>	Tier 1	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	Tier 1	

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LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
ANTIBACTERIALS, OTHER		
<i>acetic acid 0.25% irrig soln</i>	Tier 2	
<i>acetic acid 2% ear solution</i>	Tier 1	
<i>acetic acid-aluminum</i>	Tier 1	
AZACTAM-ISO-OSMOTIC DEXTROSE	Tier 2	
<i>aztreonam</i>	Tier 1	
CLEOCIN 100 MG VAGINAL OVULE	Tier 2	
CLINDACIN ETZ 1% PLEDGET	Tier 2	
CLINDACIN P	Tier 2	
<i>clindamycin (pediatric)</i>	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin pediatric</i>	Tier 1	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, 900 mg/6 ml addvan, ph 900 mg/6 ml vl, phos 1% pledge)</i>	Tier 1	
<i>clindamycin phosphate-d5w</i>	Tier 1	
<i>colistimethate</i>	Tier 2	
DALVANCE	Tier 2	
<i>daptomycin</i>	Tier 2	
FIRVANQ	Tier 2	
<i>fosfomycin tromethamine</i>	Tier 2	
<i>linezolid 100 mg/5 ml susp</i>	Tier 2	
<i>linezolid 600 mg tablet</i>	Tier 2	
<i>linezolid-0.9% nacl</i>	Tier 2	
<i>linezolid-d5w</i>	Tier 2	
<i>methenamine hippurate</i>	Tier 1	
METRO IV	Tier 1	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>	Tier 1	
MONUROL	Tier 2	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	Tier 1	
<i>nitrofurantoin mcr 25 mg cap</i>	Tier 2	
<i>nitrofurantoin mono-macro</i>	Tier 1	
NORITATE	Tier 2	
NUVESSA	Tier 2	
PRIMSOL	Tier 2	
ROSADAN (0.75% CREAM, 0.75% GEL)	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
SIVEXTRO	Tier 2	PA, QL (6 per 6 days)
SOLOSEC	Tier 2	
<i>tigecycline</i>	Tier 2	
<i>tinidazole</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
<i>vancomycin</i>	Tier 1	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1g/200 ml bag, hcl 1.5 gram vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, hcl 250 mg vial, 500 mg a-v vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial)</i>	Tier 1	
<i>vancomycin hcl (1.25 gm/250 ml bag, 1.75 gm/350 ml bag, hcl 125 mg capsule, hcl 250 mg capsule, 750 mg/150 ml bag)</i>	Tier 2	
<i>vancomycin in 0.9 % sodium chloride</i>	Tier 1	
<i>vancomycin-d5w 500 mg/100 ml</i>	Tier 1	
XENLETA 600 MG TABLET	Tier 2	PA, QL (14 per 7 days)
BETA-LACTAM CEPHALOSPORINS		
<i>cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	Tier 1	
<i>cefaclor er</i>	Tier 1	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	Tier 1	
<i>cefazolin sodium</i>	Tier 1	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	Tier 1	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	Tier 1	
<i>cefpime</i>	Tier 2	
<i>cefpime hcl</i>	Tier 2	
<i>cefpime-dextrose</i>	Tier 2	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>	Tier 2	
CEFOTAN 2 GM VIAL	Tier 1	
<i>cefotaxime sodium</i>	Tier 1	
<i>cefotetan & dextrose</i>	Tier 1	
<i>cefotetan (1 gm vial, 2 gm vial, 10 gm vial)</i>	Tier 1	
<i>cefoxitin</i>	Tier 1	
<i>cefoxitin sodium</i>	Tier 1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	Tier 1	
<i>ceftazidime</i>	Tier 1	
<i>ceftibuten</i>	Tier 1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	Tier 1	
<i>cefuroxime</i>	Tier 1	
<i>cefuroxime sodium</i>	Tier 1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>	Tier 1	
DAXBIA	Tier 2	
FETROJA	Tier 2	
TEFLARO	Tier 2	
ZERBAXA	Tier 2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	Tier 1	
<i>amoxicillin-clavulanate pot er</i>	Tier 1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	Tier 1	
<i>ampicillin sodium</i>	Tier 1	
<i>ampicillin trihydrate (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	Tier 1	
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)</i>	Tier 2	
BICILLIN C-R	Tier 2	
BICILLIN L-A	Tier 2	
<i>dicloxacillin sodium</i>	Tier 1	
<i>nafcillin</i>	Tier 2	
<i>nafcillin sodium</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>oxacillin</i>	Tier 2	
<i>oxacillin sodium</i>	Tier 2	
<i>penicillin g potassium</i>	Tier 1	
<i>penicillin g procaine</i>	Tier 1	
<i>penicillin g sodium</i>	Tier 1	
<i>penicillin gk-iso-osm dextrose</i>	Tier 2	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	Tier 1	
PFIZERPEN		
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	Tier 1	
ZOSYN (2.25 GRAM VIAL, 3.375 GRAM VIAL, 4.5 GM/100 ML GALAXY BAG)	Tier 2	
CARBAPENEMS		
<i>ertapenem</i>	Tier 2	
<i>imipenem-cilastatin sodium</i>	Tier 1	
<i>meropenem</i>	Tier 2	
<i>meropenem-0.9% nacl</i>	Tier 2	
RECARBRIOD	Tier 2	
VABOMERE	Tier 2	
MACROLIDES		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	Tier 1	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	Tier 1	
<i>clarithromycin er</i>	Tier 1	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	Tier 2	
E.E.S. 400	Tier 2	
ERYTHROGIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	Tier 2	
ERYTHROGIN STEARATE	Tier 2	
<i>erythromycin (250 mg filmtab, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg filmtab, dr 500 mg tablet)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>erythromycin ethylsuccinate (400 mg/5 ml susp, es 400 mg tab)</i>	Tier 2	
QUINOLONES		
BAXDELA	Tier 2	QL (28 per 14 days)
<i>ciprofloxacin (200 mg/20 ml vl, 250 mg/5 ml susp, 400 mg/40 ml vl)</i>	Tier 1	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	Tier 1	
<i>ciprofloxacin hcl 100 mg tab</i>	Tier 2	
<i>ciprofloxacin-d5w</i>	Tier 1	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 250 mg/10 ml soln, 500 mg tablet, 500 mg/20 ml soln, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	Tier 1	
<i>levofloxacin-d5w (250 mg/50 ml-d5w, 500 mg/100 ml-d5w)</i>	Tier 1	
<i>moxifloxacin 400 mg/250 ml bag</i>	Tier 2	
<i>moxifloxacin hcl 400 mg tablet</i>	Tier 1	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	Tier 1	
SULFONAMIDES		
<i>sodium sulfacetamide 10% lot</i>	Tier 1	
<i>sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)</i>	Tier 1	
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet, susp)</i>	Tier 1	
SULFATRIM	Tier 1	
TETRACYCLINES		
<i>demeclacycline hcl</i>	Tier 2	
DOXY 100	Tier 1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	Tier 1	
<i>doxycycline hyclate (hyc dr 50 mg tab, hyc dr 75 mg tab, hyc dr 100 mg tab, hyc dr 150 mg tab, hyc dr 200 mg tab, hyclate 75 mg tab, hyclate 150 mg tab)</i>	Tier 2	
<i>doxycycline ir-dr</i>	Tier 2	
<i>doxycycline mono 75 mg capsule</i>	Tier 2	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet, mono 150 mg tablet)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	Tier 1	
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	Tier 2	
<i>minocycline hcl er</i>	Tier 2	
MONDOXYNE NL	Tier 1	
MORGIDOX 100 MG CAPSULE	Tier 1	
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	Tier 2	PA, QL (30 per 14 days)
ORACEA	Tier 2	
PRENATAL VITAMIN ORAL TABLET	Tier 2	
<i>tetracycline hcl</i>	Tier 1	
VIBRAMYCIN 50 MG/5 ML SYRUP	Tier 2	
XERAVA	Tier 2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 2	QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLN	Tier 2	QL (600 per 30 days)
DIACOMIT	Tier 2	
EPIDIOLEX	Tier 2	PA
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i>	Tier 2	
FINTEPLA	Tier 2	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 2	
<i>lamotrigine (green)</i>	Tier 2	
<i>lamotrigine (orange)</i>	Tier 2	
<i>lamotrigine er</i>	Tier 2	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet)</i>	Tier 1	
<i>levetiracetam er 500 mg tablet</i>	Tier 1	QL (180 per 30 days)
<i>levetiracetam er 750 mg tablet</i>	Tier 1	QL (120 per 30 days)
QUDEXY XR 200 MG CAPSULE	Tier 2	
ROWEEPRA	Tier 1	
ROWEEPRA XR 500 MG TABLET	Tier 1	QL (180 per 30 days)
ROWEEPRA XR 750 MG TABLET	Tier 1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
SPRITAM (250 MG TABLET, 500 MG TABLET, 1,000 MG TABLET)	Tier 2	QL (60 per 30 days)
SPRITAM 750 MG TABLET	Tier 2	QL (120 per 30 days)
<i>topiramate er (er 25 mg capsule, er 100 mg capsule, er 200 mg capsule)</i>	Tier 2	
TROKENDI XR (50 MG CAPSULE, 200 MG CAPSULE)	Tier 2	QL (90 per 30 days)
<i>valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)</i>	Tier 1	
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	Tier 2	QL (28 per 28 days)
XCOPRI (150 MG TABLET, 200 MG TABLET)	Tier 2	QL (60 per 30 days)
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	Tier 2	QL (56 per 28 days)
XCOPRI (50 MG TABLET, 100 MG TABLET)	Tier 2	QL (30 per 30 days)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	Tier 2	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	Tier 1	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>clonazepam</i>	Tier 1	
<i>clorazepate dipotassium</i>	Tier 2	
DIASTAT	Tier 2	
DIASTAT ACUDIAL	Tier 2	
<i>diazepam (10 mg/2 ml carpule, 50 mg/10 ml vial)</i>	Tier 1	
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	Tier 2	
<i>gabapentin (100 mg capsule, 600 mg tablet)</i>	Tier 1	
NAYZILAM	Tier 2	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>pregabalin 20 mg/ml solution</i>	Tier 2	
<i>pregabalin 200 mg capsule</i>	Tier 2	QL (90 per 30 days)
<i>pregabalin 300 mg capsule</i>	Tier 2	QL (60 per 30 days)
<i>primidone</i>	Tier 1	

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
SYMPAZAN (5 MG FILM, 10 MG FILM)	Tier 2	QL (60 per 30 days)
SYMPAZAN 20 MG FILM	Tier 2	
<i>tiagabine hcl</i>	Tier 2	
VALTOCO	Tier 2	
<i>vigabatrin 500 mg powder packt</i>	Tier 2	QL (180 per 30 days)
<i>vigabatrin 500 mg tablet</i>	Tier 2	
VIGADRONE	Tier 2	
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TABLET, 400 MG TABLET, 800 MG TABLET)	Tier 2	QL (30 per 30 days)
APTIOM 600 MG TABLET	Tier 2	QL (60 per 30 days)
BANZEL 200 MG TABLET	Tier 2	QL (480 per 30 days)
BANZEL 40 MG/ML SUSPENSION	Tier 2	QL (2400 per 30 days)
BANZEL 400 MG TABLET	Tier 2	QL (240 per 30 days)
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	Tier 1	
<i>carbamazepine er (er 100 mg cap, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	Tier 1	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	Tier 2	
EPITOL	Tier 1	
EQUETRO	Tier 2	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	Tier 1	
PEGANONE	Tier 2	
PHENYTEK	Tier 2	
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	Tier 1	
<i>phenytoin sodium extended rufinamide</i>	Tier 1	
TEGRETOL 200 MG TABLET	Tier 2	
TEGRETOL XR	Tier 2	
VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	Tier 2	QL (60 per 30 days)
VIMPAT 10 MG/ML SOLUTION	Tier 2	
<i>zonisamide</i>	Tier 1	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEMENTIA AGENTS (CONTINUED)		
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)
NAMZARIC TITRATION PACK	Tier 2	PA, QL (28 per 28 days)
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>donepezil hcl 23 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>donepezil hcl odt</i>	Tier 1	
<i>galantamine 4 mg/ml oral sohn</i>	Tier 1	
<i>galantamine er</i>	Tier 1	QL (30 per 30 days)
<i>galantamine hbr</i>	Tier 1	QL (60 per 30 days)
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	Tier 1	QL (60 per 30 days)
<i>rivastigmine (9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	Tier 2	
<i>rivastigmine 4.6 mg/24hr patch</i>	Tier 2	QL (30 per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine 5-10 mg titration pk</i>	Tier 1	QL (49 per 28 days)
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>memantine hcl 2 mg/ml solution</i>	Tier 2	QL (300 per 30 days)
<i>memantine hcl er</i>	Tier 2	QL (30 per 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
ABILIFY MAINTENA (ER 300 MG VL, ER 400 MG SYR)	Tier 2	
ABILIFY MYCITE 15 MG KIT	Tier 2	PA
APLENZIN	Tier 2	QL (30 per 30 days)
<i>aripiprazole (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>aripiprazole odt 15 mg tablet</i>	Tier 2	
<i>bupropion hcl</i>	Tier 1	
<i>bupropion hcl sr (sr 100 mg tablet, sr 200 mg tablet)</i>	Tier 1	
<i>bupropion hcl xl 450 mg tablet</i>	Tier 2	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>chlor Diazepoxide-amitriptyline</i>	Tier 2	
<i>maprotiline hcl</i>	Tier 1	
<i>mirtazapine</i>	Tier 1	
<i>olanzapine-fluoxetine hcl</i>	Tier 2	
<i>perphenazine-amitriptyline</i>	Tier 2	
<i>quetiapine er 400 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet)</i>	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 2	QL (30 per 30 days)
MARPLAN	Tier 2	
<i>phenelzine sulfate</i>	Tier 1	
<i>tranylcypromine sulfate</i>	Tier 1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hbr (10 mg tablet, 10 mg/5 ml sohn, 20 mg tablet, 20 mg/10 ml sol, 40 mg tablet)</i>	Tier 1	
<i>desvenlafaxine er</i>	Tier 2	QL (30 per 30 days)
<i>desvenlafaxine succinate er</i>	Tier 1	QL (30 per 30 days)
DRIZALMA SPRINKLE	Tier 2	
<i>duloxetine hcl dr 40 mg cap</i>	Tier 1	QL (60 per 30 days)
<i>escitalopram 10 mg tablet</i>	Tier 1	
<i>escitalopram oxalate 5 mg/5 ml</i>	Tier 2	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	Tier 2	QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	Tier 2	QL (28 per 28 days)
<i>fluoxetine dr 90 mg capsule (weekly)</i>	Tier 2	QL (8 per 28 days)
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 60 mg tablet)</i>	Tier 2	
<i>fluoxetine hcl (hcl 10 mg capsule, 20 mg/5 ml solution, hcl 20 mg capsule, hcl 40 mg capsule)</i>	Tier 1	
<i>fluvoxamine maleate</i>	Tier 1	
<i>fluvoxamine maleate er</i>	Tier 2	
<i>nefazodone hcl</i>	Tier 1	
<i>paroxetine cr 37.5 mg tablet</i>	Tier 2	
<i>paroxetine er 37.5 mg tablet</i>	Tier 2	
<i>paroxetine hcl 40 mg tablet</i>	Tier 1	
PAXIL 10 MG/5 ML SUSPENSION	Tier 2	
PEXEVA	Tier 2	
<i>sertraline hcl (20 mg/ml oral conc, hcl 25 mg tablet, hcl 50 mg tablet, hcl 100 mg tablet)</i>	Tier 1	
<i>trazodone hcl</i>	Tier 1	
TRINTELLIX	Tier 2	QL (30 per 30 days)
<i>venlafaxine hcl</i>	Tier 1	
<i>venlafaxine hcl er (er 37.5 mg cap, er 150 mg cap)</i>	Tier 1	QL (90 per 30 days)
VIIBRYD	Tier 2	QL (30 per 30 days)
TRICYCLICS		
<i>amitriptyline hcl</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
<i>amoxapine</i>	Tier 2	
<i>clomipramine hcl</i>	Tier 2	
<i>desipramine hcl</i>	Tier 2	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	Tier 1	
<i>imipramine hcl</i>	Tier 2	
<i>imipramine pamoate</i>	Tier 2	
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	Tier 2	
<i>protriptyline hcl</i>	Tier 2	
<i>trimipramine maleate</i>	Tier 2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	Tier 2	
COMPRO	Tier 1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	Tier 1	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml sol)</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
PHENADOZ	Tier 2	
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 50 mg tablet, 50 mg/ml ampul, 50 mg/ml vial)</i>	Tier 2	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	Tier 2	
<i>scopolamine</i>	Tier 2	
<i>trimethobenzamide hcl</i>	Tier 2	B/D PA
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAPSULE	Tier 2	B/D PA
ANZEMET (50 MG TABLET, 100 MG TABLET)	Tier 2	B/D PA
<i>aprepitant</i>	Tier 2	B/D PA
CINVANTI	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIEMETICS (CONTINUED)		
<i>dronabinol</i>	Tier 2	PA
<i>gransetron hcl 1 mg tablet</i>	Tier 1	B/D PA
<i>ondansetron 4 mg/5 ml solution</i>	Tier 2	B/D PA
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	Tier 1	B/D PA
<i>ondansetron hcl (hcl 4 mg/2 ml amp, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	Tier 1	
<i>ondansetron odt</i>	Tier 1	B/D PA
<i>palonosetron hcl</i>	Tier 2	
SANCUSO	Tier 2	QL (4 per 28 days)
SYNDROS	Tier 2	PA
VARUBI 166.5 MG/92.5 ML VIAL	Tier 2	
VARUBI 90 MG TABLET	Tier 2	B/D PA
ZUPLENZ	Tier 2	B/D PA
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET	Tier 2	B/D PA
AMBISOME	Tier 2	B/D PA
<i>amphotericin b</i>	Tier 1	B/D PA
<i>caspofungin acetate</i>	Tier 2	
CICLODAN 0.77% CREAM	Tier 2	ST
<i>ciclopirox 0.77% cream</i>	Tier 1	
<i>clotrimazole (1% solution, 1% topical cream, 10 mg troche)</i>	Tier 1	
CRESEMBIA 186 MG CAPSULE	Tier 2	
<i>econazole nitrate</i>	Tier 1	
ERAXIS (WATER DILUENT)	Tier 2	
ERTACZO	Tier 2	ST
EXELDERM (1% CREAM, 1% SOLUTION)	Tier 2	ST
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 1	
<i>fluconazole in saline</i>	Tier 2	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	Tier 2	
<i>flucytosine</i>	Tier 2	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	Tier 2	
<i>griseofulvin ultramicrosize</i>	Tier 2	
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS (CONTINUED)		
JUBLIA	Tier 2	PA
KERYDIN	Tier 2	PA
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	Tier 1	
<i>ketoconazole 2% foam</i>	Tier 2	
KETODAN 2% FOAM	Tier 2	
<i>luliconazole</i>	Tier 2	ST
LUZU	Tier 2	ST
<i>miconazole 3 200 mg vag supp</i>	Tier 1	
MYCAMINE	Tier 2	
<i>naftifine hcl</i>	Tier 2	
NAFTIN 2% GEL	Tier 2	ST
NOXAFIL 300 MG/16.7 ML VIAL	Tier 2	
NYAMYC	Tier 1	
NYATA	Tier 1	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus)</i>	Tier 1	
NYSTOP	Tier 1	
<i>oxiconazole nitrate</i>	Tier 2	
OXISTAT 1% LOTION	Tier 2	ST
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	Tier 2	
<i>tavaborole</i>	Tier 2	PA
<i>terbinafine hcl</i>	Tier 1	
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	Tier 1	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	Tier 2	
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol</i>	Tier 1	
<i>colchicine 0.6 mg capsule</i>	Tier 2	QL (60 per 30 days)
<i>colchicine 0.6 mg tablet</i>	Tier 2	QL (120 per 30 days)
<i>febuxostat 40 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>febuxostat 80 mg tablet</i>	Tier 2	
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine 4 mg/ml spry</i>	Tier 2	QL (8 per 28 days)
ERGOMAR	Tier 2	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	Tier 2	QL (40 per 30 days)
MIGERGOT	Tier 2	QL (20 per 28 days)
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR (1-PACK)	Tier 2	PA, QL (1 per 28 days)
AIMOVIG AUTOINJECTOR (2-PACK)	Tier 2	PA, QL (2 per 28 days)
AJOVY AUTOINJECTOR	Tier 2	PA, QL (1.5 per 28 days)
AJOVY SYRINGE	Tier 2	PA, QL (1.5 per 28 days)
BOTOX	Tier 2	PA
<i>divalproex sodium</i>	Tier 1	
<i>divalproex sodium er</i>	Tier 1	
EMGALITY 120 MG/ML SYRINGE	Tier 2	PA, QL (2 per 28 days)
EMGALITY PEN	Tier 2	PA, QL (2 per 28 days)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	Tier 2	PA, QL (3 per 28 days)
QUDEXY XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	Tier 2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>topiramate</i>	Tier 1	
<i>topiramate er (er 50 mg capsule, er 150 mg capsule)</i>	Tier 2	
TROKENDI XR (25 MG CAPSULE, 100 MG CAPSULE)	Tier 2	QL (90 per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONISTS		
<i>almotriptan malate</i>	Tier 2	QL (12 per 30 days)
<i>eletriptan hbr</i>	Tier 2	QL (12 per 30 days)
<i>frovatriptan succinate</i>	Tier 2	QL (18 per 30 days)
<i>naratriptan hcl</i>	Tier 1	QL (18 per 30 days)
ONZETRA XSAIL	Tier 2	ST, QL (16 per 30 days)
<i>rizatriptan</i>	Tier 1	QL (24 per 30 days)
<i>sumatriptan 20 mg nasal spray</i>	Tier 2	QL (12 per 30 days)
<i>sumatriptan 5 mg nasal spray</i>	Tier 2	QL (18 per 30 days)
<i>sumatriptan succ 100 mg tablet</i>	Tier 1	QL (9 per 30 days)
<i>sumatriptan succ-naproxen sod</i>	Tier 2	QL (10 per 30 days)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet)</i>	Tier 1	QL (18 per 30 days)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml inject, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial)</i>	Tier 2	QL (10 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMIGRAINE AGENTS (CONTINUED)		
SUMAVEL DOSEPRO	Tier 2	ST, QL (5 per 30 days)
ZEMBRACE SYMTOUCH	Tier 2	ST, QL (8 per 30 days)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	Tier 2	QL (12 per 30 days)
<i>zolmitriptan odt</i>	Tier 2	QL (12 per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl</i>	Tier 2	
<i>pyridostigmine br 60 mg tablet</i>	Tier 1	
<i>pyridostigmine bromide (br 30 mg tablet, 60 mg/5 ml soln)</i>	Tier 2	
<i>pyridostigmine bromide er</i>	Tier 1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>rifabutin</i>	Tier 2	
ANTITUBERCULARS		
<i>cycloserine</i>	Tier 2	
<i>ethambutol hcl</i>	Tier 1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	Tier 1	
PASER	Tier 2	
PRIFTIN	Tier 2	
<i>pyrazinamide</i>	Tier 1	
RIFAMATE	Tier 2	
<i>rifampin</i>	Tier 1	
RIFATER	Tier 2	
SIRTURO 100 MG TABLET	Tier 2	QL (68 per 28 days)
SIRTURO 20 MG TABLET	Tier 2	QL (340 per 28 days)
TRECATOR	Tier 2	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	Tier 2	B/D PA
GLEOSTINE	Tier 2	
LEUKERAN	Tier 2	
MATULANE	Tier 2	
VALCHLOR	Tier 2	PA, QL (60 per 30 days)
ANTIANDROGENS		
<i>abiraterone acetate (acetate 250 mg tab, 500 mg tablet)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
<i>bicalutamide</i>	Tier 1	
ERLEADA	Tier 2	PA, QL (120 per 30 days)
<i>flutamide</i>	Tier 1	
<i>nilutamide</i>	Tier 2	
NUBEQA	Tier 2	PA
<i>toremifene citrate</i>	Tier 2	
XTANDI	Tier 2	PA, QL (120 per 30 days)
YONSA	Tier 2	PA, QL (240 per 30 days)
ZYTIGA 500 MG TABLET	Tier 2	
ANTIANGIOGENIC AGENTS		
POMALYST	Tier 2	PA, QL (21 per 28 days)
REVLIMID	Tier 2	QL (30 per 30 days)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)
THALOMID 200 MG CAPSULE	Tier 2	PA, QL (60 per 30 days)
ANTIESTROGENS/MODIFIERS		
EMCYT	Tier 2	
SOLTAMOX	Tier 2	
<i>tamoxifen citrate</i>	Tier 1	
ANTIMETABOLITES		
ADRUCIL	Tier 1	B/D PA
ALKERAN 2 MG TABLET	Tier 2	B/D PA
DROXIA	Tier 2	
EVOMELA	Tier 2	
<i>fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml btl, 5 gm/100 ml vial, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)</i>	Tier 1	B/D PA
<i>hydroxyurea</i>	Tier 1	
<i>melphalan 2mg tablet</i>	Tier 1	B/D PA
<i>mercaptopurine</i>	Tier 1	
ONUREG	Tier 2	PA
PURIXAN	Tier 2	
TABLOID	Tier 2	
ANTINEOPLASTICS, OTHER		
IDHIFA	Tier 2	PA, QL (30 per 30 days)
INQOVI	Tier 2	PA
KISQALI FEMARA 200 MG CO-PACK	Tier 2	PA, QL (49 per 28 days)
KISQALI FEMARA 400 MG CO-PACK	Tier 2	PA, QL (70 per 28 days)
KISQALI FEMARA 600 MG CO-PACK	Tier 2	PA, QL (91 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
LONSURF 15 MG-6.14 MG TABLET	Tier 2	PA, QL (100 per 28 days)
LONSURF 20 MG-8.19 MG TABLET	Tier 2	PA, QL (80 per 28 days)
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	Tier 1	B/D PA
NINLARO	Tier 2	PA, QL (3 per 28 days)
SYNRIBO	Tier 2	PA
XPOVIO (40 MG ONCE, 60 MG ONCE, 60 MG TWICE, 80 MG TWICE, 100 MG ONCE)	Tier 2	PA
XPOVIO (40 MG TWICE, 80 MG ONCE)	Tier 2	PA, QL (16 per 28 days)
ZOLINZA	Tier 2	PA, QL (120 per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	Tier 1	
<i>exemestane</i>	Tier 2	
<i>letrozole</i>	Tier 1	
MOLECULAR TARGET INHIBITORS		
AFINITOR 10 MG TABLET	Tier 2	PA, QL (60 per 30 days)
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	Tier 2	PA
AFINITOR DISPERZ 5 MG TABLET	Tier 2	PA, QL (112 per 28 days)
ALECensa	Tier 2	PA, QL (240 per 30 days)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	Tier 2	PA, QL (180 per 30 days)
AYVAKIT	Tier 2	PA
BALVERSA	Tier 2	PA
BOSULIF (400 MG TABLET, 500 MG TABLET)	Tier 2	QL (30 per 30 days)
BOSULIF 100 MG TABLET	Tier 2	QL (120 per 30 days)
BRAFTOVI 50 MG CAPSULE	Tier 2	PA, QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE	Tier 2	PA, QL (180 per 30 days)
BRUKINSA	Tier 2	PA, QL (120 per 30 days)
CABOMETYX	Tier 2	PA, QL (30 per 30 days)
CALQUENCE	Tier 2	PA, QL (60 per 30 days)
CAPRELSA 100 MG TABLET	Tier 2	PA, QL (60 per 30 days)
CAPRELSA 300 MG TABLET	Tier 2	PA, QL (30 per 30 days)
COMETRIQ	Tier 2	PA
COPIKTRA	Tier 2	PA, QL (60 per 30 days)
COTELLIC	Tier 2	PA, QL (63 per 28 days)
DAURISMO 100 MG TABLET	Tier 2	PA, QL (30 per 30 days)
DAURISMO 25 MG TABLET	Tier 2	PA, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
ERIVEDGE	Tier 2	PA, QL (30 per 30 days)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	Tier 2	
<i>erlotinib hcl 25 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>everolimus (2.5 mg tablet, 5 mg tablet)</i>	Tier 2	PA, QL (30 per 30 days)
<i>everolimus 7.5 mg tablet</i>	Tier 2	PA, QL (60 per 30 days)
FARYDAK	Tier 2	PA, QL (6 per 21 days)
GAVRETO	Tier 2	PA
GILOTrif	Tier 2	PA, QL (30 per 30 days)
IBRANCE	Tier 2	PA, QL (21 per 28 days)
ICLUSIG	Tier 2	PA
<i>imatinib mesylate 100 mg tab</i>	Tier 2	PA, QL (120 per 30 days)
<i>imatinib mesylate 400 mg tab</i>	Tier 2	PA, QL (60 per 30 days)
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
IMBRUVICA 140 MG CAPSULE	Tier 2	PA, QL (120 per 30 days)
INLYTA 1 MG TABLET	Tier 2	PA, QL (180 per 30 days)
INLYTA 5 MG TABLET	Tier 2	PA, QL (120 per 30 days)
INREBIC	Tier 2	PA
IRESSA	Tier 2	QL (30 per 30 days)
JAKAFI	Tier 2	PA
KISQALI	Tier 2	PA, QL (63 per 28 days)
<i>lapatinib</i>	Tier 2	PA, QL (150 per 30 days)
LENVIMA (18 MG DAILY, 24 MG DAILY)	Tier 2	PA, QL (90 per 30 days)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	Tier 2	PA, QL (30 per 30 days)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	Tier 2	PA, QL (60 per 30 days)
LENVIMA 12 MG DAILY DOSE	Tier 2	PA, QL (90 per 30 days)
LORBRENA 100 MG TABLET	Tier 2	PA, QL (30 per 30 days)
LORBRENA 25 MG TABLET	Tier 2	PA, QL (90 per 30 days)
LYNPARZA (100 MG TABLET, 150 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE	Tier 2	PA, QL (480 per 30 days)
MEKINIST 0.5 MG TABLET	Tier 2	PA, QL (90 per 30 days)
MEKINIST 2 MG TABLET	Tier 2	PA, QL (30 per 30 days)
MEKTOVI	Tier 2	PA, QL (180 per 30 days)
NERLYNX	Tier 2	PA, QL (180 per 30 days)
NEXAVAR	Tier 2	QL (120 per 30 days)
ODOMZO	Tier 2	PA, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
PEMAZYRE	Tier 2	PA, QL (14 per 21 days)
PHESGO	Tier 2	PA
PIQRAY	Tier 2	PA
QINLOCK	Tier 2	PA, QL (90 per 30 days)
RETEVMO 40 MG CAPSULE	Tier 2	PA, QL (180 per 30 days)
RETEVMO 80 MG CAPSULE	Tier 2	PA, QL (120 per 30 days)
ROZLYTREK 100 MG CAPSULE	Tier 2	PA, QL (150 per 30 days)
ROZLYTREK 200 MG CAPSULE	Tier 2	PA
RUBRACA	Tier 2	PA, QL (120 per 30 days)
RYDAPT	Tier 2	PA, QL (240 per 30 days)
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET)	Tier 2	QL (60 per 30 days)
SPRYCEL (80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	Tier 2	QL (30 per 30 days)
STIVARGA	Tier 2	PA
SUTENT	Tier 2	QL (30 per 30 days)
TABRECTA	Tier 2	PA, QL (112 per 28 days)
TAFINLAR	Tier 2	PA, QL (120 per 30 days)
TAGRISSO	Tier 2	PA, QL (30 per 30 days)
TALZENNA 0.25 MG CAPSULE	Tier 2	PA, QL (90 per 30 days)
TALZENNA 1 MG CAPSULE	Tier 2	PA, QL (30 per 30 days)
TASIGNA	Tier 2	QL (120 per 30 days)
TAZVERIK	Tier 2	PA, QL (240 per 30 days)
TIBSOVO	Tier 2	PA, QL (60 per 30 days)
TUKYSA 150 MG TABLET	Tier 2	PA, QL (120 per 30 days)
TUKYSA 50 MG TABLET	Tier 2	PA, QL (240 per 30 days)
TURALIO	Tier 2	PA
TYKERB	Tier 2	PA, QL (150 per 30 days)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	Tier 2	PA, QL (42 per 28 days)
VENCLEXTA 100 MG TABLET	Tier 2	PA, QL (168 per 28 days)
VENCLEXTA 50 MG TABLET	Tier 2	PA, QL (224 per 28 days)
VENCLEXTA STARTING PACK	Tier 2	PA, QL (42 per 28 days)
VERZENIO	Tier 2	PA, QL (60 per 30 days)
VITRAKVI 100 MG CAPSULE	Tier 2	PA, QL (60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION	Tier 2	PA, QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE	Tier 2	PA, QL (90 per 30 days)
VIZIMPRO	Tier 2	PA, QL (30 per 30 days)
VOTRIENT	Tier 2	PA, QL (120 per 30 days)
XALKORI	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
XOSPATA	Tier 2	PA, QL (90per 30 days)
ZEJULA	Tier 2	PA, QL (90per 30 days)
ZELBORA <small>F</small>	Tier 2	PA
ZYDELIG	Tier 2	PA, QL (60 per 30 days)
ZYKADIA	Tier 2	PA
RETINOIDS		
<i>bexarotene</i>	Tier 2	
PANRETIN	Tier 2	
TARGRETIN 1% GEL	Tier 2	PA
<i>tretinoin 10 mg capsule</i>	Tier 2	
TREATMENT ADJUNCTS		
<i>amifostine</i>	Tier 2	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	Tier 1	
MESNEX 400 MG TABLET	Tier 2	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole</i>	Tier 2	
EMVERM	Tier 2	
<i>ivermectin 3 mg tablet</i>	Tier 1	
<i>praziquantel</i>	Tier 2	
ANTIPROTOZOALS		
ALINIA 500 MG TABLET	Tier 2	
<i>atovaquone</i>	Tier 2	
<i>atovaquone-proguanil hcl</i>	Tier 2	
<i>chloroquine phosphate</i>	Tier 1	QL (90per 30 days)
COARTEM	Tier 2	
DARAPRIM	Tier 2	
<i>hydroxychloroquine sulfate</i>	Tier 1	QL (90per 30 days)
KRINTAFEL	Tier 2	
<i>mefloquine hcl</i>	Tier 1	
NEBUPENT	Tier 2	B/D PA
<i>nitazoxanide</i>	Tier 2	
<i>pentamidine 300 mg inhal powdr</i>	Tier 2	B/D PA
<i>pentamidine 300 mg vial</i>	Tier 2	
<i>primaquine</i>	Tier 1	
<i>pyrimethamine</i>	Tier 2	
<i>quinine sulfate</i>	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	Tier 1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	Tier 1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine (50 mg/5 ml solution, 100 mg/10 ml soln)</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	QL (240 per 30 days)
GOCOVRI ER 137 MG CAPSULE	Tier 2	PA, QL (60 per 30 days)
GOCOVRI ER 68.5 MG CAPSULE	Tier 2	PA, QL (30 per 30 days)
NOURIANZ	Tier 2	PA
ONGENTYS	Tier 2	
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
OSMOLEX ER 322 MG DAILY DOSE	Tier 2	PA, QL (60 per 30 days)
<i>tolcapone</i>	Tier 2	
DOPAMINE AGONISTS		
APOKYN	Tier 2	
<i>bromocriptine 5 mg capsule</i>	Tier 1	
KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM)	Tier 2	PA, QL (30 per 30 days)
NEUPRO	Tier 2	QL (30 per 30 days)
<i>pramipexole dihydrochloride</i>	Tier 1	
<i>pramipexole er</i>	Tier 2	QL (30 per 30 days)
<i>ropinirole er</i>	Tier 2	QL (60 per 30 days)
<i>ropinirole hcl</i>	Tier 1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	Tier 2	
<i>carbidopa-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)</i>	Tier 2	
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	Tier 1	
<i>carbidopa-levodopa er</i>	Tier 1	
INBRIJA	Tier 2	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	Tier 2	QL (30 per 30 days)
<i>selegiline hcl</i>	Tier 1	
XADAGO 100 MG TABLET	Tier 2	ST, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON AGENTS (CONTINUED)		
XADAGO 50 MG TABLET	Tier 2	ST, QL (46 per 30 days)
ZELAPAR	Tier 2	ST
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
ADASUVE	Tier 2	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	Tier 1	
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol decanoate 100</i>	Tier 1	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 50 mg/10 ml vl)</i>	Tier 1	
<i>loxapine</i>	Tier 1	
<i>molindone hcl</i>	Tier 2	
<i>pimozide</i>	Tier 2	
<i>thioridazine hcl</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA ER 300 MG SYR	Tier 2	
ABILIFY MYCITE 30 MG KIT	Tier 2	PA
<i>ariPIPRAZOLE (2 mg tablet, 30 mg tablet)</i>	Tier 1	
<i>ariPIPRAZOLE 1 mg/ml solution</i>	Tier 2	
<i>ariPIPRAZOLE odt 10 mg tablet</i>	Tier 2	
ARISTADA	Tier 2	
ARISTADA INITIO	Tier 2	QL (2.4 per 180 days)
<i>asenapine 5 mg tablet sl</i>	Tier 2	PA, QL (60 per 30 days)
CAPLYTA	Tier 2	PA
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET, TITRATION PACK)	Tier 2	PA, QL (60 per 30 days)
GEODON 20 MG/ML VIAL	Tier 2	
INVEGA SUSTENNA	Tier 2	ST
INVEGA TRINZA	Tier 2	ST
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS (CONTINUED)		
NUPLAZID 17 MG TABLET	Tier 2	PA, QL (60 per 30 days)
<i>olanzapine (2.5 mg tablet, 7.5 mg tablet, 15 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>olanzapine 10 mg vial</i>	Tier 2	
<i>olanzapine odt</i>	Tier 2	
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i>	Tier 2	QL (60 per 30 days)
PERSERIS	Tier 2	
<i>quetiapine fumarate</i>	Tier 1	
REXULTI (0.25 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
REXULTI (0.5 MG TABLET, 1 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone (0.25 mg tablet, 3 mg tablet)</i>	Tier 1	
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt)</i>	Tier 2	
SAPHRIS 5 MG TAB SUBLINGUAL	Tier 2	PA, QL (60 per 30 days)
SECUADO	Tier 2	PA, QL (30 per 30 days)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	Tier 2	PA
<i>ziprasidone hcl</i>	Tier 1	
<i>ziprasidone mesylate</i>	Tier 2	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VL KIT, 405 MG VL KIT)	Tier 2	
TREATMENT-RESISTANT		
<i>clozapine</i>	Tier 1	
<i>clozapine odt</i>	Tier 2	
VERSACLOZ	Tier 2	QL (540 per 30 days)
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	Tier 1	
<i>methylergonovine 0.2 mg tablet</i>	Tier 2	
<i>tizanidine hcl</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS (240 MG TABLET, 480 MG TABLET)	Tier 2	QL (30 per 30 days)
<i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>	Tier 2	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	Tier 2	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 2	QL (600 per 30 days)
<i>entecavir</i>	Tier 2	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML SOLN	Tier 2	
<i>lamivudine 100 mg tablet</i>	Tier 1	
<i>lamivudine hbv</i>	Tier 1	
<i>tenofovir disoproxil fumarate</i>	Tier 2	
VEMLIDY	Tier 2	
ANTI-HEPATITIS C (HCV) AGENTS		
DAKLINZA	Tier 2	PA, QL (30 per 30 days)
EPCLUSIA (200 MG-50 MG TABLET, 400 MG-100 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET PACKT, 45-200 MG TABLET, 90-400 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
<i>ledipasvir-sofosbuvir</i>	Tier 2	PA, QL (30 per 30 days)
MAVYRET	Tier 2	PA, QL (90per 30 days)
RIBASPHERE (200 MG TABLET, 400 MG TABLET)	Tier 2	
RIBASPHERE RIBAPAK (200-400 MG, 400-400 MG)	Tier 2	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	Tier 1	
<i>sofosbuvir-velpatasvir</i>	Tier 2	PA, QL (30 per 30 days)
SOVALDI	Tier 2	PA, QL (30 per 30 days)
VIEKIRA PAK	Tier 2	PA, QL (112 per 28 days)
VOSEVI	Tier 2	PA, QL (30 per 30 days)
ZEPATIER	Tier 2	PA, QL (28 per 28 days)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	Tier 2	QL (30 per 30 days)
CABENUVA	Tier 2	
DOVATO	Tier 2	
GENVOYA	Tier 2	QL (30 per 30 days)
ISENTRESS (100 MG TABLET CHEW, 400 MG TABLET)	Tier 2	QL (60 per 30 days)
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET)	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
ISENTRESS HD	Tier 2	QL (60 per 30 days)
JULUCA	Tier 2	QL (30 per 30 days)
STRIBILD	Tier 2	
TIVICAY (10 MG TABLET, 25 MG TABLET)	Tier 2	QL (30 per 30 days)
TIVICAY 50 MG TABLET	Tier 2	
TIVICAY PD	Tier 2	
VITEKTA	Tier 2	QL (30 per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA	Tier 2	QL (30 per 30 days)
COMPLERA	Tier 2	
DELSTRIGO	Tier 2	QL (30 per 30 days)
EDURANT	Tier 2	
<i>efavirenz</i>	Tier 2	
<i>efavirenz-emtricitabine-tenofovir disop</i>	Tier 2	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disop</i>	Tier 2	QL (30 per 30 days)
INTELENCE	Tier 2	QL (120 per 30 days)
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	Tier 1	
<i>nevirapine er</i>	Tier 1	QL (30 per 30 days)
PIFELTRO	Tier 2	QL (60 per 30 days)
RESCRIPTOR 200 MG TABLET	Tier 2	
SYMFI	Tier 2	QL (30 per 30 days)
SYMFI LO	Tier 2	QL (30 per 30 days)
VIRAMUNE 50 MG/5 ML SUSP	Tier 2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	Tier 1	
<i>abacavir-lamivudine</i>	Tier 2	
<i>abacavir-lamivudine-zidovudine</i>	Tier 2	
CIMDUO	Tier 2	QL (30 per 30 days)
DESCOVY	Tier 2	QL (30 per 30 days)
<i>didanosine</i>	Tier 1	
<i>emtricitabine</i>	Tier 2	
<i>emtricitabine-tenofovir disop</i>	Tier 2	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	Tier 2	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>lamivudine-zidovudine</i>	Tier 2	
ODEFSEY	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
<i>stavudine (1 mg/ml solution, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	Tier 1	
TEMIXYS	Tier 2	QL (30 per 30 days)
TRIUMEQ	Tier 2	QL (30 per 30 days)
TRUVADA	Tier 2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Tier 2	
ZERIT 1 MG/ML SOLUTION	Tier 2	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	Tier 1	
ANTI-HIV AGENTS, OTHER		
FUZEON	Tier 2	
RUKOBIA	Tier 2	
SELZENTRY (75 MG TABLET, 150 MG TABLET)	Tier 2	QL (60 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLN	Tier 2	
SELZENTRY 25 MG TABLET	Tier 2	QL (240 per 30 days)
SELZENTRY 300 MG TABLET	Tier 2	QL (120 per 30 days)
TROGARZO	Tier 2	
TYBOST	Tier 2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	Tier 2	
<i>atazanavir sulfate</i>	Tier 2	
CRIXIVAN	Tier 2	
EVOTAZ	Tier 2	QL (30 per 30 days)
<i>fosamprenavir calcium</i>	Tier 2	
INVIRASE	Tier 2	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	Tier 2	
LEXIVA 50 MG/ML SUSPENSION	Tier 2	
<i>lopinavir-ritonavir</i>	Tier 2	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	Tier 2	
PREZCOBIX	Tier 2	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Tier 2	
REYATAZ 50 MG POWDER PACKET	Tier 2	
<i>ritonavir</i>	Tier 1	
SYMTUZA	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
VIRACEPT	Tier 2	
ANTI-INFLUENZA AGENTS		
<i>amantadine (100 mg capsule, 100 mg tablet)</i>	Tier 1	
<i>oseltamivir 6 mg/ml suspension</i>	Tier 2	
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	Tier 1	
RELENZA	Tier 2	
<i>rimantadine hcl</i>	Tier 1	
XOFLUZA	Tier 2	QL (4 per 30 days)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	Tier 1	
<i>acyclovir 200 mg/5 ml susp</i>	Tier 2	
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	Tier 1	B/D PA
<i>famciclovir</i>	Tier 1	QL (90 per 30 days)
<i>trifluridine</i>	Tier 1	
<i>valacyclovir</i>	Tier 1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl</i>	Tier 1	
<i>hydroxyzine hcl (10 mg tablet, 50 mg tablet)</i>	Tier 2	
BENZODIAZEPINES		
<i>alprazolam</i>	Tier 1	
<i>alprazolam er</i>	Tier 1	
<i>alprazolam odt</i>	Tier 2	
<i>alprazolam xr</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>	Tier 1	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpuject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	Tier 1	
<i>oxazepam</i>	Tier 1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>duloxetine hcl dr 60 mg cap</i>	Tier 1	QL (60 per 30 days)
<i>escitalopram oxalate (5 mg tablet, 20 mg tablet)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANXIOLYTICS (CONTINUED)		
<i>paroxetine cr (cr 12.5 mg tablet, cr 25 mg tablet)</i>	Tier 2	
<i>paroxetine er (er 12.5 mg tablet, er 25 mg tablet)</i>	Tier 2	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Tier 1	
<i>venlafaxine hcl er 75 mg cap</i>	Tier 1	QL (90 per 30 days)
BIPOLAR AGENTS		
BIPOLAR AGENTS, OTHER		
ABILIFY MAINTENA ER 400 MG VL	Tier 2	
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 20 MG KIT)	Tier 2	PA
<i>aripiprazole (15 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>asenapine maleate (2.5 mg tablet sl, 10 mg tablet sl)</i>	Tier 2	PA, QL (60 per 30 days)
LATUDA 120 MG TABLET	Tier 2	PA, QL (30 per 30 days)
<i>olanzapine (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>quetiapine er 300 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>risperidone (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 4 mg tablet)</i>	Tier 1	
<i>risperidone odt (2 mg odt, 3 mg odt, 4 mg odt)</i>	Tier 2	
SAPHRIS (2.5 MG TAB, 10 MG TAB)	Tier 2	PA, QL (60 per 30 days)
MOOD STABILIZERS		
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tb start kit)</i>	Tier 2	
<i>lamotrigine (blue)</i>	Tier 2	
<i>lamotrigine odt</i>	Tier 2	
<i>lamotrigine odt (orange)</i>	Tier 2	
<i>lithium</i>	Tier 1	
<i>lithium carbonate (150 mg cap, 300 mg cap)</i>	Tier 1	
<i>lithium carbonate (300 mg tab, 600 mg cap)</i>	Tier 2	
<i>lithium carbonate er</i>	Tier 1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	Tier 1	
AVANDIA	Tier 2	
<i>chlorpropamide</i>	Tier 2	
<i>colesevelam hcl 3.75 g packet</i>	Tier 2	
CYCLOSET	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glipizide er</i>	Tier 1	
<i>glipizide xl</i>	Tier 1	
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide</i>	Tier 2	
<i>glyburide micronized</i>	Tier 2	
<i>glyburide-metformin hcl</i>	Tier 2	
GLYXAMBI	Tier 2	
INVOKAMET	Tier 2	
INVOKAMET XR	Tier 2	
INVOKANA	Tier 2	
JANUMET	Tier 2	
JANUMET XR	Tier 2	
JANUVIA	Tier 2	
JARDIANCE	Tier 2	
<i>metformin er 1000 mg osmotic tablet (generic for fortamet)</i>	Tier 2	PA
<i>metformin er 500 mg osmotic tablet (generic for fortamet)</i>	Tier 2	PA
<i>metformin hcl 1000mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl 500 mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl 850 mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl er 1000 mg tablet (generic for glumetza)</i>	Tier 2	PA
<i>metformin hcl er 500mg (generic for glucophage xr)</i>	Tier 1	
<i>metformin hcl er 500mg (generic for glumetza)</i>	Tier 2	PA
<i>metformin hcl er 750 mg (generic for glucophage xr)</i>	Tier 1	
<i>miglitol</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
OZEMPIC	Tier 2	
<i>pioglitazone hcl</i>	Tier 1	
<i>pioglitazone-glimepiride</i>	Tier 1	
<i>pioglitazone-metformin</i>	Tier 1	
<i>repaglinide</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
RYBELSUS	Tier 2	
SEGLUROMET	Tier 2	
SOLIQUA 100-33	Tier 2	
STEGLATRO	Tier 2	
STEGLUJAN	Tier 2	
SYMLINPEN 120	Tier 2	
SYMLINPEN 60	Tier 2	
SYNJARDY	Tier 2	
SYNJARDY XR	Tier 2	
<i>tolbutamide</i>	Tier 1	
TRIJARDY XR	Tier 2	
TRULICITY	Tier 2	
VICTOZA 2-PAK	Tier 2	
VICTOZA 3-PAK	Tier 2	
BLOOD GLUCOSE REGULATORS		
<i>alcohol 70% swabs</i>	Tier 2	
<i>alcohol pads</i>	Tier 2	
<i>alcohol prep pads</i>	Tier 2	
<i>autopen</i>	Tier 2	
<i>gauze pads 2 x 2</i>	Tier 2	
<i>inpen (for humalog)</i>	Tier 2	
<i>inpen (for novolog or fiasp)</i>	Tier 2	
INSULIN PEN NEEDLE	Tier 2	
INSULIN PEN NEEDLE, SAFETY	Tier 2	
INSULIN SYRINGE	Tier 2	
KORLYM	Tier 2	PA, QL (120 per 30 days)
<i>novopen echo</i>	Tier 2	
<i>v-go 20 disposable device</i>	Tier 2	
<i>v-go 30 disposable device</i>	Tier 2	
<i>v-go 40 disposable device</i>	Tier 2	
<i>vanishpoint insulin syringe</i>	Tier 2	
GLYCEMIC AGENTS		
BAQSIMI	Tier 2	QL (2 per 30 days)
<i>diazoxide</i>	Tier 2	
GLUCAGEN 1 MG HYPOKIT	Tier 2	QL (2 per 30 days)
GLUCAGON EMERGENCY KIT	Tier 2	QL (2 per 30 days)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	Tier 2	
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	Tier 2	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	Tier 2	QL (0.4 per 30 days)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	Tier 2	QL (0.4 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
PROGLYCEM	Tier 2	
INSULINS		
BASAGLAR KWIKPEN U-100	Tier 2	
HUMALOG 100 UNIT/ML CARTRIDGE	Tier 2	
HUMALOG 100 UNIT/ML VIAL	Tier 2	B/D PA
HUMALOG JUNIOR KWIKPEN	Tier 2	
HUMALOG KWIKPEN U-100	Tier 2	
HUMALOG KWIKPEN U-200	Tier 2	
HUMALOG MIX 50-50	Tier 2	
HUMALOG MIX 50-50 KWIKPEN	Tier 2	
HUMALOG MIX 75-25	Tier 2	
HUMALOG MIX 75-25 KWIKPEN	Tier 2	
HUMULIN 70-30	Tier 2	
HUMULIN 70/30 KWIKPEN	Tier 2	
HUMULIN N	Tier 2	
HUMULIN N KWIKPEN	Tier 2	
HUMULIN R	Tier 2	B/D PA
HUMULIN R U-500	Tier 2	B/D PA
HUMULIN R U-500 KWIKPEN	Tier 2	
<i>insulin lispro</i>	Tier 2	B/D PA
<i>insulin lispro junior kwikpen</i>	Tier 2	
<i>insulin lispro kwikpen u-100</i>	Tier 2	
<i>insulin lispro protamine mix</i>	Tier 2	
LANTUS	Tier 2	
LANTUS SOLOSTAR	Tier 2	
TOUJEO MAX SOLOSTAR	Tier 2	
TOUJEO SOLOSTAR	Tier 2	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
COUMADIN	Tier 2	
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	Tier 2	QL (74 per 30 days)
ELIQUIS 2.5 MG TABLET	Tier 2	QL (60 per 30 days)
<i>enoxaparin sodium</i>	Tier 2	
<i>fondaparinux sodium</i>	Tier 2	
FRAGMIN (7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	Tier 2	
<i>heparin sodium</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD PRODUCTS AND MODIFIERS (CONTINUED)		
<i>heparin sodium in 0.45% nacl (heparin-1/2ns 25,000 units/500, heparin 25,000 unit/250-1/2 ns)</i>	Tier 1	
<i>heparin sodium-0.45% nacl (heparin-12,500 unit/250-1/2, heparin 25,000 unit/500-1/2)</i>	Tier 1	
<i>heparin sodium-0.9% nacl (1,000 unit/500 ml- ns, 2,000 unit/1,000 ml-ns)</i>	Tier 1	
JANTOVEN	Tier 1	
PRADAXA	Tier 2	QL (60 per 30 days)
<i>warfarin sodium</i>	Tier 1	
XARELTO (10 MG TABLET, 20 MG TABLET)	Tier 2	QL (30 per 30 days)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	Tier 2	QL (60 per 30 days)
XARELTO DVT-PE TREAT START 30D	Tier 2	QL (51 per 30 days)
ZONTIVITY	Tier 2	PA, QL (30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</i>	Tier 1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	Tier 2	PA
EPOGEN	Tier 2	PA
LEUKINE	Tier 2	
MULPLETA	Tier 2	PA, QL (7 per 30 days)
PROCRT	Tier 2	PA
PROMACTA (12.5 MG TABLET, 50 MG TABLET, 75 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
PROMACTA 12.5 MG SUSPEN PACKET	Tier 2	PA
PROMACTA 25 MG SUSPENSION PCKT	Tier 2	PA, QL (90per 30 days)
PROMACTA 25 MG TABLET	Tier 2	PA, QL (90 per 30 days)
<i>protamine sulfate</i>	Tier 2	
UDENYCA	Tier 2	QL (2 per 30 days)
ZARXIO	Tier 2	
HEMOSTASIS AGENTS		
<i>aminocaproic acid (500 mg tab, 1,000 mg tab)</i>	Tier 2	

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD PRODUCTS AND MODIFIERS (CONTINUED)		
<i>tranexamic acid 650 mg tablet</i>	Tier 1	
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er</i>	Tier 2	QL (60 per 30 days)
BRILINTA	Tier 2	QL (60 per 30 days)
CABLIVI 11 MG KIT	Tier 2	PA, QL (31 per 30 days)
<i>cilostazol</i>	Tier 1	
<i>clopidogrel 300 mg tablet</i>	Tier 1	QL (1 per 30 days)
<i>clopidogrel 75 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	Tier 1	
DOPTELET	Tier 2	PA, QL (90 per 30 days)
<i>prasugrel hcl</i>	Tier 2	QL (30 per 30 days)
TAVALISSE	Tier 2	PA, QL (60 per 30 days)
<i>ticlopidine hcl</i>	Tier 1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	Tier 1	
<i>clonidine patch</i>	Tier 2	QL (8 per 28 days)
<i>guanfacine hcl</i>	Tier 1	
<i>methyldopa</i>	Tier 2	
<i>midodrine hcl</i>	Tier 1	
NORTHERA	Tier 2	PA, QL (180 per 30 days)
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 8 mg tab)</i>	Tier 1	
<i>phenoxybenzamine hcl</i>	Tier 2	
<i>prazosin hcl</i>	Tier 1	
<i>terazosin hcl (1 mg capsule, 5 mg capsule, 10 mg capsule)</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	Tier 1	QL (30 per 30 days)
EDARBI	Tier 2	ST, QL (30 per 30 days)
<i>eprosartan mesylate</i>	Tier 1	QL (30 per 30 days)
<i>irbesartan (75 mg tablet, 150 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>irbesartan 300 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>losartan potassium (50 mg tab, 100 mg tab)</i>	Tier 1	QL (60 per 30 days)
<i>losartan potassium 25 mg tab</i>	Tier 1	QL (120 per 30 days)
<i>olmesartan medoxomil</i>	Tier 1	
<i>telmisartan</i>	Tier 1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>valsartan 320 mg tablet</i>	Tier 1	QL (30 per 30 days)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
<i>quinapril hcl</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	Tier 1	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	Tier 1	
<i>digoxin 0.05 mg/ml solution</i>	Tier 2	
<i>dofetilide</i>	Tier 1	
<i>flecainide acetate</i>	Tier 1	
ISUPREL	Tier 2	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	Tier 2	
<i>mexiletine hcl</i>	Tier 1	
MULTAQ	Tier 2	QL (60 per 30 days)
PACERONE	Tier 1	
<i>propafenone hcl</i>	Tier 1	
<i>propafenone hcl er</i>	Tier 1	
<i>propranolol er 120 mg capsule</i>	Tier 1	
<i>quinidine gluc er 324 mg tab</i>	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
SORINE	Tier 1	
<i>sotalol</i>	Tier 1	
<i>sotalol af</i>	Tier 1	
SOTYLIZE	Tier 2	
<i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>	Tier 1	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	Tier 1	

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	Tier 2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET	Tier 2	QL (60 per 30 days)
<i>carvedilol</i>	Tier 1	
<i>carvedilol er</i>	Tier 2	QL (30 per 30 days)
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>metoprolol succinate er</i>	Tier 1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	Tier 1	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 160 mg capsule)</i>	Tier 1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	Tier 1	
<i>felodipine er</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	Tier 1	
<i>nifedipine er</i>	Tier 1	
<i>nimodipine</i>	Tier 2	
<i>nisoldipine</i>	Tier 1	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT	Tier 1	
DILT-XR	Tier 1	
<i>diltiazem 12hr er</i>	Tier 1	
<i>diltiazem 24hr er</i>	Tier 1	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp, 24h er(cd) 360 mg cp)</i>	Tier 1	
<i>diltiazem 24hr er (la)</i>	Tier 1	
<i>diltiazem 24hr er (xr)</i>	Tier 1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	Tier 1	

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
TIADYLT ER	Tier 1	
<i>verapamil 360 mg cap pellet</i>	Tier 2	
<i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>	Tier 1	
<i>verapamil er pm</i>	Tier 1	
<i>verapamil sr</i>	Tier 1	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide 250 mg tablet</i>	Tier 1	
<i>aliskiren 150 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>aliskiren 300 mg tablet</i>	Tier 2	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>amlodipine besylate-benazepril</i>	Tier 1	
<i>amlodipine-atorvastatin</i>	Tier 2	QL (30 per 30 days)
<i>amlodipine-olmesartan</i>	Tier 1	QL (30 per 30 days)
<i>amlodipine-valsartan</i>	Tier 1	QL (30 per 30 days)
<i>amlodipine-valsartan-hctz</i>	Tier 2	QL (30 per 30 days)
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
BIDIL	Tier 2	QL (180 per 30 days)
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazide</i>	Tier 1	QL (30 per 30 days)
<i>captopril-hydrochlorothiazide</i>	Tier 1	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	Tier 2	QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLN	Tier 2	
DEM SER	Tier 2	
DIGITEK	Tier 1	
DIGOX	Tier 1	
EDARBYCLOR	Tier 2	ST, QL (30 per 30 days)
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
ENTRESTO	Tier 2	QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hctz 150-12.5 mg tb</i>	Tier 1	QL (60 per 30 days)
<i>irbesartan-hctz 300-12.5 mg tb</i>	Tier 1	QL (30 per 30 days)
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hctz 50-12.5 mg tab</i>	Tier 1	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	Tier 1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>methyldopa-hydrochlorothiazide</i>	Tier 2	
<i>metoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metyrosine</i>	Tier 2	
<i>nadolol-bendroflu 80-5 mg tab</i>	Tier 1	
<i>olmesartanamlodipine-hctz</i>	Tier 1	QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>pentoxifylline</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ranolazine er</i>	Tier 1	
<i>spironolactone-hctz</i>	Tier 1	
TEKTURNA HCT	Tier 2	QL (30 per 30 days)
<i>telmisartanamlodipine</i>	Tier 2	QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	QL (30 per 30 days)
<i>trandolapril-verapamil er</i>	Tier 2	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	QL (30 per 30 days)
VECAMYL	Tier 2	
VERQUVO (2.5 MG TABLET, 5 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
VERQUVO 10 MG TABLET	Tier 2	PA
DIURETICS, LOOP		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	Tier 1	
<i>ethacrynic acid</i>	Tier 2	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial)</i>	Tier 1	
<i>torsemide</i>	Tier 1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	Tier 1	
<i>eplerenone</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<i>triamterene</i>	Tier 2	
DIURETICS, THIAZIDE		
<i>chlorothiazide</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet, 130 mg capsule, 150 mg capsule)</i>	Tier 2	QL (30 per 30 days)
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	Tier 1	QL (30 per 30 days)
<i>fenofibric acid (35 mg tablet, 105 mg tablet)</i>	Tier 1	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	Tier 1	QL (30 per 30 days)
<i>gemfibrozil</i>	Tier 1	
TRIGLIDE	Tier 2	QL (30 per 30 days)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	Tier 1	
<i>fluvastatin er</i>	Tier 1	QL (30 per 30 days)
<i>fluvastatin sodium 20 mg cap</i>	Tier 1	QL (30 per 30 days)
<i>fluvastatin sodium 40 mg cap</i>	Tier 1	QL (60 per 30 days)
LIVALO	Tier 2	QL (30 per 30 days)
<i>lovastatin</i>	Tier 1	
<i>pravastatin sodium</i>	Tier 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	Tier 1	QL (45 per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	Tier 1	QL (30 per 30 days)
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	Tier 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (packet, powder)</i>	Tier 1	
<i>cholestyramine light (packet, powder)</i>	Tier 1	
<i>colesevelam 625 mg tablet</i>	Tier 2	
<i>colestipol hcl (hcl 1 gm tablet, hcl granules, hcl granules packet, micronized 1 gm tab)</i>	Tier 1	
<i>ezetimibe</i>	Tier 1	QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	Tier 1	QL (30 per 30 days)
<i>icosapent ethyl</i>	Tier 2	QL (120 per 30 days)
JUXTAPID	Tier 2	PA, QL (30 per 30 days)
<i>niacin 500 mg tablet (rx version only)</i>	Tier 2	
<i>niacin er (er 750 mg tablet, er 1,000 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>niacin er 500 mg tablet</i>	Tier 1	QL (90 per 30 days)
NIACOR	Tier 2	
<i>omega-3 acid ethyl esters</i>	Tier 1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
PRALUENT PEN	Tier 2	QL (2 per 28 days)
PRALUENT SYRINGE	Tier 2	QL (2 per 28 days)
PREVALITE (PACKET, POWDER)	Tier 1	
REPATHA PUSHTRONEX	Tier 2	QL (4 per 30 days)
REPATHA SURECLICK	Tier 2	QL (2 per 28 days)
REPATHA SYRINGE	Tier 2	QL (2 per 28 days)
VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE)	Tier 2	QL (120 per 30 days)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	Tier 1	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
DILATRATE-SR	Tier 2	
GONITRO	Tier 2	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	Tier 1	
<i>isosorbide dinitrate 40 mg tab</i>	Tier 2	
<i>isosorbide mononitrate</i>	Tier 1	
<i>isosorbide mononitrate er</i>	Tier 1	
MINITRAN	Tier 1	
NITRO-BID	Tier 2	
NITRO-DUR (0.1 PATCH, 0.2 PATCH, 0.3 PATCH, 0.4 PATCH, 0.6 PATCH, 0.8 PATCH)	Tier 2	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)</i>	Tier 1	
<i>nitroglycerin 400 mcg lingual spray</i>	Tier 2	
<i>nitroglycerin 400 mcg spray</i>	Tier 2	
<i>nitroglycerin patch</i>	Tier 1	
NITROLINGUAL	Tier 2	
NITROMIST	Tier 2	
RECTIV	Tier 2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine sulfate</i>	Tier 2	PA
<i>dextroamp-amphet er 30 mg cap</i>	Tier 2	QL (60 per 30 days)
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5 ml, 10 mg tab)</i>	Tier 2	
<i>dextroamphetamine sulfate er</i>	Tier 2	
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap)</i>	Tier 2	QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
<i>dextroamphetamine-amphetamine</i>	Tier 2	
<i>methamphetamine hcl</i>	Tier 2	PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	Tier 2	
<i>clonidine hcl er</i>	Tier 2	QL (120 per 30 days)
DAYTRANA	Tier 2	QL (30 per 30 days)
<i>dexmethylphenidate hcl</i>	Tier 2	
<i>dexmethylphenidate hcl er (er 15 mg cp, er 20 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	Tier 2	QL (30 per 30 days)
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp)</i>	Tier 2	QL (60 per 30 days)
<i>guanfacine hcl er (er 1 mg tablet, er 2 mg tablet)</i>	Tier 2	QL (60 per 30 days)
<i>guanfacine hcl er (er 3 mg tablet, er 4 mg tablet)</i>	Tier 2	QL (30 per 30 days)
METADATE ER	Tier 1	
METHYLIN (2.5 MG TAB, 5 MG TABLET, 10 MG TABLET)	Tier 2	
<i>methylphenidate cd 30 mg cap</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap, er 40 mg cap, er 50 mg cap, er 60 mg cap, er 72 mg tab)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	Tier 1	
<i>methylphenidate er (er 18 mg tab, er 27 mg tab)</i>	Tier 2	QL (90 per 30 days)
<i>methylphenidate er (er 36 mg tab, er 54 mg tab)</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp)</i>	Tier 2	QL (90per 30 days)
<i>methylphenidate er(cd) 30mg cp</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er(la) 30mg cp</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er(la) 40mg cp</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 10 mg chew tab)</i>	Tier 2	
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap)</i>	Tier 2	QL (90 per 30 days)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp)</i>	Tier 2	QL (90 per 30 days)
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate la (10 mg cap, 20 mg cap)</i>	Tier 2	QL (90per 30 days)
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate la 30 mg cap</i>	Tier 2	QL (60 per 30 days)
RELEXXII	Tier 2	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET	Tier 2	PA, QL (60 per 30 days)
<i>carbamazepine er 100 mg tablet</i>	Tier 1	
FIRDAPSE	Tier 2	PA
<i>gabapentin (250 mg/5 ml soln, 300 mg capsule, 300 mg/6 ml soln, 400 mg capsule, 800 mg tablet)</i>	Tier 1	
GRALISE 30-DAY STARTER PACK	Tier 2	PA
GRALISE ER 300 MG TABLET	Tier 2	PA, QL (60 per 30 days)
GRALISE ER 600 MG TABLET	Tier 2	PA, QL (90 per 30 days)
HORIZANT ER 300 MG TABLET	Tier 2	PA, QL (90 per 30 days)
HORIZANT ER 600 MG TABLET	Tier 2	PA, QL (60 per 30 days)
INGREZZA 40 MG CAPSULE	Tier 2	PA, QL (30 per 30 days)
INGREZZA 80 MG CAPSULE	Tier 2	PA
INGREZZA INITIATION PACK	Tier 2	PA
NUEDEXTA	Tier 2	PA, QL (60 per 30 days)
<i>phentermine hcl</i>	Tier 1	QL (84 per 365 days), (capped benefit), EX
<i>riluzole</i>	Tier 1	
<i>tetrabenazine 12.5 mg tablet</i>	Tier 2	PA, QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i>	Tier 2	PA, QL (120 per 30 days)
TIGLUTIK	Tier 2	
FIBROMYALGIA AGENTS		
<i>duloxetine hcl dr 20 mg cap</i>	Tier 1	QL (60 per 30 days)
<i>duloxetine hcl dr 30 mg cap</i>	Tier 1	QL (90 per 30 days)
<i>pregabalin 100 mg capsule</i>	Tier 2	QL (180 per 30 days)
<i>pregabalin 150 mg capsule</i>	Tier 2	QL (120 per 30 days)
<i>pregabalin 225 mg capsule</i>	Tier 2	QL (90per 30 days)
<i>pregabalin 25 mg capsule</i>	Tier 2	QL (720 per 30 days)
<i>pregabalin 50 mg capsule</i>	Tier 2	QL (360 per 30 days)
<i>pregabalin 75 mg capsule</i>	Tier 2	QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 2	ST, QL (60 per 30 days)
SAVELLA TITRATION PACK		
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	Tier 2	QL (30 per 30 days)
AVONEX PEN	Tier 2	QL (4 per 30 days)
AVONEX PREFILLED SYR 30 MCG KT	Tier 2	QL (4 per 28 days)
BETASERON	Tier 2	PA, QL (14 per 28 days)
COPAXONE 20 MG/ML SYRINGE	Tier 2	PA, QL (30 per 30 days)
COPAXONE 40 MG/ML SYRINGE	Tier 2	QL (12 per 28 days)
<i>dalfampridine er</i>	Tier 2	QL (60 per 30 days)
<i>dimethyl fumarate</i>	Tier 2	QL (60 per 30 days)
EXTAVIA	Tier 2	PA, QL (15 per 30 days)
GILENYA 0.5 MG CAPSULE	Tier 2	QL (30 per 30 days)
<i>glatiramer 20 mg/ml syringe</i>	Tier 2	QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i>	Tier 2	QL (12 per 28 days)
GLATOPA 20 MG/ML SYRINGE	Tier 2	QL (30 per 30 days)
GLATOPA 40 MG/ML SYRINGE	Tier 2	QL (12 per 28 days)
MAVENCLAD	Tier 2	PA
MAYZENT (0.25 MG TABLET, 2 MG TABLET)	Tier 2	
PLEGRIDY	Tier 2	QL (1 per 28 days)
PLEGRIDY PEN	Tier 2	QL (1 per 28 days)
REBIF	Tier 2	QL (12 per 28 days)
REBIF REBIDOSE	Tier 2	QL (12 per 28 days)
TECFIDERA	Tier 2	QL (60 per 30 days)
ZEPOSIA	Tier 2	
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	Tier 2	
<i>chlorhexidine 0.12% rinse</i>	Tier 1	
DENTA 5000 PLUS	Tier 1	
DENTAGEL	Tier 1	
<i>doxycycline hyclate 20 mg tab</i>	Tier 1	
ORALONE	Tier 1	
PAROEX	Tier 1	
PERIOGARD	Tier 1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	Tier 2	
PREVIDENT 5000 1.1% DRY MOUTH	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DENTAL AND ORAL AGENTS (CONTINUED)		
PREVIDENT 5000 ENAMEL PROTECT	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE	Tier 2	
PREVIDENT 5000 SENSITIVE	Tier 2	
SF 1.1% GEL	Tier 1	
SF 5000 PLUS	Tier 1	
<i>sodium fluoride (1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
<i>sodium fluoride enamel protect</i>	Tier 1	
<i>sodium fluoride sensitive</i>	Tier 1	
<i>triamcinolone 0.1% paste</i>	Tier 1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	Tier 2	
ABSORICA LD	Tier 2	
<i>acitretin</i>	Tier 2	
<i>adapalene (0.1% cream, 0.1% gel, 0.1% solution, 0.1% swab, 0.3% gel, 0.3% gel pump)</i>	Tier 2	PA
<i>adapalene-benzoyl peroxide</i>	Tier 2	
ALTRENO	Tier 2	PA
AMNESTEEM	Tier 2	
ARAZLO	Tier 2	PA
AVITA	Tier 2	PA
<i>azelaic acid</i>	Tier 2	
AZELEX	Tier 2	
CLARAVIS	Tier 2	
<i>clind ph-benzoyl pero 1.2-2.5%</i>	Tier 2	
<i>clind ph-benzoyl perox 1.2-5%</i>	Tier 2	
<i>clindamycin phos-tretinoin</i>	Tier 2	
<i>clindamycin-benzoyl perox 1-5%</i>	Tier 2	
<i>clindamycin-benzoyl peroxide</i>	Tier 2	
DIFFERIN 0.1% LOTION	Tier 2	PA
EPIDUO FORTE	Tier 2	
<i>erythromycin-benzoyl peroxide</i>	Tier 2	
FABIOR	Tier 2	PA
FINACEA 15% FOAM	Tier 2	
<i>isotretinoin</i>	Tier 2	
MYORISAN	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
ONEXTON GEL PUMP	Tier 2	
RETIN-A MICRO PUMP (PUMP 0.06% GEL, PUMP 0.08% GEL)	Tier 2	PA
<i>tazarotene</i>	Tier 2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	Tier 2	PA
<i>tretinoi (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i>	Tier 2	PA
<i>tretinoi microsphere</i>	Tier 2	PA
ZENATANE	Tier 2	
DERMATITIS AND PRURITUS AGENTS		
ALA-CORT	Tier 1	
<i>alclometasone dipropionate</i>	Tier 1	
<i>amcinonide (0.1% cream, 0.1% lotion, 0.1% ointment)</i>	Tier 2	
<i>ammonium lactate</i>	Tier 1	
BESER	Tier 2	
<i>betamethasone diprop augmented (0.05% crm, 0.05% gel, 0.05% lot, 0.05% oin)</i>	Tier 1	
<i>betamethasone dipropionate (0.05% crm, 0.05% lot, 0.05% oint)</i>	Tier 1	
<i>betamethasone valer 0.12% foam</i>	Tier 2	
<i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)</i>	Tier 1	
CAPEX SHAMPOO	Tier 2	ST
<i>clobetasol emollient</i>	Tier 2	
<i>clobetasol emulsion</i>	Tier 2	
<i>clobetasol propionate (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% shampoo, 0.05% solution, 0.05% topical lotn, prop 0.05% foam, prop 0.05% spray)</i>	Tier 2	
<i>clocortolone pivalate</i>	Tier 1	
CORDRAN 4 MCG/SQ CM TAPE LARGE	Tier 2	ST
DESONATE	Tier 2	ST
<i>desonide (0.05% cream, 0.05% gel, 0.05% lotion, 0.05% ointment)</i>	Tier 2	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment, 0.25% spray)</i>	Tier 2	
<i>diflorasone diacetate</i>	Tier 2	
<i>doxepin 5% cream</i>	Tier 2	PA, QL (90 per 30 days)
DUOBRII	Tier 2	PA, QL (200 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	Tier 1	
<i>fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution)</i>	Tier 1	
<i>fluocinonide 0.1% cream</i>	Tier 2	
<i>fluocinonide-e</i>	Tier 1	
<i>flurandrenolide (0.05% cream, 0.05% lotion, 0.05% ointment)</i>	Tier 2	
<i>fluticasone prop 0.05% lotion</i>	Tier 2	
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	Tier 1	
<i>halcinonide</i>	Tier 2	
<i>halobetasol prop 0.05% cream</i>	Tier 1	
<i>halobetasol prop 0.05% foam</i>	Tier 2	ST
<i>halobetasol prop 0.05% ointmnt</i>	Tier 2	
HALOG 0.1% OINTMENT	Tier 2	ST
<i>hydrocortisone (1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment)</i>	Tier 1	
<i>hydrocortisone butyr 0.1% lotn</i>	Tier 2	
<i>hydrocortisone butyrate (hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint, hydrocortisone butyr 0.1% soln)</i>	Tier 1	
<i>hydrocortisone val 0.2% cream</i>	Tier 1	
<i>hydrocortisone val 0.2% ointmt</i>	Tier 2	
IMPOYZ	Tier 2	ST
LEXETTE	Tier 2	ST
<i>mometasone furoate (0.1% cream, 0.1% oint, 0.1% soln)</i>	Tier 1	
NOLIX (0.05% CREAM, 0.05% LOTION)	Tier 2	
<i>pimecrolimus</i>	Tier 2	QL (100 per 30 days)
PRAMOSONE 1% LOTION	Tier 1	
<i>prednicarbate</i>	Tier 1	
PROCTO-PAK	Tier 1	
PROCTOSOL-HC	Tier 1	
PROCTOZONE-HC	Tier 1	
PRUDOXIN	Tier 2	
<i>selenium sulfide 2.5% lotion</i>	Tier 1	
SERNIVO	Tier 2	ST

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	Tier 1	QL (100 per 30 days)
<i>triamcinolone 0.05% ointment</i>	Tier 2	
<i>triamcinolone 0.147 mg/g topical spray</i>	Tier 2	QL (100 per 30 days)
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	Tier 1	
TRIANEX	Tier 2	
TRIDERM	Tier 1	
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM HC (1% CREAM, 2.5%-1% LOTION)	Tier 1	
<i>calcipotriene (0.005% cream, 0.005% ointment, 0.005% solution)</i>	Tier 2	
<i>calcipotriene-betamethasone</i>	Tier 2	PA
<i>calcipotriene-betamethasone dp</i>	Tier 2	
CALCITRENE	Tier 2	
<i>calcitriol 3 mcg/g ointment</i>	Tier 2	
CARAC	Tier 2	
<i>clotrimazole-betamethasone (crm, lot)</i>	Tier 1	
CONDYLOX 0.5% GEL	Tier 2	
CORTIFOAM	Tier 2	
CORTISPORIN OINTMENT	Tier 2	
<i>diclofenac sodium 3% gel</i>	Tier 2	PA
ENSTILAR	Tier 2	PA
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	Tier 1	
<i>fluorouracil 0.5% cream</i>	Tier 2	
<i>hydrocort-pramoxine 1%-1% crm</i>	Tier 1	
<i>imiquimod (3.75% cream, 3.75% cream pump, 5% cream packet)</i>	Tier 2	
KLISYRI	Tier 2	PA
<i>methoxsalen</i>	Tier 2	
NEO-SYNALAR 0.5%-0.025% CREAM	Tier 2	
<i>nystatin-triamcinolone</i>	Tier 1	
OTEZLA	Tier 2	PA, QL (60 per 30 days)
PICATO	Tier 2	
<i>podofilox</i>	Tier 1	
PRAMOSONE (1%-1% CREAM, 2.5%-1% LOTION)	Tier 1	
PROCTOFOAM-HC	Tier 2	

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
REGRANEX	Tier 2	
SANTYL	Tier 2	
<i>silver sulfadiazine</i>	Tier 1	
SORILUX	Tier 2	
SSD	Tier 1	
<i>sterile water for irrigation</i>	Tier 1	
TACLONEX 0.005%-0.064% SUSPENS	Tier 2	PA
THERMAZENE	Tier 1	
TIS-U-SOL PENTALYTE	Tier 1	
TOLAK	Tier 2	
U-CORT	Tier 1	
UVADEX	Tier 2	
XERESE	Tier 2	
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM, 3.75% CREAM PUMP)	Tier 2	
PEDICULICIDES/SCABICIDES		
CROTAN	Tier 2	
<i>ivermectin (0.5% lotion, 1% cream)</i>	Tier 2	
<i>lindane 1% shampoo</i>	Tier 2	
<i>malathion</i>	Tier 2	
<i>permethrin</i>	Tier 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5% cream</i>	Tier 2	QL (15 per 30 days)
<i>acyclovir 5% ointment</i>	Tier 2	QL (30 per 30 days)
CICLODAN 8% SOLUTION	Tier 2	ST
<i>ciclopirox (0.77% gel, 0.77% topical susp, 1% shampoo, 8% solution)</i>	Tier 1	
<i>clindamycin phosphate (ph 1% solution, phosp 1% lotion)</i>	Tier 1	
<i>clindamycin phosphate 1% foam</i>	Tier 2	
<i>clindamycin phosphate 1% gel (alternative to clindagel)</i>	Tier 2	
<i>clindamycin phosphate 1% gel (generic for cleocin t)</i>	Tier 1	
CLINDESSE	Tier 2	
<i>dapsone (5% gel, 7.5% gel pump)</i>	Tier 2	
DENAVIR	Tier 2	QL (5 per 30 days)
ERY 2% PADS	Tier 1	
<i>erythromycin (2% gel, 2% pledges, 2% solution)</i>	Tier 1	
MENTAX	Tier 2	ST

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>mupirocin 2% cream</i>	Tier 2	
<i>mupirocin 2% ointment</i>	Tier 1	
SULFAMYLYON 8.5% CREAM	Tier 2	
XEPI	Tier 2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	Tier 2	B/D PA
AMINOSYN-PF	Tier 2	B/D PA
CARBAGLU	Tier 2	PA
CLINIMIX	Tier 2	B/D PA
CLINIMIX E	Tier 2	B/D PA
CLINIMIX N14G30E	Tier 2	B/D PA
CLINIMIX N9G15E	Tier 2	B/D PA
CLINIMIX N9G20E	Tier 2	B/D PA
CLINISOL	Tier 2	B/D PA
CLINOLIPID	Tier 2	B/D PA
<i>d5w-kcl 30 meq/l iv solution</i>	Tier 1	
<i>dextrose 10%-0.2% nacl</i>	Tier 1	
<i>dextrose 10%-0.45% nacl</i>	Tier 1	
<i>dextrose 2.5%-0.45% nacl</i>	Tier 1	
<i>dextrose 5%-0.2% nacl</i>	Tier 1	
<i>dextrose 5%-0.2% nacl-kcl</i>	Tier 1	
<i>dextrose 5%-0.225% nacl</i>	Tier 1	
<i>dextrose 5%-0.225% nacl-kcl</i>	Tier 1	
<i>dextrose 5%-0.3% nacl</i>	Tier 1	
<i>dextrose 5%-0.3% nacl-kcl</i>	Tier 1	
<i>dextrose 5%-0.33% nacl</i>	Tier 1	
<i>dextrose 5%-0.45% nacl</i>	Tier 1	
<i>dextrose 5%-0.45% nacl-kcl</i>	Tier 1	
<i>dextrose 5%-0.9% nacl</i>	Tier 1	
<i>dextrose 5%-1/2ns-kcl</i>	Tier 1	
<i>dextrose 5%-1/4ns-kcl (d5%-1/4ns-kcl 30 iv sol, d5%-1/4ns-kcl 40 iv sol)</i>	Tier 1	
<i>dextrose 5%-electrolyte #48</i>	Tier 1	
<i>dextrose 5%-ns-kcl</i>	Tier 1	
<i>dextrose in lactated ringers</i>	Tier 1	
<i>dextrose in water</i>	Tier 1	
FREAMINE HBC	Tier 2	B/D PA
FREAMINE III	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
<i>glucose in water</i>	Tier 1	
HEPATAMINE	Tier 1	B/D PA
INTRALIPID	Tier 2	B/D PA
IONOSOL MB-DEXTROSE 5%	Tier 2	
ISOLYTE P WITH DEXTROSE	Tier 2	
ISOLYTE S	Tier 2	
KABIVEN	Tier 2	B/D PA
<i>kcl 40 meq in d5w-lact ringer</i>	Tier 2	
KLOR-CON 10	Tier 1	
KLOR-CON 20 MEQ PACKET (SELECT MANUFACTURERS ONLY)	Tier 2	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
KLOR-CON SPRINKLE	Tier 1	
<i>lactated ringers</i>	Tier 1	
<i>levocarnitine 1 g/10 ml soln</i>	Tier 2	
<i>levocarnitine 330 mg tablet</i>	Tier 1	
<i>levocarnitine sf</i>	Tier 2	
<i>magnesium chl 200 mg/ml vial</i>	Tier 2	
<i>magnesium sulf 1 g/100 ml-d5w</i>	Tier 2	
<i>magnesium sulfate (2 g/50 ml bag, 4 g/100 ml bag, 4 g/50 ml bag, 20 g/500 ml bag, 40 g/1,000 ml)</i>	Tier 2	
<i>magnesium sulfate (50% syringe, 50% vial)</i>	Tier 1	
NEPHRAMINE	Tier 2	B/D PA
NORMOSOL-M AND DEXTROSE	Tier 2	
NORMOSOL-R	Tier 2	
NORMOSOL-R AND DEXTROSE	Tier 2	
NORMOSOL-R PH 7.4	Tier 2	
NUTRILIPID	Tier 2	B/D PA
OMEGAVEN	Tier 2	B/D PA
PERIKABIVEN	Tier 2	B/D PA
PLASMA-LYTE 148	Tier 2	
PLASMA-LYTE A PH 7.4	Tier 2	
<i>potassium chloride (10% (20 meq/15ml), 10% (40 meq/30ml), 20% (40 meq/15ml))</i>	Tier 2	
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 20 tablet)</i>	Tier 1	
<i>potassium citrate er</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
<i>potassium cl 20 meq packet (select manufacturers only)</i>	Tier 2	
PREMASOL	Tier 2	B/D PA
PROCALAMINE	Tier 2	B/D PA
PROSOL	Tier 2	B/D PA
RENACIDIN	Tier 2	
<i>ringers injection</i>	Tier 1	
<i>ringers irrigation</i>	Tier 1	
SMOFLIPID	Tier 2	B/D PA
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% press sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)</i>	Tier 1	
<i>sodium chloride-water</i>	Tier 1	
<i>sodium fluoride 1 mg oral tablet</i>	Tier 1	
TRAVASOL	Tier 2	B/D PA
TROPHAMINE	Tier 2	B/D PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	Tier 2	
CLOVIQUE	Tier 2	ST
<i>deferasirox (90 mg granule, 90 mg tablet, 125 mg tb for susp, 180 mg granule, 180 mg tablet, 250 mg tb for susp, 360 mg granule, 360 mg tablet, 500 mg tb for susp)</i>	Tier 2	
<i>deferiprone</i>	Tier 2	
<i>deferoxamine mesylate</i>	Tier 1	
DESFERAL	Tier 2	
DESFERAL MESYLATE	Tier 2	
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	Tier 2	
JADENU SPRINKLE	Tier 2	
JYNARQUE (15 MG TABLET, 30 MG TABLET)	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Tier 2	PA, QL (56 per 28 days)
<i>penicillamine 250 mg capsule</i>	Tier 2	ST
<i>penicillamine 250 mg tablet</i>	Tier 2	
SAMSCA	Tier 2	PA
<i>tolvaptan</i>	Tier 2	PA
<i>trientine hcl</i>	Tier 2	ST
PHOSPHATE BINDERS		
AURYXIA	Tier 2	PA
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	Tier 1	
<i>lanthanum carbonate</i>	Tier 2	
<i>sevelamer 0.8 gm powder packet (generic for renvela)</i>	Tier 2	QL (180 per 30 days)
<i>sevelamer 2.4 gm powder packet (generic for renvela)</i>	Tier 2	
<i>sevelamer carbonate 800 mg tab (generic for renvela)</i>	Tier 2	
<i>sevelamer hcl 400 mg tab (generic for renagel)</i>	Tier 2	
<i>sevelamer hcl 800 mg tab (generic for renagel)</i>	Tier 2	
VELPHORO	Tier 2	
POTASSIUM BINDERS		
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	Tier 1	
LOKELMA	Tier 2	QL (90per 30 days)
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	Tier 1	
SPS	Tier 1	
VITAMINS		
AZESCHEW	Tier 2	
<i>cyanocobalamin injection</i>	Tier 1	EX
<i>folic acid 1 mg tablet</i>	Tier 1	EX
<i>phytonadione 5 mg tablet</i>	Tier 2	EX
VITAFOL FE PLUS	Tier 2	
<i>vitamin d2 1.25mg(50,000 unit)</i>	Tier 1	EX
WESTAB PLUS	Tier 2	
WESTGEL DHA	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
CONSTULOSE	Tier 1	
ENULOSE	Tier 1	
GENERLAC	Tier 1	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	Tier 2	
<i>lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)</i>	Tier 1	
<i>lactulose 10 gm packet</i>	Tier 2	
LINZESS	Tier 2	QL (30 per 30 days)
MOVANTIK	Tier 2	QL (30 per 30 days)
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	Tier 2	PA, QL (30 per 30 days)
RELISTOR 150 MG TABLET	Tier 2	PA, QL (90 per 30 days)
SYMPROIC	Tier 2	PA, QL (30 per 30 days)
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	Tier 2	QL (60 per 30 days)
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	Tier 1	
<i>loperamide 2 mg capsule</i>	Tier 1	
MYTESI	Tier 2	PA
VIBERZI	Tier 2	QL (60 per 30 days)
XERMELO	Tier 2	PA, QL (90 per 30 days)
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide/clidinium (select manufacturers only)</i>	Tier 2	
<i>dicyclomine 10 mg/5 ml soln</i>	Tier 2	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	Tier 1	
GLYCATE	Tier 2	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	Tier 1	
<i>methscopolamine bromide</i>	Tier 1	
GASTROINTESTINAL AGENTS, OTHER		
CHENODAL	Tier 2	
CLENPIQ	Tier 2	
GATTEX	Tier 2	PA
GAVILYTE-C	Tier 1	
GAVILYTE-G	Tier 1	
GAVILYTE-N	Tier 1	
<i>lansoprazol-amoxicil-clarithro</i>	Tier 2	QL (112 per 30 days)
<i>metoclopramide 10 mg tablet</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
MOVIPREP	Tier 2	
MYALEPT	Tier 2	PA
OCALIVA	Tier 2	PA, QL (30 per 30 days)
OSMOPREP	Tier 2	
<i>peg 3350 electrolyte soln (4000 ml package)</i>	Tier 1	
<i>peg-3350 and electrolytes soln (4000 ml package)</i>	Tier 1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 2	
PLENVU	Tier 2	
PYLERA	Tier 2	
RELTONE	Tier 2	
SEROSTIM 6 MG VIAL	Tier 2	PA
SUPREP	Tier 2	
SUTAB	Tier 2	
TRILYTE WITH FLAVOR PACKETS	Tier 1	
<i>ursodiol</i>	Tier 1	
XIFAXAN	Tier 2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 800 mg tablet)</i>	Tier 1	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	Tier 1	
<i>nizatidine (15 mg/ml solution, 150 mg capsule, 300 mg capsule)</i>	Tier 1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	Tier 2	
<i>misoprostol</i>	Tier 1	
<i>sucralfate 1 gm tablet</i>	Tier 1	
<i>sucralfate 1 gm/10 ml susp</i>	Tier 2	
PROTON PUMP INHIBITORS		
DEXILANT	Tier 2	
<i>esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet)</i>	Tier 2	QL (60 per 30 days)
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	Tier 1	QL (60 per 30 days)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule, odt 15 mg tablet, odt 30 mg tablet)</i>	Tier 2	QL (60 per 30 days)
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	Tier 1	QL (60 per 30 days)
<i>omeprazole dr 20 mg capsule</i>	Tier 1	QL (120 per 30 days)
<i>pantoprazole 40 mg suspension</i>	Tier 2	
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	Tier 1	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
<i>rabeprazole sod dr 20 mg tab</i>	Tier 2	QL (60 per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	Tier 2	PA
CERDELGA	Tier 2	PA, QL (56 per 28 days)
CHOLBAM	Tier 2	PA
CREON	Tier 2	
<i>cromolyn 100 mg/5 ml oral conc</i>	Tier 2	
CYSTADANE	Tier 2	
CYSTADROPS	Tier 2	
CYSTAGON	Tier 2	
CYSTARAN	Tier 2	
DOJOLVI	Tier 2	PA
ENDARI	Tier 2	PA, QL (180 per 30 days)
EVRYSDI	Tier 2	PA, QL (80 per 12 days)
GALAFOLD	Tier 2	PA, QL (14 per 28 days)
GLASSIA	Tier 2	PA
KEVEYIS	Tier 2	PA, QL (120 per 30 days)
KUVAN	Tier 2	PA
<i>miglustat</i>	Tier 2	PA
<i>nitisinone</i>	Tier 2	PA
NITYR	Tier 2	PA
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	Tier 2	PA
OXBRYTA	Tier 2	PA, QL (90per 30 days)
PALYNZIQ	Tier 2	PA
PANCREAZE	Tier 2	
PROSYSBI	Tier 2	PA
PROLASTIN C	Tier 2	PA
RAVICTI	Tier 2	PA
REVCovi	Tier 2	PA
<i>sapropterin dihydrochloride</i>	Tier 2	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	Tier 2	
SUCRAID	Tier 2	
TEGSEDI	Tier 2	PA, QL (6 per 28 days)
VYNDAMAX	Tier 2	PA
VYNDAQEL	Tier 2	PA
ZEMAIRA	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)		
ZENPEP	Tier 2	
ZOKINVY	Tier 2	PA
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin er</i>	Tier 2	QL (30 per 30 days)
<i>flavoxate hcl</i>	Tier 1	
GELNIQUE	Tier 2	QL (30 per 30 days)
MYRBETRIQ	Tier 2	QL (30 per 30 days)
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i>	Tier 1	
<i>oxybutynin chloride er</i>	Tier 1	QL (60 per 30 days)
<i>solifenacin 10 mg tablet</i>	Tier 2	
<i>solifenacin 5 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>tolterodine tartrate</i>	Tier 1	
<i>tolterodine tartrate er</i>	Tier 1	QL (30 per 30 days)
<i>trospium chloride</i>	Tier 1	
<i>trospium chloride er</i>	Tier 1	QL (30 per 30 days)
BENIGN PROSTATIC HYPERPLASIA AGENTS		
<i>alfuzosin hcl er</i>	Tier 1	QL (60 per 30 days)
CARDURA XL	Tier 2	
<i>doxazosin mesylate 4 mg tab</i>	Tier 1	
<i>dutasteride</i>	Tier 1	QL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	Tier 1	QL (30 per 30 days)
<i>finasteride 5 mg tablet</i>	Tier 1	
<i>silodosin</i>	Tier 2	
<i>tamsulosin hcl</i>	Tier 1	QL (60 per 30 days)
<i>terazosin 2 mg capsule</i>	Tier 1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	Tier 1	
ELMIRON	Tier 2	
LITHOSTAT	Tier 2	
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
STENDRA	Tier 2	QL (6 per 30 days), (capped benefit), EX
<i>tadalafil 10 mg tablet (generic for cialis)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
<i>tadalafil 20 mg tablet (generic for cialis)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
THIOLA	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS (CONTINUED)		
THIOLA EC	Tier 2	
<i>vardenafil hcl (generic for levitra)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
<i>vardenafil hcl odt (generic for staxyn)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	Tier 2	PA
ARISTOSPAN	Tier 2	B/D PA
DECADRON 0.5 MG/5 ML ELIXIR	Tier 1	B/D PA
DELTASONE	Tier 1	B/D PA
DEPO-MEDROL 20 MG/ML VIAL	Tier 2	B/D PA
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 6 mg tablet)</i>	Tier 1	
<i>dexamethasone (6 1.5 mg tab, 13 1.5 mg tb)</i>	Tier 2	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syring, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	Tier 1	B/D PA
EMFLAZA (22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	Tier 2	PA
EMFLAZA 18 MG TABLET	Tier 2	PA, QL (30 per 30 days)
EMFLAZA 6 MG TABLET	Tier 2	PA, QL (60 per 30 days)
<i>fludrocortisone acetate</i>	Tier 1	
HEMADY	Tier 2	
KENALOG-10	Tier 2	
KENALOG-40	Tier 2	
KENALOG-80	Tier 2	
MEDROL 2 MG TABLET	Tier 2	B/D PA
<i>methylprednisolone (4 mg tablet, 16 mg tab)</i>	Tier 1	B/D PA
<i>methylprednisolone 4 mg dosepk</i>	Tier 1	
<i>methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl)</i>	Tier 1	B/D PA
<i>methylprednisolone sodium succ (1 gm vl, 40 mg vl, 125 mg, 500 mg)</i>	Tier 1	B/D PA
<i>prednisolone</i>	Tier 1	B/D PA
<i>prednisolone sodium phos odt</i>	Tier 1	
<i>prednisolone sodium phosphate (15 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	Tier 1	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)		
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	Tier 1	B/D PA
<i>prednisone 10 mg tab dose pack</i>	Tier 1	
PREDNISONE INTENSOL	Tier 1	B/D PA
RAYOS	Tier 2	B/D PA
SOLU-CORTEF	Tier 2	B/D PA
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	Tier 2	B/D PA
TAPERDEX 6 DAY 1.5 MG TABLET	Tier 2	
<i>triamicinolone acetonide (40 mg/ml vl, 40mg/ml vl, 50mg/5ml vl, 200 mg/5 ml, 400 mg/10ml)</i>	Tier 1	B/D PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
<i>chorionic gonad 10,000 unit vl</i>	Tier 2	PA
<i>desmopressin acetate (0.01% solution, 0.01% spray, 10 mcg/0.1 ml spr)</i>	Tier 2	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	Tier 1	
EGRIFTA 1 MG VIAL	Tier 2	PA
EGRIFTA SV	Tier 2	PA
GENOTROPIN	Tier 2	PA
HUMATROPE	Tier 2	PA
INCRELEX	Tier 2	PA
NOCDURNA	Tier 2	QL (30 per 30 days)
NORDITROPIN FLEXPRO	Tier 2	PA
NUTROPIN AQ	Tier 2	PA
NUTROPIN AQ NUSPIN	Tier 2	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	Tier 2	PA
PREGNYL	Tier 2	PA
SAIZEN	Tier 2	PA
SAIZEN-SAIZENPREP	Tier 2	PA
SEROSTIM (4 MG VIAL, 5 MG VIAL)	Tier 2	PA
STIMATE	Tier 2	
ZOMACTON	Tier 2	PA
ZORBTIVE	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	Tier 2	
<i>oxandrolone</i>	Tier 2	
ANDROGENS		
ANDRODERM	Tier 2	QL (30 per 30 days)
ANDROXY	Tier 1	
<i>danazol</i>	Tier 1	
METHITEST	Tier 2	
<i>methyltestosterone</i>	Tier 2	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	Tier 2	QL (300 per 30 days)
<i>testosterone (1.62% (2.5 g) pkt, 1.62% gel pump)</i>	Tier 2	QL (150 per 30 days)
<i>testosterone 1.62%(1.25 g) pkt</i>	Tier 2	QL (38 per 30 days)
<i>testosterone 10 mg gel pump</i>	Tier 2	QL (120 per 30 days)
<i>testosterone 30 mg/1.5 ml pump</i>	Tier 2	QL (180 per 30 days)
<i>testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/2.5 ml, testosterone 500 mg/5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)</i>	Tier 1	
<i>testosterone enanthate</i>	Tier 1	
ESTROGENS		
ALORA	Tier 2	QL (8 per 28 days)
ANNOVERA	Tier 2	QL (1 per 365 days)
CLIMARA PRO	Tier 2	QL (4 per 28 days)
DELESTROGEN 50 MG/5 ML VIAL	Tier 2	
DEPO-ESTRADIOL	Tier 2	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	Tier 2	
DOTTI	Tier 1	QL (8 per 28 days)
<i>drospirenone-ethinyl estradiol</i>	Tier 1	
ELESTRIN	Tier 2	
ELURYNG	Tier 2	
<i>estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	Tier 1	
<i>estradiol twice weekly</i>	Tier 1	QL (8 per 28 days)

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 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
<i>estradiol valerate</i>	Tier 1	
<i>estradiol weekly</i>	Tier 1	QL (4 per 28 days)
ESTRING	Tier 2	QL (1 per 90 days)
ESTROGEL	Tier 2	
<i>estropipate 2.5(3 mg) tab</i>	Tier 1	
<i>ethynodiol-ethinyl estradiol</i>	Tier 1	
<i>etongestrel-ethinyl estradiol</i>	Tier 2	
EVAMIST	Tier 2	
FEMRING	Tier 2	QL (1 per 90 days)
GIANVI	Tier 1	
JASMIEL	Tier 1	
KELNOR 1-35	Tier 1	
KELNOR 1-50	Tier 1	
LORYNA	Tier 1	
MENEST	Tier 2	
NATAZIA	Tier 2	
NIKKI	Tier 1	
OCELLA	Tier 1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	Tier 2	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
SYEDA	Tier 2	
VESTURA	Tier 1	
YUVAFEM	Tier 1	
ZARAH	Tier 1	
ZOVIA 1-35E	Tier 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
AMABELZ	Tier 1	
<i>clomiphene citrate</i>	Tier 2	PA
COMBIPATCH	Tier 2	QL (8 per 28 days)
<i>estradiol-norethindrone acetat</i>	Tier 1	
LOPREEZA	Tier 2	
PREFEST	Tier 2	
PROGESTINS		
ALTAVERA	Tier 1	
ALYACEN	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
AMETHIA	Tier 1	
AMETHIA LO	Tier 1	
ANGELIQ	Tier 2	
APRI	Tier 1	
ARANELLE	Tier 1	
ASHLYNA	Tier 1	
AUBRA	Tier 1	
AUBRA EQ	Tier 1	
AUROVELA	Tier 1	
AUROVELA 24 FE	Tier 1	
AUROVELA FE	Tier 1	
AVIANE	Tier 1	
AZURETTE	Tier 1	
BALCOLTRA	Tier 1	
BALZIVA	Tier 1	
BEKYREE	Tier 1	
BLISOVI 24 FE	Tier 1	
BLISOVI FE 1.5-30 TABLET	Tier 1	
BRIELLYN	Tier 1	
CAMILA	Tier 1	
CAMRESE	Tier 1	
CAMRESE LO	Tier 1	
CAZIANT	Tier 1	
CHATEAL	Tier 1	
CRYSELLE	Tier 1	
CYCLAFEM	Tier 1	
CYRED	Tier 1	
CYRED EQ	Tier 1	
DASETTA	Tier 1	
DAYSEE	Tier 1	
DEBLITANE	Tier 1	
DELYLA	Tier 1	
DEPO-SUBQ PROVERA 104	Tier 2	
<i>desogestrel-eth estrad eth estra</i>	Tier 1	
<i>desogestrel-ethinyl estradiol</i>	Tier 1	
<i>drospirenone-eth estra-levomef (3-0.02-0.451, 3-0.03-0.451)</i>	Tier 2	
ELINEST	Tier 1	
ELLA	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
EMOQUETTE	Tier 1	
ENPRESSE	Tier 1	
ENSKYCE	Tier 1	
ERRIN	Tier 1	
ESTARYLLA	Tier 1	
FALMINA	Tier 1	
FAYOSIM	Tier 2	
FEMYNOR	Tier 1	
FYAVOLV	Tier 1	
GEMMILY	Tier 2	
HAILEY	Tier 1	
HAILEY 24 FE	Tier 1	
HAILEY FE	Tier 1	
HEATHER	Tier 1	
INCASSIA	Tier 1	
INTROVALE	Tier 1	
ISIBLOOM	Tier 1	
JENCYCLA	Tier 1	
JINTELI	Tier 1	
JOLESSA	Tier 1	
JULEBER	Tier 1	
JUNEL	Tier 1	
JUNEL FE	Tier 1	
JUNEL FE 24	Tier 1	
KAITLIB FE	Tier 1	
KARIVA	Tier 1	
KIMIDESS	Tier 1	
KURVELO	Tier 1	
LARIN	Tier 1	
LARIN 24 FE	Tier 1	
LARIN FE	Tier 1	
LARISSIA	Tier 1	
LEENA	Tier 1	
LESSINA	Tier 1	
LEVONEST	Tier 1	
<i>levonorg 0.15mg-ee 20-25-30mcg</i>	Tier 2	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	Tier 1	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
LEVORA-28	Tier 1	
LO LOESTRIN FE	Tier 2	
LOMEDIA 24 FE	Tier 1	
LOW-OGESTREL	Tier 1	
LUTERA	Tier 1	
LYZA	Tier 1	
MARLISSA	Tier 1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	Tier 1	
<i>megestrol 625 mg/5 ml susp</i>	Tier 2	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, acet 400 mg/10 ml)</i>	Tier 1	
MELODETTA 24 FE	Tier 1	
MIBELAS 24 FE	Tier 1	
MICROGESTIN	Tier 1	
MICROGESTIN FE	Tier 1	
MILI	Tier 1	
MONO-LINYAH	Tier 1	
MYZILRA	Tier 1	
NECON	Tier 1	
NORA-BE	Tier 1	
<i>noreth-estradiol 1-0.02(24)-75</i>	Tier 2	
<i>noreth-estradiol 1-0.02(24)-75</i>	Tier 2	
<i>norethin-eth estra-ferrous fum (noret-estradiol 0.4-0.035(21)-75, noreth-estradiol 1-0.02(21)-75, norethin-estradiol 0.8-0.025 mg)</i>	Tier 1	
<i>norethindron-ethinyl estradiol</i>	Tier 1	
<i>norethindrone</i>	Tier 1	
<i>norethindrone ac (lupaneta)</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
<i>norethindrone-eth estradiol-fe</i>	Tier 1	
<i>norgestimate-ethinyl estradiol</i>	Tier 1	
NORLYROC	Tier 1	
NORTREL	Tier 1	
ORSYTHIA	Tier 1	
PHILITH	Tier 1	
PIMTREA	Tier 1	
PIRMELLA	Tier 1	
PORTIA	Tier 1	
PREVIFEM	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	Tier 1	
RECLIPSEN	Tier 1	
RIVELSA	Tier 2	
SETLAKIN	Tier 1	
SHAROBEL	Tier 1	
SLYND	Tier 2	
SPRINTEC	Tier 1	
SRONYX	Tier 1	
TARINA 24 FE	Tier 1	
TARINA FE	Tier 1	
TARINA FE 1-20 EQ	Tier 1	
TAYTULLA	Tier 2	
TILIA FE	Tier 1	
TRI-ESTARYLLA	Tier 1	
TRI-LEGEST FE	Tier 1	
TRI-LINYAH	Tier 1	
TRI-LO-ESTARYLLA	Tier 1	
TRI-LO-MARZIA	Tier 1	
TRI-LO-SPRINTEC	Tier 1	
TRI-MILI	Tier 1	
TRI-PREVIFEM	Tier 1	
TRI-SPRINTEC	Tier 1	
TRI-VYLIBRA	Tier 1	
TRI-VYLIBRA LO	Tier 1	
TRINESSA	Tier 1	
TRIVORA-28	Tier 1	
TYDEMY	Tier 2	
VELIVET	Tier 1	
VIENVA	Tier 1	
VIORELE	Tier 1	
VYFEMLA	Tier 1	
VYLIBRA	Tier 1	
WERA	Tier 1	
WYMZYA FE	Tier 1	
XULANE	Tier 1	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	Tier 2	
<i>raloxifene hcl</i>	Tier 1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL	Tier 2	
EUTHYROX	Tier 1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Tier 1	
LEVOXYL	Tier 1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	Tier 1	
SYNTHROID	Tier 2	
UNITHROID	Tier 1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
ISTURISA 1 MG TABLET	Tier 2	PA, QL (240 per 30 days)
ISTURISA 10 MG TABLET	Tier 2	PA, QL (180 per 30 days)
ISTURISA 5 MG TABLET	Tier 2	PA, QL (60 per 30 days)
LYSODREN	Tier 2	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine 2.5 mg tablet</i>	Tier 1	
BYNFEZIA	Tier 2	
<i>cabergoline</i>	Tier 1	
ELIGARD	Tier 2	PA
FIRMAGON (2 X 120 MG KIT, 80 MG KIT)	Tier 2	
<i>leuprolide acetate (2wk 1 mg/0.2 ml kit, 2wk 14 mg/2.8 ml kt)</i>	Tier 1	PA
LUPRON DEPOT	Tier 2	PA
LUPRON DEPOT (LUPANETA)	Tier 2	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT)	Tier 2	PA
LUPRON DEPOT-PED 30 MG 3MO KIT	Tier 2	PA
METOPIRONE	Tier 2	PA
MYCAPSSA	Tier 2	PA
<i>octreotide acetate</i>	Tier 2	
ORGOVYX	Tier 2	PA
ORIAHNN	Tier 2	PA, QL (56 per 28 days)
ORILISSA 150 MG TABLET	Tier 2	PA, QL (28 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)		
ORILISSA 200 MG TABLET	Tier 2	PA, QL (56 per 28 days)
SANDOSTATIN LAR DEPOT	Tier 2	
SIGNIFOR	Tier 2	PA
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	Tier 2	PA
SOMATULINE DEPOT 120 MG/0.5 ML	Tier 2	PA
SOMAVERT	Tier 2	PA
SYNAREL	Tier 2	
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL)	Tier 2	PA
TRELSTAR 22.5 MG VIAL	Tier 2	PA
TRIPTODUR	Tier 2	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT	Tier 2	PA
CINRYZE	Tier 2	PA
HAEGARDA	Tier 2	PA, QL (16 per 28 days)
<i>icatibant</i>	Tier 2	PA
ORLADEYO	Tier 2	PA
RUCONEST	Tier 2	PA
TAKHZYRO	Tier 2	PA, QL (4 per 28 days)
IMMUNOGLOBULINS		
ASCENIV	Tier 2	PA
BIVIGAM	Tier 2	PA
CARIMUNE NF NANOFILTERED (6 GM VIAL, 12 GM VIAL)	Tier 2	PA
CUTAQUIG	Tier 2	PA
CUVITRU	Tier 2	PA
FLEBOGAMMA DIF	Tier 2	PA
GAMMAGARD LIQUID	Tier 2	PA
GAMMAGARD S-D	Tier 2	PA
GAMMAKED (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	Tier 2	PA
GAMMAPLEX	Tier 2	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
HIZENTRA	Tier 2	PA
HYQVIA	Tier 2	PA
OCTAGAM	Tier 2	PA
PANZYGA	Tier 2	PA
PRIVIGEN	Tier 2	PA
XEMBIFY	Tier 2	PA
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9 ML SYRINGE	Tier 2	PA
ACTEMRA ACTPEN	Tier 2	PA
ARCALYST	Tier 2	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	Tier 2	PA, QL (8 per 28 days)
COSENTYX (2 SYRINGES)	Tier 2	PA, QL (10 per 28 days)
COSENTYX PEN	Tier 2	PA, QL (10 per 28 days)
COSENTYX PEN (2 PENS)	Tier 2	PA, QL (10 per 28 days)
COSENTYX SYRINGE	Tier 2	PA, QL (10 per 28 days)
DUPIXENT 200 MG/1.14 ML SYRINGE	Tier 2	PA, QL (4.6 per 28 days)
DUPIXENT 300 MG/2 ML SYRINGE	Tier 2	PA, QL (8 per 28 days)
DUPIXENT PEN	Tier 2	PA, QL (8 per 28 days)
ENSPRYNG	Tier 2	PA
GRASTEK	Tier 2	
ILUMYA	Tier 2	PA, QL (3 per 28 days)
KEVZARA	Tier 2	PA, QL (3 per 28 days)
KINERET	Tier 2	PA
ODACTRA	Tier 2	
OLUMIANT	Tier 2	PA, QL (30 per 30 days)
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	Tier 2	
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)	Tier 2	PA
ORENCIA 50 MG/0.4 ML SYRINGE	Tier 2	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Tier 2	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT	Tier 2	PA, QL (4 per 28 days)
RIDAURA	Tier 2	
RINVOQ	Tier 2	PA, QL (30 per 30 days)
SILIQ	Tier 2	PA, QL (6 per 28 days)
SKYRIZI (2 SYRINGES) KIT	Tier 2	PA, QL (2 per 28 days)
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	Tier 2	PA
TALTZ AUTOINJECTOR	Tier 2	PA, QL (4 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
TALTZ AUTOINJECTOR (2 PACK)	Tier 2	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	Tier 2	PA, QL (4 per 28 days)
TALTZ SYRINGE	Tier 2	PA, QL (4 per 28 days)
TREMFYA	Tier 2	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	Tier 2	PA, QL (60 per 30 days)
XELJANZ XR	Tier 2	PA, QL (30 per 30 days)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	Tier 2	PA
IMMUNOSTIMULANTS		
ACTIMMUNE	Tier 2	PA
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	Tier 2	
PEGASYS 180 MCG/0.5 ML SYRINGE	Tier 2	QL (2 per 28 days)
PEGASYS 180 MCG/ML VIAL	Tier 2	
PEGASYS PROCLICK 135 MCG/0.5	Tier 2	
PEGASYS PROCLICK 180 MCG/0.5	Tier 2	QL (2 per 28 days)
PEGINTRON	Tier 2	QL (4 per 28 days)
PEGINTRON REDIPEN	Tier 2	QL (4 per 28 days)
SYLATRON (200 MCG KIT, 300 MCG KIT)	Tier 2	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	Tier 2	B/D PA
AZASAN	Tier 2	B/D PA
<i>azathioprine</i>	Tier 1	B/D PA
CELLCEPT (250 MG CAPSULE, 500 MG TABLET)	Tier 2	B/D PA
CIMZIA	Tier 2	PA, QL (6 per 28 days)
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	Tier 1	B/D PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	Tier 1	B/D PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	Tier 2	PA, QL (8 per 28 days)
ENBREL 25 MG KIT	Tier 2	PA, QL (16 per 28 days)
ENBREL MINI	Tier 2	PA, QL (8 per 28 days)
ENBREL SURECLICK	Tier 2	PA, QL (8 per 28 days)
ENVARSUS XR	Tier 2	B/D PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
GENGRAF (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	Tier 1	B/D PA
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	Tier 2	PA, QL (6 per 28 days)
HUMIRA 10 MG/0.2 ML SYRINGE	Tier 2	PA, QL (2 per 28 days)
HUMIRA PEN	Tier 2	PA, QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS	Tier 2	PA, QL (6 per 28 days)
HUMIRA PEN PSOR-UV-EITS-ADOL HS	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) (HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRING	Tier 2	PA, QL (2 per 28 days)
HUMIRA(CF) PEDI CROHN 80-40 MG	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Tier 2	PA, QL (3 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML	Tier 2	PA, QL (3 per 28 days)
HUMIRA(CF) PEN CROHN'S-UC-HS	Tier 2	PA, QL (3 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 2	PA, QL (3 per 28 days)
<i>leflunomide</i>	Tier 1	
LUPKYNIS	Tier 2	PA
<i>methotrexate (1 gm vial, 2.5 mg tablet)</i>	Tier 1	B/D PA
<i>methotrexate sodium</i>	Tier 1	B/D PA
<i>mycophenolate 200 mg/ml susp</i>	Tier 2	B/D PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	Tier 1	B/D PA
<i>mycophenolic acid</i>	Tier 2	B/D PA
MYFORTIC	Tier 2	B/D PA
NEORAL (25 MG CAPSULE, 100 MG CAPSULE)	Tier 2	B/D PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	Tier 2	B/D PA
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Tier 2	B/D PA
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	Tier 2	B/D PA
SIMPONI	Tier 2	PA, QL (1 per 28 days)
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Tier 1	B/D PA
<i>sirolimus 1 mg/ml solution</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	Tier 1	B/D PA
XATMEP	Tier 2	B/D PA
ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	Tier 2	B/D PA
VACCINES		
ACTHIB	Tier 2	
ADACEL TDAP	Tier 1	
<i>bcg (tice strain)</i>	Tier 2	
<i>bcg vaccine (tice strain)</i>	Tier 2	
BEXSERO	Tier 2	
BOOSTRIX TDAP	Tier 1	
DAPTACEL DTAP	Tier 2	
<i>diphtheria-tetanus toxoids-ped</i>	Tier 2	
ENGERIX-B ADULT	Tier 2	B/D PA
ENGERIX-B PEDIATRIC-ADOLESCENT	Tier 2	B/D PA
GARDASIL 9	Tier 1	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAZ RABIES VACCINE	Tier 2	B/D PA
INFANRIX DTAP	Tier 2	
IPOPOL	Tier 2	
IXIARO	Tier 2	
KINRIX	Tier 2	
M-M-R II VACCINE	Tier 1	
MENACTRA	Tier 2	
MENQUADFI	Tier 2	
MENVEO A-C-Y-W-135-DIP	Tier 2	
PEDIARIX	Tier 2	
PEDVAXHIB	Tier 2	
PENTACEL	Tier 2	
PENTACEL ACTHIB COMPONENT	Tier 2	
PROQUAD	Tier 1	
QUADRACEL DTAP-IPV	Tier 2	
RABAVERT	Tier 2	B/D PA
RECOMBIVAX HB	Tier 2	B/D PA
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SHINGRIX	Tier 1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
STAMARIL	Tier 2	
<i>tdvax</i>	Tier 1	
TENIVAC	Tier 1	
TRUMENBA	Tier 2	
TWINRIX	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX VACCINE	Tier 1	
YF-VAX	Tier 2	
ZOSTAVAX	Tier 2	PA
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	Tier 1	
GIAZO	Tier 2	
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit)</i>	Tier 1	
<i>mesalamine (dr 1.2 gm tablet, 800 mg dr tablet, 1,000 mg supp)</i>	Tier 2	
<i>mesalamine dr 400 mg capsule</i>	Tier 2	
<i>mesalamine er</i>	Tier 2	
<i>sulfasalazine</i>	Tier 1	
<i>sulfasalazine dr</i>	Tier 1	
GLUCOCORTICOIDS		
<i>budesonide ec</i>	Tier 2	
<i>budesonide er</i>	Tier 2	QL (30 per 30 days)
CORTENEMA	Tier 2	
<i>cortisone acetate</i>	Tier 1	
DEXABLISS	Tier 2	
<i>dexamethasone 10 day 1.5 mg tb</i>	Tier 2	
<i>dexamethasone 4 mg tablet</i>	Tier 1	
DXEVO	Tier 2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg/60 ml)</i>	Tier 1	
<i>methylprednisolone (8 mg tab, 32 mg tab)</i>	Tier 1	B/D PA
<i>prednisolone 5 mg/5 ml soln</i>	Tier 1	B/D PA
<i>prednisolone sodium phosphate (10 mg/5 ml soln, 20 mg/5 ml soln)</i>	Tier 2	B/D PA
<i>prednisone 5 mg tab dose pack</i>	Tier 1	
PROCTO-MED HC	Tier 1	
TAPERDEX (7 1.5 MG TAB PACK, 12 1.5 MG TABLET)	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
UCERIS 2 MG RECTAL FOAM	Tier 2	PA
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sod 70 mg/75 ml</i>	Tier 1	QL (300 per 28 days)
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	Tier 1	QL (4 per 28 days)
<i>alendronate sodium (5 mg tablet, 10 mg tab, 40 mg tab)</i>	Tier 1	QL (30 per 30 days)
<i>calcitonin-salmon</i>	Tier 1	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	Tier 1	
<i>cinacalcet hcl</i>	Tier 2	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	Tier 2	
<i>etidronate disodium 200 mg tab</i>	Tier 1	
EVENITY	Tier 2	PA, QL (2.4 per 28 days)
EVENITY (2 SYRINGES)	Tier 2	PA, QL (2.4 per 28 days)
FORTEO	Tier 2	PA, QL (3 per 28 days)
FORTICAL	Tier 1	
<i>ibandronate sodium 150 mg tab</i>	Tier 1	
NATPARA	Tier 2	PA, QL (30 per 30 days)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	Tier 2	
PARSABIV	Tier 2	
PROLIA	Tier 2	PA
RAYALDEE	Tier 2	QL (60 per 30 days)
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	Tier 1	QL (30 per 30 days)
<i>risedronate sodium 150 mg tab</i>	Tier 1	QL (1 per 28 days)
<i>risedronate sodium 35 mg tab</i>	Tier 1	QL (4 per 28 days)
<i>risedronate sodium dr</i>	Tier 1	QL (4 per 28 days)
<i>teriparatide</i>	Tier 2	PA, QL (3 per 28 days)
TYMLOS	Tier 2	PA, QL (2 per 30 days)
XGEVA	Tier 2	PA
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine 1% eye drops</i>	Tier 1	
BEOVU	Tier 2	PA
BLEPHAMIDE	Tier 2	
BLEPHAMIDE S.O.P.	Tier 2	
COMBIGAN	Tier 2	
CORTISPORIN CREAM	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
<i>dorzolamide-timolol (preservative free)</i>	Tier 1	
<i>dorzolamide-timolol eye drops</i>	Tier 1	QL (10 per 25 days)
EYLEA	Tier 2	PA
JETREA 1.25 MG/ML VIAL	Tier 2	PA
LACRISERT	Tier 2	
LUCENTIS	Tier 2	PA
MACUGEN	Tier 2	PA
NEO-POLYCIN	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-poly-hc eye drops</i>	Tier 1	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
OXERVATE	Tier 2	PA
<i>polymyxin b sul-trimethoprim</i>	Tier 1	
PRED-G (1% DROPS, S.O.P. OINTMENT)	Tier 2	
RESTASIS	Tier 2	
RESTASIS MULTIDOSE	Tier 2	
ROCKLATAN	Tier 2	
<i>sulfacetamide-prednisolone</i>	Tier 1	
TOBRADEX EYE OINTMENT	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 1	
ZYLET	Tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	Tier 2	
ALOMIDE	Tier 2	
<i>azelastine hcl 0.05% drops</i>	Tier 1	
BEPREVE	Tier 2	
<i>cromolyn 4% eye drops</i>	Tier 1	
<i>epinastine hcl</i>	Tier 1	
<i>olopatadine hcl 0.1% eye drops</i>	Tier 1	
<i>olopatadine hcl 0.2% eye drop</i>	Tier 2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	Tier 2	
<i>bacitracin 500 unit/gm ophth</i>	Tier 1	
<i>bacitracin-polymyxin</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
BESIVANCE	Tier 2	
CILOXAN 0.3% OINTMENT	Tier 2	
<i>ciprofloxacin 0.3% eye drop</i>	Tier 1	
<i>erythromycin 0.5% eye ointment</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
GENTAK	Tier 1	
<i>gentamicin sulfate (0.3% drop, 0.3% ointment, 3 mg/ml drop)</i>	Tier 1	
<i>levofloxacin 0.5% eye drops</i>	Tier 1	
MOXEZA	Tier 2	
<i>moxifloxacin 0.5% eye drops</i>	Tier 2	
NATACYN	Tier 2	
<i>ofloxacin 0.3% eye drops</i>	Tier 1	
POLYCIN	Tier 1	
<i>sulfacetamide sodium (10% drops, 10% ointment)</i>	Tier 1	
<i>tobramycin 0.3% eye drop</i>	Tier 1	
TOBREX 0.3% EYE OINTMENT	Tier 2	
ZIRGAN	Tier 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	Tier 2	
<i>bromfenac sodium</i>	Tier 1	
<i>dexamethasone 0.1% eye drop</i>	Tier 1	
<i>diclofenac 0.1% eye drops</i>	Tier 1	
DUREZOL	Tier 2	
FLAREX	Tier 2	
<i>fluorometholone</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
FML FORTE	Tier 2	
FML S.O.P.	Tier 2	
ILEVRO	Tier 2	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	Tier 1	
LOTEMAX (0.5% EYE OINTMENT, 0.5% OPHTHALMIC GEL)	Tier 2	
LOTEMAX SM	Tier 2	
<i>loteprednol etabonate 0.5% drp</i>	Tier 2	
MAXIDEX	Tier 2	
NEVANAC	Tier 2	
PRED MILD	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
<i>prednisolone ac 1% eye drop</i>	Tier 1	
<i>prednisolone sod 1% eye drop</i>	Tier 1	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5% eye drop</i>	Tier 1	
BETIMOL	Tier 2	
BETOPTIC S	Tier 2	
<i>carteolol hcl</i>	Tier 1	
<i>levobunolol hcl</i>	Tier 1	
<i>timolol 0.25% eye drops</i>	Tier 1	
<i>timolol 0.25% gel-solution</i>	Tier 1	
<i>timolol 0.5% eye drops (generic for istalol)</i>	Tier 2	
<i>timolol 0.5% eye drops (generic for timoptic)</i>	Tier 1	
<i>timolol 0.5% gel-solution</i>	Tier 1	
<i>timolol maleate 0.5% eye drop</i>	Tier 2	
TIMOPTIC OCUDOSE (0.25% DROP, 0.5% DROP)	Tier 2	
OPHTHALMIC INTRAOcular PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide 125 mg tablet</i>	Tier 1	
<i>acetazolamide er</i>	Tier 1	
ALPHAGAN P 0.1% DROPS	Tier 2	
<i>apraclonidine hcl</i>	Tier 1	
AZOPT	Tier 2	
<i>brimonidine 0.2% eye drop</i>	Tier 1	
<i>brimonidine tartrate 0.15% drp</i>	Tier 2	
<i>dorzolamide hcl</i>	Tier 1	QL (10 per 25 days)
IOPIDINE 1% EYE DROPS	Tier 2	
<i>methazolamide</i>	Tier 2	
PHOSPHOLINE IODIDE	Tier 2	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	Tier 1	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	Tier 1	QL (7.5 per 25 days)
<i>latanoprost 0.005% eye drops</i>	Tier 1	
LUMIGAN	Tier 2	QL (7.5 per 25 days)
<i>travoprost</i>	Tier 2	
ZIOPTAN	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTIC AGENTS		
OTIC AGENTS		
CIPRO HC	Tier 2	
CIPRODEX	Tier 2	
<i>ciprofloxacin 0.2% otic soln</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 2	
COLY-MYCIN S	Tier 2	
FLOXIN	Tier 1	
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 2	
<i>neomycin-polymyxin-hc ear susp</i>	Tier 1	
<i>neomycin-polymyxin-hydrocort</i>	Tier 1	
<i>ofloxacin 0.3% ear drops</i>	Tier 1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	Tier 2	QL (30 per 30 days)
ASMANEX	Tier 2	QL (1 per 30 days)
ASMANEX HFA	Tier 2	QL (13 per 30 days)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	Tier 2	B/D PA
FLOVENT 250 MCG DISKUS	Tier 2	QL (240 per 30 days)
FLOVENT DISKUS (50 MCG, 100 MCG)	Tier 2	QL (60 per 30 days)
FLOVENT HFA	Tier 2	QL (24 per 30 days)
<i>flunisolide</i>	Tier 1	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i>	Tier 1	QL (16 per 30 days)
<i>mometasone furoate 50 mcg spry</i>	Tier 1	QL (34 per 30 days)
QVAR REDIHALER 40 MCG	Tier 2	QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG	Tier 2	QL (21.2 per 30 days)
ANTIHISTAMINES		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	Tier 1	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	Tier 2	QL (23 per 30 days)
<i>carbinoxamine maleate 4 mg tab</i>	Tier 1	
<i>clemastine fum 2.68 mg tab</i>	Tier 1	
<i>cyproheptadine 4 mg tablet</i>	Tier 1	
<i>desloratadine</i>	Tier 1	QL (30 per 30 days)
<i>diphenhydramine 50 mg/ml vial</i>	Tier 1	
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 25 mg tablet, 50 mg/25 ml syrup)</i>	Tier 2	
<i>hydroxyzine pamoate</i>	Tier 2	
<i>levocetirizine 2.5 mg/5 ml sol</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>levocetirizine 5 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>olopatadine 665 mcg nasal spray</i>	Tier 2	QL (31 per 30 days)
SEMPREX-D	Tier 2	
ANTILEUKOTRIENES		
<i>montelukast sod 4 mg granules</i>	Tier 1	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	Tier 1	QL (30 per 30 days)
<i>zafirlukast</i>	Tier 1	QL (60 per 30 days)
<i>zileuton er</i>	Tier 2	ST, QL (120 per 30 days)
ZYFLO	Tier 2	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	Tier 2	QL (25.8 per 30 days)
INCRUSE ELLIPTA	Tier 2	QL (30 per 30 days)
<i>ipratropium br 0.02% soln</i>	Tier 1	B/D PA
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	Tier 1	
SPIRIVA	Tier 2	QL (30 per 30 days)
SPIRIVA RESPIMAT	Tier 2	QL (4 per 30 days)
YUPELRI	Tier 2	B/D PA
BRONCHODILATORS, SYMPATHOMIMETIC		
ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO PROAIR HFA)	Tier 2	QL (17 per 30 days)
ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO PROVENTIL HFA)	Tier 2	QL (14 per 30 days)
ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN HFA)	Tier 2	QL (36 per 30 days)
<i>albuterol sulfate (er 4 mg tab, er 8 mg tab)</i>	Tier 1	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 100 mg/20 ml soln)</i>	Tier 1	B/D PA
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab)</i>	Tier 2	
<i>albuterol sulfate hfa</i>	Tier 2	QL (17 per 30 days)
ARCAPTA NEOHALER	Tier 2	QL (30 per 30 days)
BROVANA	Tier 2	B/D PA
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	Tier 2	QL (2 per 30 days)
<i>levalbuterol concentrate hcl vial-neb</i>	Tier 2	B/D PA
<i>levalbuterol hcl vial-neb</i>	Tier 2	B/D PA
<i>levalbuterol tar hfa 45mcg inhaler</i>	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>metaproterenol 10 mg/5 ml syr</i>	Tier 1	
PERFOROMIST	Tier 2	B/D PA
SEREVENT DISKUS	Tier 2	QL (60 per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (5 per 30 days)
SYMJEPI	Tier 2	QL (2 per 30 days)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	Tier 1	
CYSTIC FIBROSIS AGENTS		
BETHKIS	Tier 2	B/D PA
CAYSTON	Tier 2	
KALYDECO	Tier 2	PA, QL (60 per 30 days)
KITABIS PAK	Tier 2	
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Tier 2	PA, QL (56 per 28 days)
PULMOZYME	Tier 2	PA
SYMDEKO 100/150 MG-150 MG TABS	Tier 2	PA
SYMDEKO 50/75 MG-75 MG TABLETS	Tier 2	PA, QL (56 per 28 days)
TOBI PODHALER	Tier 2	
<i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>	Tier 2	B/D PA
TRIKAFTA	Tier 2	PA
MAST CELL STABILIZERS		
<i>cromolyn 20 mg/2 ml neb soln</i>	Tier 1	B/D PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP 250 MCG TABLET	Tier 2	QL (28 per 28 days)
DALIRESP 500 MCG TABLET	Tier 2	QL (30 per 30 days)
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline (er 400 mg tablet, er 600 mg tablet)</i>	Tier 1	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	Tier 1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	Tier 2	PA, QL (90 per 30 days)
<i>alyq 20 mg tablet (generic for adcirca)</i>	Tier 2	PA, QL (60 per 30 days)
<i>ambrisentan 10 mg tablet</i>	Tier 2	PA
<i>ambrisentan 5 mg tablet</i>	Tier 2	PA, QL (30 per 30 days)
<i>bosentan 125 mg tablet</i>	Tier 2	PA
<i>bosentan 62.5 mg tablet</i>	Tier 2	PA, QL (60 per 30 days)
OPSUMIT	Tier 2	PA, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
ORENITRAM ER	Tier 2	PA
<i>sildenafil 10 mg/ml oral susp</i>	Tier 2	PA, QL (180 per 30 days)
<i>sildenafil 20mg tablet (generic for revatio)</i>	Tier 2	PA, QL (90 per 30 days)
<i>tadalafil 2.5 mg tablet (generic for cialis)</i>	Tier 2	PA, QL (30 per 30 days)
<i>tadalafil 20mg tablet (generic for adcirca)</i>	Tier 2	PA, QL (60 per 30 days)
<i>tadalafil 5 mg tablet (generic for cialis)</i>	Tier 2	PA, QL (30 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	Tier 2	PA, QL (120 per 30 days)
TYVASO	Tier 2	PA, QL (87 per 30 days)
TYVASO INSTITUTIONAL START KIT	Tier 2	PA, QL (87 per 30 days)
TYVASO REFILL KIT	Tier 2	PA, QL (87 per 30 days)
TYVASO STARTER KIT	Tier 2	PA, QL (87 per 30 days)
UPTRAVI (400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Tier 2	PA, QL (60 per 30 days)
UPTRAVI 200 MCG TABLET	Tier 2	PA, QL (140 per 28 days)
UPTRAVI 200-800 TITRATION PACK	Tier 2	PA, QL (200 per 30 days)
VENTAVIS	Tier 2	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	Tier 2	PA, QL (270 per 30 days)
ESBRIET 801 MG TABLET	Tier 2	PA, QL (90 per 30 days)
OFEV	Tier 2	PA, QL (60 per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	Tier 1	B/D PA
ANORO ELLIPTA	Tier 2	QL (60 per 30 days)
<i>benzonatate (100 mg capsule, 200 mg capsule)</i>	Tier 1	EX
BREO ELLIPTA	Tier 2	QL (60 per 30 days)
<i>budesonide-formoterol fumarate</i>	Tier 2	QL (11 per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 per 30 days)
DULERA	Tier 2	QL (13 per 30 days)
FASENRA	Tier 2	PA, QL (1 per 28 days)
FASENRA PEN	Tier 2	PA, QL (1 per 28 days)
<i>fluticasone-salmeterol 100-50 (generic for advair)</i>	Tier 1	QL (60 per 30 days)
<i>fluticasone-salmeterol 113-14 (alternative to airduo respiclick)</i>	Tier 2	QL (1 per 30 days)
<i>fluticasone-salmeterol 232-14 (alternative to airduo respiclick)</i>	Tier 2	QL (1 per 30 days)
<i>fluticasone-salmeterol 250-50 (generic for advair)</i>	Tier 1	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>fluticasone-salmeterol 500-50 (generic for advair)</i>	Tier 1	QL (60 per 30 days)
<i>fluticasone-salmeterol 55-14 (alternative to airduo respiclick)</i>	Tier 2	QL (1 per 30 days)
<i>hydrocodone-homatropine mbr (5-1.5, soln)</i>	Tier 1	EX
HYDROMET	Tier 1	EX
<i>ipratropium-albuterol</i>	Tier 1	B/D PA
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	Tier 2	PA
STIOLTO RESPIMAT	Tier 2	QL (4 per 30 days)
SYMBICORT	Tier 2	QL (11 per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 per 30 days)
UTIBRON NEOHALER	Tier 2	QL (60 per 30 days)
<i>wixela 100-50 inhuf (generic for advair)</i>	Tier 1	QL (60 per 30 days)
<i>wixela 250-50 inhuf (generic for advair)</i>	Tier 1	QL (60 per 30 days)
<i>wixela 500-50 inhuf (generic for advair)</i>	Tier 1	QL (60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol</i>	Tier 2	QL (120 per 30 days)
<i>carisoprodol compound</i>	Tier 2	
<i>carisoprodol-aspirin</i>	Tier 2	
<i>carisoprodol-aspirin-codeine</i>	Tier 2	
<i>chlorzoxazone (250 mg tablet, 375 mg tablet, 750 mg tablet)</i>	Tier 2	
<i>chlorzoxazone 500 mg tablet</i>	Tier 1	
<i>cyclobenzaprine 7.5 mg tablet</i>	Tier 2	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>metaxalone</i>	Tier 2	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	Tier 1	
<i>orphenadrine citrate er</i>	Tier 1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA	Tier 2	QL (30 per 30 days)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	Tier 2	
EDLUAR	Tier 2	QL (30 per 30 days)
<i>eszopiclone</i>	Tier 2	QL (30 per 30 days)
HETLIOZ	Tier 2	PA, QL (30 per 30 days)
<i>ramelteon</i>	Tier 2	
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 02/23/2021

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SLEEP DISORDER AGENTS (CONTINUED)		
<i>temazepam (7.5 mg capsule, 22.5 mg capsule)</i>	Tier 2	
<i>zaleplon 10 mg capsule</i>	Tier 1	
<i>zaleplon 5 mg capsule</i>	Tier 1	QL (30 per 30 days)
<i>zolpidem tartrate (1.75 mg tab sl, 3.5 mg tablet sl)</i>	Tier 2	QL (30 per 30 days)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	Tier 1	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	Tier 2	QL (30 per 30 days)
WAKEFULLNESS PROMOTING AGENTS		
<i>armodafinil</i>	Tier 2	PA, QL (30 per 30 days)
<i>modafinil</i>	Tier 2	PA, QL (60 per 30 days)
SUNOSI 150 MG TABLET	Tier 2	PA
SUNOSI 75 MG TABLET	Tier 2	PA, QL (30 per 30 days)
WAKIX	Tier 2	PA
XYREM	Tier 2	PA, QL (540 per 30 days)
XYWAV	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 02/23/2021

Index of Drugs

A

abacavir	30	AJOVY AUTOINJECTOR	19	ALYACEN	64
abacavir-lamivudine	30	AJOVY SYRINGE	19	<i>alyq 20 mg tablet (generic for adcirca)</i>	82
abacavir-lamivudine-zidovudine	30	AKYNZEO	16	AMABELZ	64
abacavir-lamivudine-zidovudine	30	ALA-CORT	49	AMBISOME	17
albendazole			25	amantadine	26,32
ABELCET	17	ALBUTEROL HFA 90 MCG		ambrisentan	82
ABILIFY MAINTENA	14,27,33	INHALER (ALTERNATIVE		amcinonide	49
ABILIFY MYCITE	14,27,33	TO PROAIR HFA)	81	AMETHIA	65
abiraterone acetate	20	ALBUTEROL HFA 90 MCG		AMETHIA LO	65
ABSORICA	48	INHALER (ALTERNATIVE		amifostine	25
ABSORICA LD	48	TO PROVENTIL HFA)	81	amikacin sulfate	5
acamprosate calcium	5	ALBUTEROL HFA 90 MCG		amiloride hcl	42
acarbose	33	INHALER (ALTERNATIVE		amiloride-hydrochlorothiazide	41
acebutolol hcl	40	TO VENTOLIN HFA)	81	aminocaproic acid	37
acetaminophen-codeine	2	albuterol sulfate	81	AMINOSYN II	53
acetazolamide	41,79	albuterol sulfate hfa	81	AMINOSYN-PF	53
acetazolamide er	79	alclometasone dipropionate	49	amiodarone hcl	39
acetic acid	6	alcohol pads	35	amitriptyline hcl	15
acetic acid-aluminum	6	alcohol prep pads	35	amlodipine besylate	40
acetylcysteine	83	alcohol swabs	35	amlodipine besylate-benazepril	41
acitretin	48	ALECENSA	22	amlodipine-atorvastatin	41
ACTEMRA	71	alendronate sodium	76	amlodipine-olmesartan	41
ACTEMRA ACTPEN	71	alfuzosin hcl er	60	amlodipine-valsartan	41
ACTHAR	61	ALINIA	25	amlodipine-valsartan-hctz	41
ACTHIB	74	aliskiren	41	ammonium lactate	49
ACTIMMUNE	72	ALKERAN	21	AMNESTEEM	48
acyclovir	32,52	allopurinol	18	amoxapine	16
acyclovir sodium	32	almotriptan malate	19	amoxicillin	8
ADACEL TDAP	74	ALOCRIL	77	amoxicillin-clavulanate pot er	8
adapalene	48	ALOMIDE	77	amoxicillin-clavulanate potass	8
adapalene-benzoyl peroxide	48	ALORA	63	amphetamine sulfate	44
ADASUVE	27	alosetron hcl	57	amphotericin b	17
adefovir dipivoxil	29	ALPHAGAN P	79	ampicillin sodium	8
ADEMPAS	82	alprazolam	32	ampicillin trihydrate	8
ADRUCIL	21	alprazolam er	32	ampicillin-sulbactam	8
AFINITOR	22	alprazolam odt	32	ANADROL-50	63
AFINITOR DISPERZ	22	alprazolam xr	32	ANALPRAM HC	51
AIMOVIG AUTOINJECTOR (1-PACK)	19	ALREX	78	anagrelide hcl	37
AIMOVIG AUTOINJECTOR (2-PACK)	19	ALTAVERA	64	anastrozole	22
		ALTRENO	48	ANDRODERM	63
		ALUNBRIG	22		

ANDROXY	63	atovaquone-proguanil hcl	25	BALZIVA	65
ANGELIQ	65	ATRIPLA	30	BANZEL	13
ANNOVERA	63	atropine sulfate	76	BAQSIMI	35
ANORO ELLIPTA	83	ATROVENT HFA	81	BARACLUDE	29
ANZEMET	16	AUBAGIO	47	BASAGLAR KWIKPEN U-	
APLENZIN	14	AUBRA	65	100	36
APOKYN	26	AUBRA EQ	65	BAXDELA	10
apraclonidine hcl	79	AUROVELA	65	bcg (tice strain)	74
aprepitant	16	AUROVELA 24 FE	65	bcg vaccine (tice strain)	74
APRI	65	AUROVELA FE	65	BEKYREE	65
APTIOM	13	AURYXIA	56	BELBUCA	1
APTIVUS	31	AUSTEDO	46	BELSOMRA	84
ARALAST NP	59	autopen	35	benazepril hcl	39
ARANELLE	65	AVANDIA	33	benazepril-hydrochlorothiazide	41
ARANESP	37	AVIANE	65	BENLYSTA	71
ARAZLO	48	AVITA	48	benzonatate	83
ARCALYST	71	AVONEX	47	benztropine mesylate	26
ARCAPTA NEOHALER	81	AVONEX PEN	47	BEOVU	76
ARIKAYCE	5	AYVAKIT	22	BEPREVE	77
aripiprazole	14,27,33	AZACTAM-ISO-OSMOTIC	BERINERT		70
aripiprazole odt	14,27	DEXTROSE	6	BESER	49
ARISTADA	27	AZASAN	72	BESIVANCE	78
ARISTADA INITIO	27	AZASITE	77	betamethasone diprop	
ARISTOSCAN	61	azathioprine	72	augmented	49
armodafinil	85	azelaic acid	48	betamethasone dipropionate	49
ARNUITY ELLIPTA	80	azelastine hcl	77,80	betamethasone valerate	49
asa-butalb-caffeine-codeine	2	azelastine-fluticasone	80	BETASERON	47
ASCENIV	70	AZELEX	48	betaxolol hcl	40,79
ASCOMP WITH CODEINE	2	AZESCHEW	56	bethanechol chloride	60
asenapine maleate	27,33	azithromycin	9	BETHKIS	82
ASHLYNA	65	AZOPT	79	BETIMOL	79
ASMANEX	80	aztreonam	6	BETOPTIC S	79
ASMANEX HFA	80	AZURETTE	65	bexarotene	25
aspirin-dipyridamole er	38			BEXZERO	74
ASTAGRAF XL	72	B		bicalutamide	21
atazanavir sulfate	31	bacitracin	77	BICILLIN C-R	8
atenolol	40	bacitracin-polymyxin	77	BICILLIN L-A	8
atenolol-chlorthalidone	41	baclofen	28	BIDIL	41
atomoxetine hcl	45	BALCOLTRA	65	BIKTARVY	29
atorvastatin calcium	43	balsalazide disodium	75	bimatoprost	79
atovaquone	25	BALVERSA	22	bisoprolol fumarate	40

bisoprolol-hydrochlorothiazide	.41	butilbital/acetaminophen	50-300	CARIMUNE NF
BIVIGAM	70	tablet		3 NANOFILTERED
BLEPHAMIDE	76	butorphanol tartrate		3 carisoprodol
BLEPHAMIDE S.O.P.	76	BYNFEZIA		69 carisoprodol compound
BLISOVI 24 FE	.65	BYSTOLIC		40 carisoprodol-aspirin
BLISOVI FE	.65			carisoprodol-aspirin-codeine
BOOSTRIX TDAP	.74	C		carteolol hcl
bosentan	.82	CABENUVA		29 CARTIA XT
BOSULIF	.22	cabergoline		69 carvedilol
BOTOX	.19	CABLIVI		38 carvedilol er
BRAFTOVI	.22	CABOMETYX		22 caspofungin acetate
BREO ELLIPTA	.83	calcipotriene		51 CAYSTON
BRIELLYN	.65	calcipotriene-betamethasone	.51	CAZIANT
BRILINTA	.38	calcipotriene-betamethasone dp	.51	cefactor
brimonidine tartrate	.79	calcitonin-salmon		76 cefactor er
BRIVIACT	.11	CALCITRENE		51 cefadroxil
bromfenac sodium	.78	calcitriol		51,76 cefazolin sodium
bromocriptine mesylate	.26,.69	calcium acetate		56 cefazolin sodium-dextrose
BROVANA	.81	CALQUENCE		22 cefdinir
BRUKINSA	.22	CAMILA		65 cefepime
budesonide	.80	CAMRESE		65 cefepime hcl
budesonide ec	.75	CAMRESE LO		65 cefepime-dextrose
budesonide er	.75	candesartan cilexetil		38 cefixime
budesonide-formoterol fumarate	.83	candesartan-hydrochlorothiazid	.41	CEFOTAN
bumetanide	.42	CAPEX SHAMPOO		49 cefotaxime sodium
buprenorphine	.2	CAPLYTA		27 cefotetan
buprenorphine hcl	.5	CAPRELSA		22 cefotetan & dextrose
buprenorphine patch	.2	captopril		39 cefoxitin
buprenorphine-naloxone	.5	CARAC		41 cefoxitin sodium
bupropion hcl	.14	CARAFATE		51 cefpodoxime proxetil
bupropion hcl sr	.5,.14	CARBAGLU		58 cefprozil
bupropion xl	.14	carbamazepine		53 ceftazidime
buspirone hcl	.32	carbamazepine er		13 ceftibuten
butalb-acetaminoph-caff-codein	.2	carbidopa		13,46 ceftriaxone
butalbital compound-codeine	.2	carbidopa-levodopa		26 cefuroxime
butalbital-acetaminophen	.2	carbidopa-levodopa er		26 cefuroxime sodium
butalbital-acetaminophen-caff	.2	carbidopa-levodopa-entacapone	.26	celecoxib
butalbital-acetaminophn 50-300 capsule	.50-300	carbinoxamine maleate		CELLCEPT
butalbital-aspirin-caffeine	.3	CARDURA XL		80 CELONTIN
				60 cephalixin
				59 CERDELGA

<i>cevimeline hcl</i>	.....	47	CLENPIQ	.....	57	<i>clorazepate dipotassium</i>	.....	12
CHANTIX	.....	5	CLEOCIN	.....	6	<i>clotrimazole</i>	.....	17
CHATEAL	.....	65	CLIMARA PRO	.....	63	<i>clotrimazole-betamethasone</i>	.....	51
CHEMET	.....	55	<i>clind ph-benzoyl perox 1.2-5%</i>	.48	55	CLOVIQUE	.....	55
CHENODAL	.....	57	CLINDACIN ETZ	.....	6	<i>clozapine</i>	.....	28
<i>chlordiazepoxide hcl</i>	.....	32	CLINDACIN P	.....	6	<i>clozapine odt</i>	.....	28
<i>chlordiazepoxide-amitriptyline</i>	.14	<i>clindamycin (pediatric)</i>	.....	6	COARTEM	.....	25	
<i>chlordiazepoxide/clidinium (select clindamycin hcl</i>	.....	<i>manufacturers only)</i>	.....	6	<i>codeine sulfate</i>	.....	3	
<i>chlordiazepoxide-clidinium (select clindamycin hcl</i>	.....	<i>manufacturers only)</i>	.....	6	<i>colchicine</i>	.....	18	
<i>chlorhexidine gluconate</i>	.....	47	<i>clindamycin phos-benzoyl</i>	.....	colesevelam hcl	.....	33,43	
<i>chloroquine phosphate</i>	.....	25	<i>perox</i>	.....	48	<i>colestipol hcl</i>	.....	43
<i>chlorothiazide</i>	.....	42	<i>clindamycin phos-tretinoin</i>	....	48	<i>colistimethate</i>	.....	6
<i>chlorpromazine hcl</i>	.....	16	<i>clindamycin phosphate</i>	.....	6,52	COLY-MYCIN S	.....	80
<i>chlorpropamide</i>	.....	33	<i>clindamycin phosphate 1% gel</i>	.....	COMBIGAN	.....	76	
<i>chlorthalidone</i>	.....	42	(alternative to clindagel)	.....	52	COMBIPATCH	.....	64
<i>chlorzoxazone</i>	.....	84	<i>clindamycin phosphate 1% gel</i>	.....	COMBIVENT RESPIMAT	..83		
CHOLBAM	.....	59	(generic for cleocin t)	.....	52	COMETRIQ	.....	22
<i>cholestyramine</i>	.....	43	<i>clindamycin phosphate-d5w</i>	....	6	COMPLERA	.....	30
<i>cholestyramine light</i>	.....	43	<i>clindamycin-benzoyl perox 1-</i>	.....	COMPRO	.....	16	
<i>chorionic gonadotropin</i>	.....	62	5%	.....	48	CONDYLOX	.....	51
CICLODAN	.....	17,52	<i>clindamycin-benzoyl peroxide</i>	..48	CONSTULOSE	.....	57	
ciclopirox	.....	17,52	CLINDESSE	.....	52	COPAXONE	.....	47
cilostazol	.....	38	CLINIMIX	.....	53	COPIKTRA	.....	22
CILOXAN	.....	78	CLINIMIX E	.....	53	CORDRAN	.....	49
CIMDUO	.....	30	CLINIMIX N14G30E	.....	53	CORLANOR	.....	41
cimetidine	.....	58	CLINIMIX N9G15E	.....	53	CORTENEMA	.....	75
CIMZIA	.....	72	CLINIMIX N9G20E	.....	53	CORTIFOAM	.....	51
<i>cinacalcet hcl</i>	.....	76	CLINISOL	.....	53	<i>cortisone acetate</i>	.....	75
CINRYZE	.....	70	CLINOLIPID	.....	53	CORTISPORIN	.....	51,76
CINVANTI	.....	16	<i>clobazam</i>	.....	12	COSENTYX (2 SYRINGES)	.71	
CIPRO HC	.....	80	<i>clobetasol emollient</i>	.....	49	COSENTYX PEN	.....	71
CIPRODEX	.....	80	<i>clobetasol emulsion</i>	.....	49	COSENTYX PEN (2 PENS)	.71	
<i>ciprofloxacin</i>	.....	10	<i>clobetasol propionate</i>	.....	49	COSENTYX SYRINGE	.....	71
<i>ciprofloxacin hcl</i>	.....	10,78,80	<i>clorcortolone pivalate</i>	.....	49	COTELLIC	.....	22
<i>ciprofloxacin-d5w</i>	.....	10	<i>clomiphene citrate</i>	.....	64	COUMADIN	.....	36
<i>ciprofloxacin-dexamethasone</i>	..80	<i>clomipramine hcl</i>	.....	16	CREON	.....	59	
<i>citalopram hbr</i>	.....	15	<i>clonazepam</i>	.....	12	CRESEMBA	.....	17
CLARAVIS	.....	48	<i>clonidine hcl</i>	.....	38	CRIXIVAN	.....	31
<i>clarithromycin</i>	.....	9	<i>clonidine hcl er</i>	.....	45	<i>cromolyn sodium</i>	.....	59,77,82
<i>clarithromycin er</i>	.....	9	<i>clonidine patch</i>	.....	38	CROTAN	.....	52
<i>clemastine fumarate</i>	.....	80	<i>clopidogrel</i>	.....	38	CRYSELLE	.....	65

CUTAQUIG.....	70	DELESTROGEN.....	63	dextrose 2.5%-0.45% nacl.....	53
CUVITRU.....	70	DELSTRIGO.....	30	dextrose 5%-0.2% nacl.....	53
<i>cyanocobalamin injection</i>	56	DELTASONE.....	61	dextrose 5%-0.2% nacl-kcl.....	53
CYCLAFEM.....	65	DELYLA.....	65	dextrose 5%-0.225% nacl.....	53
<i>cyclobenzaprine hcl</i>	84	<i>demeclocycline hcl</i>	10	dextrose 5%-0.225% nacl-kcl..	53
<i>cyclophosphamide</i>	20	DEM SER.....	41	dextrose 5%-0.3% nacl.....	53
<i>cycloserine</i>	20	DENAVIR.....	52	dextrose 5%-0.3% nacl-kcl....	53
CYCLOSET.....	33	DENTA 5000 PLUS.....	47	dextrose 5%-0.33% nacl.....	53
<i>cyclosporine</i>	72	DENTAGEL.....	47	dextrose 5%-0.45% nacl.....	53
<i>cyclosporine modified</i>	72	DEPO-ESTRADIOL.....	63	dextrose 5%-0.45% nacl-kcl..	53
<i>cyproheptadine hcl</i>	80	DEPO-MEDROL.....	61	dextrose 5%-0.9% nacl.....	53
CYRED.....	65	DEPO-SUBQ PROVERA 10465	65	dextrose 5%-1/2ns-kcl.....	53
CYRED EQ.....	65	DESCOVY.....	30	dextrose 5%-1/4ns-kcl.....	53
CYSTADANE.....	59	DESFERAL.....	55	dextrose 5%-electrolyte #48...	53
CYSTADROPS.....	59	DESFERAL MESYLATE...	55	dextrose 5%-ns-kcl.....	53
CYSTAGON.....	59	<i>desipramine hcl</i>	16	dextrose 5%-potassium	
CYSTARAN.....	59	<i>desloratadine</i>	80	chloride.....	53
CYTOMEL.....	69	<i>desmopressin acetate</i>	62	<i>dextrose in lactated ringers</i>	53
		<i>desogestrel-eth estrad eth estra</i> ..	65	<i>dextrose in water</i>	53
		<i>desogestrel-ethynodiol</i>	65	DIACOMIT.....	11
D					
DAKLINZA.....	29	DESONATE.....	49	DIASTAT.....	12
<i>dalfampridine er</i>	47	<i>desonide</i>	49	DIASTAT ACUDIAL.....	12
DALIRESP.....	82	<i>desoximetasone</i>	49	<i>diazepam</i>	12,32
DALVANCE.....	6	<i>desvenlafaxine er</i>	15	<i>diazoxide</i>	35
<i>danazol</i>	63	<i>desvenlafaxine succinate er</i>	15	<i>diclofenac epolamine 1.3% patch1</i>	
<i>dantrolene sodium</i>	28	DEXABLISS.....	75	<i>diclofenac potassium</i>	1
<i>dapsone</i>	20,52	<i>dexamethasone</i>	61,75	<i>diclofenac sodium</i>	1,51,78
DAPTACEL DTAP.....	74	DEXAMETHASONE		<i>diclofenac sodium er</i>	1
<i>daptomycin</i>	6	INTENSOL.....	61	<i>diclofenac sodium-misoprostol</i> ..	1
DARAPRIM.....	25	<i>dexamethasone sodium</i>		<i>dicloxacillin sodium</i>	8
<i>darifenacin er</i>	60	<i>phosphate</i>	61,78	<i>dicyclomine hcl</i>	57
DASETTA.....	65	DEXILANT.....	58	<i>didanosine</i>	30
DAURISMO.....	22	<i>dexamethylphenidate hcl</i>	45	DIFFERIN.....	48
DAXBIA.....	8	<i>dexamethylphenidate hcl er</i>	45	DIFICID.....	9
DAYSEE.....	65	<i>dextroamphetamine sulfate</i>	44	<i>diflorasone diacetate</i>	49
DAYTRANA.....	45	<i>dextroamphetamine sulfate er</i> ..	44	<i>diflunisal</i>	1
DEBLITANE.....	65	<i>dextroamphetamine-amphet er</i> .	44	DIGITEK.....	41
DECADRON.....	61	<i>dextroamphetamine-</i>		DIGOX.....	41
<i>deferasirox</i>	55	<i>amphetamine</i>	45	<i>digoxin</i>	39
<i>deferiprone</i>	55	<i>dextrose 10%-0.2% nacl</i>	53	<i>dihydroergotamine mesylate</i> ..	19
<i>deferoxamine mesylate</i>	55	<i>dextrose 10%-0.45% nacl</i>	53	DILANTIN.....	13

DILATRATE-SR	44	DUAVEE	68	EMVERM	25
DILT-XR	40	DULERA	83	<i>enalapril maleate</i>	39
<i>diltiazem 12hr er</i>	40	<i>duloxetine hcl</i>	15,32,46	<i>enalapril-hydrochlorothiazide</i>	41
<i>diltiazem 24hr er</i>	40	DUOBRII	49	ENBREL	72
<i>diltiazem 24hr er (cd)</i>	40	DUPIXENT PEN	71	ENBREL MINI	72
<i>diltiazem 24hr er (la)</i>	40	DUPIXENT SYRINGE	71	ENBREL SURECLICK	72
<i>diltiazem 24hr er (xr)</i>	40	DUREZOL	78	ENDARI	59
<i>diltiazem hcl</i>	40	<i>dutasteride</i>	60	ENDOCET	3
<i>dimethyl fumarate</i>	47	<i>dutasteride-tamsulosin</i>	60	ENGERIX-B ADULT	74
<i>diphenhydramine hcl</i>	80	DXEVO	75	ENGERIX-B PEDIATRIC-	
<i>diphenoxylate-atropine</i>	57			ADOLESCENT	74
<i>diphtheria-tetanus toxoids-ped.</i>	74	E		<i>enoxaparin sodium</i>	36
<i>dipyridamole</i>	38	E.E.S. 400	9	ENPRESSE	66
DISKETS	2	<i>econazole nitrate</i>	17	ENSKYCE	66
<i>disulfiram</i>	5	EDARBI	38	ENSPRYNG	71
<i>divalproex sodium</i>	19	EDARBYCLOR	41	ENSTILAR	51
<i>divalproex sodium er</i>	19	EDLUAR	84	<i>entacapone</i>	26
DIVIGEL	63	EDURANT	30	<i>entecavir</i>	29
<i>dofetilide</i>	39	<i>efavirenz</i>	30	ENTRESTO	41
DOJOLVI	59	<i>efavirenz-emtric-tenofov disop.</i>	30	ENULOSE	57
<i>donepezil hcl</i>	14	<i>efavirenz-lamivu-tenofov disop.</i>	30	ENVARSUS XR	72
<i>donepezil hcl odt</i>	14	EGRIFTA	62	EPCLUSA	29
DOPTELET	38	EGRIFTA SV	62	EPIDIOLEX	11
<i>dorzolamide hcl</i>	79	ELESTRIN	63	EPIDUO FORTE	48
<i>dorzolamide-timolol</i>	77	<i>eletriptan hbr</i>	19	<i>epinastine hcl</i>	77
<i>dorzolamide-timolol (preservative free)</i>	77	ELINEST	65	<i>epinephrine</i>	81
DOTTI	63	ELIQUIS	36	EPIVIR HBV	29
DOVATO	29	ELIXOPHYLLIN	82	<i>eplerenone</i>	42
<i>doxazosin mesylate</i>	38,60	ELLA	65	EPOGEN	37
<i>doxepin hcl</i>	16,49,84	ELMIRON	60	<i>eprosartan mesylate</i>	38
<i>doxercalciferol</i>	76	ELURYNG	63	EQUETRO	13
DOXY 100	10	EMCYT	21	ERAXIS (WATER	
<i>doxycycline hyclate</i>	10,47	EMFLAZA	61	DILUENT)	17
<i>doxycycline ir-dr</i>	10	EMGALITY PEN	19	<i>ergoloid mesylates</i>	13
<i>doxycycline monohydrate</i>	10	EMGALITY SYRINGE	19	ERGOMAR	19
DRIZALMA SPRINKLE	15	EMOQUETTE	66	<i>ergotamine-caffeine</i>	19
<i>dronabinol</i>	17	EMSAM	15	ERIVEDGE	23
<i>drospirenone-eth estra-levomef.</i>	65	<i>emtricitabine</i>	30	ERLEADA	21
<i>drospirenone-ethinyl estradiol</i>	63	<i>emtricitabine-tenofov disop.</i>	30	<i>erlotinib hcl</i>	23
DROXIA	21	EMTRIVA	30	ERRIN	66

ERTACZO	17	EXTAVIA	47	fluconazole	17
ertapenem	9	EYLEA	77	fluconazole in saline	17
ERY 2% PADS	52	ezetimibe	43	fluconazole-nacl	17
ERYTHROCIN		ezetimibe-simvastatin	43	flucytosine	17
LACTOBIONATE	9			fludrocortisone acetate	61
ERYTHROCIN STEARATE	9	F		flunisolide	80
erythromycin	9,52,78	FABIOR	48	fluocinolone acetonide	50
erythromycin ethylsuccinate	10	FALMINA	66	fluocinolone acetonide oil	80
erythromycin-benzoyl peroxide	48	famciclovir	32	fluocinonide	50
ESBRIET		famotidine	58	fluocinonide-e	50
escitalopram oxalate	15,32	FANAPT	27	fluorometholone	78
esomeprazole magnesium	58	FARYDAK	23	fluouracil	21,51
ESTARYLLA	66	FASENRA	83	fluoxetine dr 90 mg capsule	
estradiol	63	FASENRA PEN	83	(weekly)	15
estradiol twice weekly	63	FAYOSIM	66	fluoxetine hcl	15
estradiol valerate	64	febuxostat	18	fluphenazine decanoate	27
estradiol weekly	64	felbamate	11	fluphenazine hcl	27
estradiol-norethindrone acetat	64	felodipine er	40	flurandrenolide	50
ESTRING	64	FEMRING	64	flurbiprofen	1
ESTROGEL	64	FEMYNOR	66	flurbiprofen sodium	78
estropipate	64	fenofibrate	43	flutamide	21
eszopiclone	84	fenofibric acid	43	fluticasone propionate	50,80
ethacrylic acid	42	fenoprofen calcium	1	fluticasone-salmeterol 100-50	
ethambutol hcl	20	fentanyl	2	(generic for advair)	83
ethosuximide	12	fentanyl citrate	3	fluticasone-salmeterol 113-14	
ethynodiol-ethinyl estradiol	64	FERRIPROX	55	(alternative to airduo	
etidronate disodium	76	FETROJA	8	respiclick)	83
etodolac	1	FETZIMA	15	fluticasone-salmeterol 232-14	
etodolac er	1	FINACEA	48	(alternative to airduo	
etonogestrel-ethinyl estradiol	64	finasteride 5 mg tablet	60	respiclick)	83
EUTHYROX	69	FINTEPLA	11	fluticasone-salmeterol 250-50	
EVAMIST	64	FIRDAPSE	46	(generic for advair)	83
EVENITY	76	FIRMAGON	69	fluticasone-salmeterol 500-50	
EVENITY (2 SYRINGES)	76	FIRVANQ	6	(generic for advair)	84
everolimus	23,72	FLAREX	78	fluticasone-salmeterol 55-14	
EVOMELA	21	flavoxate hcl	60	(alternative to airduo	
EVOTAZ	31	FLEBOGAMMA DIF	70	respiclick)	84
EVRYSDI	59	flecainide acetate	39	fluvastatin er	43
EVZIO	5	FLOVENT DISKUS	80	fluvastatin sodium	43
EXELDERM	17	FLOVENT HFA	80	fluvoxamine maleate	15
exemestane	22	FLOXIN	80	fluvoxamine maleate er	15

FML FORTE	78	GENERLAC	57	GVOKE HYPOOPEN 1-
FML S.O.P.	78	GENGRAF	73	PACK 35
<i>folic acid</i>	56	GENOTROPIN	62	GVOKE HYPOOPEN 2-
<i>fondaparinux sodium</i>	36	GENTAK	78	PACK 35
FORTEO	76	<i>gentamicin sulfate</i>	5,78	GVOKE PFS 1-PACK
FORTICAL	76	<i>gentamicin sulfate in ns</i>	5	SYRINGE 35
<i>fosamprenavir calcium</i>	31	GENVOYA	29	GVOKE PFS 2-PACK
<i>fosfomycin tromethamine</i>	6	GEODON	27	SYRINGE 35
<i>fosinopril sodium</i>	39	GIANVI	64	
<i>fosinopril-hydrochlorothiazide</i>	41	GIAZO	75	H
FRAGMIN	36	GILENYA	47	HAEGARDA 70
FREAMINE HBC	53	GILOTrif	23	HAILEY 66
FREAMINE III	53	GLASSIA	59	HAILEY 24 FE 66
<i>frovatriptan succinate</i>	19	<i>glatiramer acetate</i>	47	HAILEY FE 66
<i>furosemide</i>	42	GLATOPA	47	halcinonide 50
FUZEON	31	GLEOSTINE	20	halobetasol propionate 50
FYAVOLV	66	<i>glimepiride</i>	34	HALOG 50
FYCOMPA	11	<i>glipizide</i>	34	haloperidol 27
		<i>glipizide er</i>	34	haloperidol decanoate 27
		<i>glipizide xl</i>	34	haloperidol decanoate 100 27
G				
<i>gabapentin</i>	12,46	<i>glipizide-metformin</i>	34	haloperidol lactate 27
GALAFOLD	59	GLUCAGEN	35	HARVONI 29
<i>galantamine 4 mg/ml oral soln.</i>	14	GLUCAGON EMERGENCY	HAVRIX	74
<i>galantamine er</i>	14	KIT	35	HEATHER 66
<i>galantamine hbr</i>	14	<i>glucose in water</i>	54	HEMADY 61
GAMMAGARD LIQUID	70	<i>glyburide</i>	34	heparin sodium 36
GAMMAGARD S-D	70	<i>glyburide micronized</i>	34	heparin sodium in 0.45% nacl 37
GAMMAKED	70	<i>glyburide-metformin hcl</i>	34	heparin sodium-0.45% nacl 37
GAMMAPLEX	70	GLYCATE	57	heparin sodium-0.9% nacl 37
GAMUNEX-C	70	<i>glycopyrrolate</i>	57	HEPATAMINE 54
GARDASIL 9	74	GLYXAMBI	34	HETLIOZ 84
<i>gatifloxacin</i>	78	GOCOVRI	26	HIBERIX 74
GATTEX	57	GONITRO	44	HIZENTRA 71
<i>gauze pads 2 x 2</i>	35	GRALISE	46	HORIZANT 46
GAVILYTE-C	57	<i>granisetron hcl</i>	17	HUMALOG 36
GAVILYTE-G	57	GRASTEK	71	HUMALOG JUNIOR
GAVILYTE-N	57	<i>griseofulvin</i>	17	KWIKPEN 36
GAVRETO	23	<i>griseofulvin ultramicrosize</i>	17	HUMALOG KWIKPEN U-
GELNIQUE	60	<i>guanfacine hcl</i>	38	100 36
<i>gemfibrozil</i>	43	<i>guanfacine hcl er</i>	45	HUMALOG KWIKPEN U-
GEMMILY	66	<i>guanidine hcl</i>	20	200 36

HUMALOG MIX 50-50.....	36	HYDROMET.....	84	<i>inpen (for humalog)</i>	35
HUMALOG MIX 50-50		<i>hydromorphone er</i>	2	<i>inpen (for novolog or fiasp)</i>	35
KWIKPEN.....	36	<i>hydromorphone hcl</i>	3	INQOVI.....	21
HUMALOG MIX 75-25.....	36	<i>hydroxychloroquine sulfate</i>	25	INREBIC.....	23
HUMALOG MIX 75-25		<i>hydroxyurea</i>	21	<i>insulin lispro</i>	36
KWIKPEN.....	36	<i>hydroxyzine hcl</i>	32,80	<i>insulin lispro junior kwikpen</i>	36
HUMATROPE.....	62	<i>hydroxyzine pamoate</i>	80	<i>insulin lispro kwikpen u-100</i>	36
HUMIRA.....	73	HYQVIA.....	71	<i>insulin lispro protamine mix</i>	36
HUMIRA PEN.....	73			INSULIN PEN NEEDLE.....	35
HUMIRA PEN CROHN'S-UC- I				INSULIN PEN NEEDLE,	
HS.....	73	<i>ibandronate sodium</i>	76	SAFETY.....	35
HUMIRA PEN PSOR-		IBRANCE.....	23	INSULIN SYRINGE.....	35
UVEITS-ADOL HS.....	73	IBU.....	1	INTELENCE.....	30
HUMIRA(CF).....	73	<i>ibuprofen</i>	1	INTRALIPID.....	54
HUMIRA(CF) PEDIATRIC		<i>icatibant</i>	70	INTRON A.....	72
CROHN'S.....	73	ICLUSIG.....	23	INTROVALE.....	66
HUMIRA(CF) PEN.....	73	<i>icosapent ethyl</i>	43	INVEGA SUSTENNA.....	27
HUMIRA(CF) PEN		IDHIFA.....	21	INVEGA TRINZA.....	27
CROHN'S-UC-HS.....	73	ILEVRO.....	78	INVIRASE.....	31
HUMIRA(CF) PEN PSOR-UV-		ILUMYA.....	71	INVOKAMET.....	34
ADOL HS.....	73	<i>imatinib mesylate</i>	23	INVOKAMET XR.....	34
HUMULIN 70-30.....	36	IMBRUVICA.....	23	INVOKANA.....	34
HUMULIN 70/30		<i>imipenem-cilastatin sodium</i>	9	IONOSOL MB-DEXTROSE	
KWIKPEN.....	36	<i>imipramine hcl</i>	16	5%.....	54
HUMULIN N.....	36	<i>imipramine pamoate</i>	16	IOPIDINE.....	79
HUMULIN N KWIKPEN	36	<i>imiquimod</i>	51	IPOL.....	74
HUMULIN R.....	36	IMOVAX RABIES		<i>ipratropium bromide</i>	81
HUMULIN R U-500.....	36	VACCINE.....	74	<i>ipratropium-albuterol</i>	84
HUMULIN R U-500		IMPOYZ.....	50	<i>irbesartan</i>	38
KWIKPEN.....	36	INBRIJA.....	26	<i>irbesartan-hydrochlorothiazide</i>	41
<i>hydralazine hcl</i>	44	INCASSIA.....	66	IRESSA.....	23
<i>hydrochlorothiazide</i>	42	INCRELEX.....	62	ISENTRESS.....	29
<i>hydrocodone bitartrate er</i>	2	INCRUSE ELLIPTA.....	81	ISENTRESS HD.....	30
<i>hydrocodone-acetaminophen</i>	3	<i>indapamide</i>	43	ISIBLOOM.....	66
<i>hydrocodone-homatropine mbr.</i>	84	<i>indomethacin</i>	1	ISOLYTE P WITH	
<i>hydrocodone-ibuprofen</i>	3	<i>indomethacin er</i>	1	DEXTROSE.....	54
<i>hydrocortisone</i>	50,75	INFANRIX DTAP.....	74	ISOLYTE S.....	54
<i>hydrocortisone butyrate</i>	50	INGREZZA.....	46	<i>isoniazid</i>	20
<i>hydrocortisone valerate</i>	50	INGREZZA INITIATION		<i>isosorbide dinitrate</i>	44
<i>hydrocortisone-acetic acid</i>	80	PACK.....	46	<i>isosorbide mononitrate</i>	44
<i>hydrocortisone-pramoxine</i>	51	INLYTA.....	23	<i>isosorbide mononitrate er</i>	44

isotretinoin	48	KERYDIN	18	lamotrigine	33
isradipine	40	ketoconazole	18	lamotrigine (blue)	33
ISTURISA	69	KETODAN	18	lamotrigine (green)	11
ISUPREL	39	ketoprofen	1	lamotrigine (orange)	11
itraconazole	17	ketorolac tromethamine	1,78	lamotrigine er	11
ivermectin	25,52	KEVEYIS	59	lamotrigine odt	33
IXIARO	74	KEVZARA	71	lamotrigine odt (orange)	33
		KIMIDESS	66	LANOXIN	39
J		KINERET	71	<i>lansoprazol-amoxicil-clarithro</i>	57
JADENU SPRINKLE	55	KINRIX	74	<i>lansoprazole</i>	58
JAKAFI	23	KIONEX	56	<i>lanthanum carbonate</i>	56
JANTOVEN	37	KISQALI	23	LANTUS	36
JANUMET	34	KISQALI FEMARA CO-		LANTUS SOLOSTAR	36
JANUMET XR	34	PACK	21	<i>lapatinib</i>	23
JANUVIA	34	KITABIS PAK	82	LARIN	66
JARDIANCE	34	KLISYRI	51	LARIN 24 FE	66
JASMIEL	64	KLOR-CON 10	54	LARIN FE	66
JENCYCLA	66	KLOR-CON 20 MEQ PACKET		LARISSIA	66
JETREA	77	(SELECT		<i>latanoprost</i>	79
JINTELI	66	MANUFACTURERS		LATUDA	27,33
JOLESSA	66	ONLY)	54	LAZANDA	3
JUBLIA	18	KLOR-CON 8	54	<i>ledipasvir-sofosbuvir</i>	29
JULEBER	66	KLOR-CON M10	54	LEENA	66
JULUCA	30	KLOR-CON M15	54	<i>leflunomide</i>	73
JUNEL	66	KLOR-CON M20	54	LENVIMA	23
JUNEL FE	66	KLOR-CON SPRINKLE	54	LESSINA	66
JUNEL FE 24	66	KORLYM	35	<i>letrozole</i>	22
JUXTAPID	43	KRINTAFEL	25	<i>leucovorin calcium</i>	25
JYNARQUE	55,56	KRISTALOSE	57	LEUKERAN	20
		KURVELO	66	LEUKINE	37
K		KUVAN	59	<i>leuprolide acetate</i>	69
KABIVEN	54	KYNMOBI	26	<i>levalbuterol concentrate hcl vial-</i>	
KAITLIB FE	66			<i>neb</i>	81
KALETRA	31	L		<i>levalbuterol hcl vial-neb</i>	81
KALYDECO	82	<i>labetalol hcl</i>	40	<i>levalbuterol tar hfa 45mcg</i>	
KARIVA	66	LACRISERT	77	<i>inhalear</i>	81
KELNOR 1-35	64	<i>lactated ringers</i>	54	<i>levetiracetam</i>	11
KELNOR 1-50	64	<i>lactulose</i>	57	<i>levetiracetam er</i>	11
KENALOG-10	61	<i>lamivudine</i>	29,30	<i>levobunolol hcl</i>	79
KENALOG-40	61	<i>lamivudine hbv</i>	29	<i>levocarnitine</i>	54
KENALOG-80	61	<i>lamivudine-zidovudine</i>	30	<i>levocarnitine sf</i>	54

<i>levocetirizine</i>	LORCET PLUS.....	3	<i>meclizine hcl</i>	16
<i>dihydrochloride</i>	80,81 LORYNA.....	64	<i>meclofenamate sodium</i>	1
<i>levofloxacin</i>	10,78 losartan potassium.....	38	MEDROL.....	61
<i>levofloxacin-d5w</i>	10 losartan-hydrochlorothiazide.....	41	<i>medroxyprogesterone acetate</i> ..	67
LEVONEST.....	66 LOTEMAX.....	78	<i>mesloquine hcl</i>	25
<i>levonorg-eth estrad eth estrad</i> ..	66 LOTEMAX SM.....	78	<i>megestrol acetate</i>	67
<i>levonorgestrel-eth estradiol</i>	66 loteprednol etabonate.....	78	MEKINIST.....	23
LEVORA-28.....	67 lovastatin.....	43	MEKTOVI.....	23
<i>levorphanol tartrate</i>	2 LOW-OGESTREL.....	67	MELODETTA 24 FE.....	67
<i>levothyroxine sodium</i>	69 loxapine.....	27	<i>meloxicam</i>	1
LEVOXYL.....	69 LUCEMYRA.....	5	<i>melphalan 2mg tablet</i>	21
LEXETTE.....	50 LUCENTIS.....	77	<i>memantine hcl</i>	14
LEXIVA.....	31 luliconazole.....	18	<i>memantine hcl er</i>	14
<i>lidocaine</i>	4 LUMIGAN.....	79	MENACTRA.....	74
<i>lidocaine hcl</i>	4 LUPKYNIS.....	73	MENESE.....	64
<i>lidocaine hcl viscous</i>	4 LUPRON DEPOT.....	69	MENQUADFI.....	74
<i>lidocaine-prilocaine</i>	4 LUPRON DEPOT		MENTAX.....	52
<i>lindane</i>	52 (LUPANETA).....	69	MENVEO A-C-Y-W-135-	
<i>linezolid</i>	6 LUPRON DEPOT-PED.....	69	DIP.....	74
<i>linezolid-0.9% nacl</i>	6 LUTERA.....	67	<i>mercaptopurine</i>	21
<i>linezolid-d5w</i>	6 LUZU.....	18	<i>meropenem</i>	9
LINZESS.....	57 LYNPARZA.....	23	<i>meropenem-0.9% nacl</i>	9
<i>liothyronine sodium</i>	69 LYSODREN.....	69	<i>mesalamine</i>	75
<i>lisinopril</i>	39 LYZA.....	67	<i>mesalamine dr 400 mg capsule</i> .75	
<i>lisinopril-hydrochlorothiazide</i> ..	41		<i>mesalamine er</i>	75
<i>lithium</i>	33 M		MESNEX.....	25
<i>lithium carbonate</i>	33 M-M-R II VACCINE.....	74	METADATE ER.....	45
<i>lithium carbonate er</i>	33 MACUGEN.....	77	<i>metaproterenol sulfate</i>	82
LITHOSTAT.....	60 magnesium chloride.....	54	<i>metaxalone</i>	84
LIVALO.....	43 magnesium sulfate.....	54	<i>metformin er 1000 mg osmotic</i>	
LO LOESTRIN FE.....	67 magnesium sulfate-d5w.....	54	tablet (generic for fortamet) ..	34
LOKELMA.....	56 malathion.....	52	<i>metformin er 500 mg osmotic</i>	
LOMEDIA 24 FE.....	67 maprotiline hcl.....	14	tablet (generic for fortamet) ..	34
LONSURF.....	22 MARLISSA.....	67	<i>metformin hcl 1000mg tablet</i>	
<i>loperamide</i>	57 MARPLAN.....	15	(immediate-release).....	34
<i>lopinavir-ritonavir</i>	31 MATULANE.....	20	<i>metformin hcl 500 mg tablet</i>	
LOPREEZA.....	64 MATZIM LA.....	41	(immediate-release).....	34
<i>lorazepam</i>	32 MAVENCLAD.....	47	<i>metformin hcl 850 mg tablet</i>	
LORBRENA.....	23 MAVYRET.....	29	(immediate-release).....	34
LORCET.....	3 MAXIDEX.....	78	<i>metformin hcl er 1000 mg tablet</i>	
LORCET HD.....	3 MAYZENT.....	47	(generic for glumetza).....	34

metformin hcl er 500mg (generic for glucophage xr).....	METRO IV.....	6	MYCAPSSA.....	69
metformin hcl er 500mg (generic for glumetza).....	34 metronidazole.....	6	mycophenolate mofetil.....	73
metformin hcl er 750 mg (generic for glucophage xr).....	metyrosine.....	42	mycophenolic acid.....	73
METHADONE INTENSOL ..	34 mexiletine hcl.....	39	MYFORTIC.....	73
METHADOSE.....	MIBELAS 24 FE.....	67	MYORISAN.....	48
methadone hcl.....	34 miconazole 3.....	18	MYRBETRIQ.....	60
METHADONE INTENSOL ..	2 MICROGESTIN.....	67	MYTESI.....	57
METHADONE INTENSOL ..	2 MICROGESTIN FE.....	67	MYZILRA.....	67
METHAMPHETAMINE hcl.....	2 midodrine hcl.....	38		
METHAMPHETAMINE hcl.....	45 MIGERGOT.....	19	N	
methazolamide.....	79 miglitol.....	34	nabumetone.....	1
methenamine hippurate.....	6 miglustat.....	59	nadolol.....	40
methimazole.....	70 MILI.....	67	nadolol-bendroflumethiazide ..	42
METHITEST.....	63 MINITRAN.....	44	nafcillin.....	8
methocarbamol.....	84 minocycline hcl.....	11	nafcillin sodium.....	8
methotrexate.....	22,73 minocycline hcl er.....	11	naftifine hcl.....	18
methotrexate sodium.....	73 minoxidil.....	44	NAFTIN.....	18
methoxsalen.....	51 mirtazapine.....	14	nalbuphine hcl.....	4
methscopolamine bromide.....	57 misoprostol.....	58	naloxone hcl.....	5
methyldopa.....	38 modafinil.....	85	naltrexone hcl.....	5
methyldopa-	moexipril hcl.....	39	NAMZARIC.....	14
hydrochlorothiazide.....	42 molindone hcl.....	27	naproxen.....	1
methylergonovine maleate.....	28 mometasone furoate.....	50,80	naproxen sodium.....	1
METHYLYN.....	45 MONDOXYNE NL.....	11	naproxen sodium ds.....	1
methylphenidate er.....	45 MONO-LINYAH.....	67	naproxen-esomeprazole mag....	1
methylphenidate er (la).....	45 montelukast sodium.....	81	naratriptan hcl.....	19
methylphenidate hcl.....	45 MONUROL.....	6	NARCAN.....	5
methylphenidate hcl cd.....	45 MORGIDOX.....	11	NATACYN.....	78
methylphenidate hcl er (cd).....	45,46 morphine sulfate.....	3	NATAZIA.....	64
methylphenidate la.....	46 morphine sulfate er.....	2	nateglinide.....	34
methylprednisolone.....	61,75 MOVANTIK.....	57	NATPARA.....	76
methylprednisolone acetate.....	61 MOVIPREP.....	58	NAYZILAM.....	12
methylprednisolone sodium	MOXEZA.....	78	NEBUPENT.....	25
succ.....	61 moxifloxacin.....	10	NECON.....	67
methyltestosterone.....	63 moxifloxacin 0.5% eye drops.....	78	nefazodone hcl.....	15
metoclopramide hcl.....	16,57 moxifloxacin hcl.....	10	NEO-POLYCIN.....	77
metolazone.....	43 MULPLETA.....	37	NEO-POLYCIN HC.....	77
METOPIRONE.....	69 MULTAQ.....	39	NEO-SYNALAR.....	51
metoprolol succinate er.....	40 mupirocin.....	53	neomycin sulfate.....	5
metoprolol tartrate.....	40 MYALEPT.....	58	neomycin-bacitracin-poly-hc...	77
metoprolol-hydrochlorothiazide	42 MYCAMEINE.....	18		

<i>neomycin-bacitracin-polymyxin</i>	77 NOCDURNA	62
<i>neomycin-polymyxin-dexameth</i>	77 NOLIX	50 O
<i>neomycin-polymyxin-</i>	NORA-BE	67 OCALIVA
<i>gramicidin</i>	77 NORDITROPIN FLEXPRO	62 OCELLA
<i>neomycin-polymyxin-hc</i>	77,80 <i>noreth-estrad-fe 1-0.02(24)-75.67</i> OCTAGAM	71
<i>neomycin-polymyxin-hydrocort</i>	80 <i>norethin-eth estra-ferrous fum.</i>	67 octreotide acetate
NEORAL	73 <i>norethindron-ethinyl estradiol.</i>	67 ODACTRA
NEPHRAMINE	54 <i>norethindrone</i>	67 ODEFSEY
NERLYNX	23 <i>norethindrone ac (lupaneta)</i>	67 ODOMZO
NEUPRO	26 <i>norethindrone acetate</i>	67 OFEV
NEVANAC	78 <i>norethindrone-eth estradiol-fe</i>	67 ofloxacin
<i>nevirapine</i>	30 <i>norgestimate-ethinyl estradiol.</i>	67 olanzapine
<i>nevirapine er</i>	30 NORITATE	6 olanzapine odt
NEXAVAR	23 NORLYROC	67 olanzapine-fluoxetine hcl
<i>niacin 500 mg tablet (rx version only)</i>	NORMOSOL-M AND 43 DEXTROSE	54 olmesartan medoxomil
<i>niacin er</i>	43 NORMOSOL-R	54 olmesartan- hydrochlorothiazide
NIACOR	43 NORMOSOL-R AND 40 DEXTROSE	54 olopatadine hcl
<i>nicardipine hcl</i>	5 NORMOSOL-R PH 7.4	54 OLUMIANT
NICOTROL	5 NORTHERA	38 omega-3 acid ethyl esters
<i>nifedipine er</i>	40 NORTREL	67 OMEGAVEN
NIKKI	64 nortriptyline hcl	16 omeprazole
<i>nilutamide</i>	21 NORVIR	31 OMNITROPE
<i>nimodipine</i>	40 NOURIANZ	26 ondansetron hcl
NINLARO	22 novopen echo	35 ondansetron odt
<i>nisoldipine</i>	40 NOXAFIL	18 ONEXTON
<i>nitazoxanide</i>	25 NUBEQA	21 ONGENTYS
<i>nitisinone</i>	59 NUCALA	84 ONUREG
NITRO-BID	44 NUEDEXTA	46 ONZETRA XSAIL
NITRO-DUR	44 NUPLAZID	27,28 OPSUMIT
<i>nitrofurantoin</i>	6 NUTRILIPID	54 ORACEA
<i>nitrofurantoin mono-macro</i>	6 NUTROPIN AQ	62 ORALAIR
<i>nitroglycerin</i>	44 NUTROPIN AQ NUSPIN	62 ORALONE
<i>nitroglycerin 400 mcg lingual spray</i>	NUVESSA	6 ORENCIA
<i>nitroglycerin patch</i>	44 NUZYRA	11 ORENCIA CLICKJECT
NITROLINGUAL	44 NYAMYC	18 ORENITRAM ER
NITROMIST	44 NYATA	18 ORFADIN
NITYR	59 nystatin	18 ORGOVYX
<i>nizatidine</i>	58 NYSTOP	51 ORIAHNN
		69,70

ORKAMBI	82	paroxetine cr	15,33	PHENADOZ	16
ORLADEYO	70	paroxetine er	15,33	phenelzine sulfate	15
orphenadrine citrate er	84	paroxetine hcl	15,33	phenobarbital	12
ORSYTHIA	67	PARSABIV	76	phenoxybenzamine hcl	38
oseltamivir phosphate	32	PASER	20	phentermine hcl	46
OSMOLEX ER	26	PAXIL	15	PHENYTEK	13
OSMOPREP	58	PEDIARIX	74	phenytoin	13
OTEZLA	51	PEDVAXHIB	74	phenytoin sodium extended	13
oxacillin	9	peg 3350 electrolyte sohn (4000 ml package)	58	PHESGO	24
oxacillin sodium	9	peg3350-sod sul-nacl-kcl-asb-c	58	PHILITH	67
oxandrolone	63	peg-3350 and electrolytes sohn	58	PHOSPHOLINE IODIDE	79
oxaprozin	1	(4000 ml package)	58	phytonadione	56
oxazepam	32	peg3350-sod sul-nacl-kcl-asb-c	58	PICATO	51
OXBRYTA	59	PEGANONE	13	PIFELTRO	30
oxcarbazepine	13	PEGASYS	72	pilocarpine hcl	47,79
OXERVATE	77	PEGASYS PROCLICK	72	pimecrolimus	50
oxiconazole nitrate	18	PEGINTRON	72	pimozide	27
OXISTAT	18	PEGINTRON REDIPEN	72	PIMTREA	67
oxybutynin chloride	60	PEMAZYRE	24	pindolol	40
oxybutynin chloride er	60	penicillamine	56	pioglitazone hcl	34
oxycodone hcl	4	penicillin g potassium	9	pioglitazone-glimepiride	34
oxycodone hcl er	2	penicillin g procaine	9	pioglitazone-metformin	34
oxycodone hcl-aspirin	4	penicillin g sodium	9	piperacillin-tazobactam	9
oxycodone hcl-ibuprofen	4	penicillin gk-iso-osm dextrose	9	PIQRAY	24
oxycodone-acetaminophen	4	penicillin v potassium	9	PIRMELLA	67
oxymorphone hcl	4	PENTACEL	74	piroxicam	1
oxymorphone hcl er	2	PENTACEL ACTHIB	74	PLASMA-LYTE 148	54
OZEMPIC	34	COMPONENT	74	PLASMA-LYTE A PH 7.4	54
		pentamidine isethionate	25	PLEGRIDY	47
		pentazocine-naloxone hcl	4	PLEGRIDY PEN	47
P					
PACERONE	39	pentoxifylline	42	PLENU	58
paliperidone er	28	PERFOROMIST	82	PLIAGLIS	4
palonosetron hcl	17	PERIKABIVEN	54	podofilox	51
PALYNZIQ	59	perindopril erbumine	39	POLYCIN	78
PANCREAZE	59	PERIOGARD	47	polymyxin b sul-trimethoprim	77
PANRETIN	25	permethrin	52	POMALYST	21
pantoprazole sodium	58	perphenazine	16	PORTIA	67
PANZYGA	71	perphenazine-amitriptyline	14	posaconazole	18
paricalcitol	76	PERSERIS	28	potassium chloride	54
PAROEX	47	PEXEVA	15	potassium chloride in d5lr	54
paromomycin sulfate	5	PFIZERPEN	9	potassium citrate er	54

<i>potassium cl 20 meq packet</i>	<i>PREVYMIS</i>	29	<i>PYLERA</i>	58
<i>(select manufacturers only)</i>	<i>.55 PREZCOBIX</i>	31	<i>pyrazinamide</i>	20
<i>PRADAXA</i>	<i>.37 PREZISTA</i>	31	<i>pyridostigmine bromide</i>	20
<i>PRALUENT PEN</i>	<i>.44 PRIFTIN</i>	20	<i>pyridostigmine bromide er</i>	20
<i>PRALUENT SYRINGE</i>	<i>.44 primaquine</i>	25	<i>pyrimethamine</i>	25
<i>pramipexole dihydrochloride</i>	<i>.26 primidone</i>	12		
<i>pramipexole er</i>	<i>.26 PRIMSOL</i>	6	Q	
<i>PRAMOSONE</i>	<i>.50,.51 PRIVIGEN</i>	71	<i>QINLOCK</i>	24
<i>prasugrel hcl</i>	<i>.38 probenecid</i>	18	<i>QUADRACEL DTAP-IPV</i>	74
<i>pravastatin sodium</i>	<i>.43 probenecid-colchicine</i>	18	<i>QUDEXY XR</i>	11,19
<i>praziquantel</i>	<i>.25 PROCALAMINE</i>	55	<i>quetiapine fumarate</i>	28
<i>prazosin hcl</i>	<i>.38 prochlorperazine</i>	16	<i>quetiapine fumarate er</i>	14,33
<i>PRED MILD</i>	<i>.78 prochlorperazine maleate</i>	16	<i>quinapril hcl</i>	39
<i>PRED-G</i>	<i>.77 PROCRIT</i>	37	<i>quinapril-hydrochlorothiazide</i>	42
<i>prednicarbate</i>	<i>.50 PROCTO-MED HC</i>	75	<i>quinidine gluconate</i>	39
<i>prednisolone</i>	<i>.61 PROCTO-PAK</i>	50	<i>quinidine sulfate</i>	39
<i>prednisolone acetate</i>	<i>.79 PROCTOFOAM-HC</i>	51	<i>quinine sulfate</i>	25
<i>prednisolone sodium phos odt</i>	<i>.61 PROCTOSOL-HC</i>	50	<i>QVAR REDIHALER</i>	80
<i>prednisolone sodium phosphate</i>	<i>PROCTOZONE-HC</i>	50		
<i>prednisone</i>	<i>.61,.75,.79 PROCYSBI</i>	59	R	
<i>PREDNISONE INTENSOL</i>	<i>.62 PROGLYCEM</i>	36	<i>RABAVERT</i>	74
<i>PREFEST</i>	<i>.64 PROGRAF</i>	73	<i>rabeprazole sodium</i>	59
<i>pregabalin</i>	<i>.12,.46 PROLASTIN C</i>	59	<i>raloxifene hcl</i>	68
<i>PREGNYL</i>	<i>.62 PROLIA</i>	59	<i>ramelteon</i>	84
<i>PREMARIN</i>	<i>.64 PROMACTA</i>	76	<i>ramipril</i>	39
<i>PREMASOL</i>	<i>.55 promethazine hcl</i>	16	<i>ranolazine er</i>	42
<i>PREMPHASE</i>	<i>.64 PROMETHEGAN</i>	16	<i>RAPAMUNE</i>	73
<i>PREMPRO</i>	<i>.64 propafenone hcl</i>	16	<i>rasagiline mesylate</i>	26
<i>PRENATAL VITAMIN ORAL</i>	<i>propafenone hcl er</i>	39	<i>RAVICTI</i>	59
<i>TABLET</i>	<i>.11 propranolol hcl</i>	39	<i>RAYALDEE</i>	76
<i>PREVALITE</i>	<i>.44 propranolol hcl er</i>	40	<i>RAYOS</i>	62
<i>PREVIDENT 5000 1.1% DRY</i>	<i>propranolol-hydrochlorothiazid</i>	39,40	<i>REBIF</i>	47
<i>MOUTH</i>	<i>.47 propylthiouracil</i>	42	<i>REBIF REBIDOSE</i>	47
<i>PREVIDENT 5000 ENAMEL</i>	<i>PROQUAD</i>	70	<i>RECARBRIOP</i>	9
<i>PROTECT</i>	<i>.48 PROSOL</i>	74	<i>RECLIPSEN</i>	68
<i>PREVIDENT 5000 ORTHO</i>	<i>protamine sulfate</i>	55	<i>RECOMBIVAX HB</i>	74
<i>DEFENSE</i>	<i>.48 protriptyline hcl</i>	37	<i>RECTIV</i>	44
<i>PREVIDENT 5000</i>	<i>PRUDOXIN</i>	16	<i>REGRANEX</i>	52
<i>SENSITIVE</i>	<i>.48 PULMOZYME</i>	50	<i>RELENZA</i>	32
<i>PREVIFEM</i>	<i>.67 PURIXAN</i>	82	<i>RELEXXII</i>	46
		21	<i>RELISTOR</i>	57

RELTONE	58	ROSADAN	6	<i>sevelamer 2.4 gm powder packet</i>
RENACIDIN	55	<i>rosuvastatin calcium</i>	43	(generic for renvela) 56
<i>repaglinide</i>	34	ROTARIX	74	<i>sevelamer carbonate 800 mg tab</i>
REPATHA PUSHTRONEX	44	ROTAQE	74	(generic for renvela) 56
REPATHA SURECLICK	44	ROWEEPRA	11	<i>sevelamer hcl 400 mg tab</i>
REPATHA SYRINGE	44	ROWEEPRA XR	11	(generic for renagel) 56
SCRIPTOR	30	ROZLYTREK	24	<i>sevelamer hcl 800 mg tab</i>
RESTASIS	77	RUBRACA	24	(generic for renagel) 56
RESTASIS MULTIDOSE	77	RUCONEST	70	SF 1.1% GEL 48
RETEVMO	24	<i>rufinamide</i>	13	SF 5000 PLUS 48
RETIN-A MICRO PUMP	49	RUKOBIA	31	SHAROBEL 68
REVCovi	59	RYBELSUS	35	SHINGRIX 74
REVLIMID	21	RYDAPT	24	SIGNIFOR 70
REXULTI	28			<i>sildenafil 20mg tablet (generic for revatio)</i> 83
REYATAZ	31	S		
RHOPRESSA	79	SAIZEN	62	<i>sildenafil citrate</i> 60,83
RIBASPHERE	29	SAIZEN-SAIZENPREP	62	SILIQ 71
RIBASPHERE RIBAPAK	29	SAMSCA	56	<i>silodosin</i> 60
<i>ribavirin</i>	29	SANCUSO	17	<i>silver sulfadiazine</i> 52
RIDAURA	71	SANDIMMUNE	73	SIMBRINZA 79
<i>rifabutin</i>	20	SANDOSTATIN LAR		SIMPONI 73
RIFAMATE	20	DEPOT	70	<i>simvastatin</i> 43
<i>rifampin</i>	20	SANTYL	52	<i>sirolimus</i> 73
RIFATER	20	SAPHRIS	28,33	SIRTURO 20
<i>riluzole</i>	46	<i>sapropterin dihydrochloride</i>	59	SIVEXTRO 7
<i>rimantadine hcl</i>	32	SAVELLA	47	SKYRIZI (2 SYRINGES)
<i>ringers injection</i>	55	<i>scopolamine</i>	16	KIT 71
<i>ringers irrigation</i>	55	SECUADO	28	SLYND 68
RINVOQ	71	SEGLUROMET	35	SMOFLIPID 55
<i>risedronate sodium</i>	76	<i>selegiline hcl</i>	26	<i>sodium chloride</i> 55
<i>risedronate sodium dr</i>	76	<i>selenium sulfide</i>	50	<i>sodium chloride-water</i> 55
RISPERDAL CONSTA	28	SELZENTRY	31	<i>sodium fluoride</i> 48
<i>risperidone</i>	28,33	SEMPREX-D	81	<i>sodium fluoride 1 mg oral</i>
<i>risperidone odt</i>	28,33	SEREVENT DISKUS	82	tablet 55
<i>ritonavir</i>	31	SERNIVO	50	SODIUM FLUORIDE 5000
<i>rivastigmine</i>	14	SEROSTIM	58,62	PLUS 48
RIVELSA	68	<i>sertraline hcl</i>	15	<i>sodium fluoride enamel protect</i> 48
<i>rizatriptan</i>	19	SETLAKIN	68	<i>sodium fluoride sensitive</i> 48
ROCKLATAN	77	<i>sevelamer 0.8 gm powder packet</i>		<i>sodium phenylbutyrate</i> 59
<i>ropinirole er</i>	26	(generic for renvela)	56	<i>sodium polystyrene sulfonate</i> 56
<i>ropinirole hcl</i>	26			<i>sodium sulfacetamide</i> 10

<i>sofosbuvir-velpatasvir</i>	29	<i>sulfacetamide sodium</i>	10,78	<i>tacrolimus</i>	51,74
<i>solifenacin succinate</i>	60	<i>sulfacetamide-prednisolone</i>	77	<i>tadalafil 10 mg tablet (generic SOLIQUA 100-33)</i>	
<i>SOLIQUA 100-33</i>	35	<i>sulfadiazine</i>	10	<i>for cialis</i>	60
<i>SOLOSEC</i>	7	<i>sulfamethoxazole-trimethoprim 10</i>	<i>tadalafil 2.5 mg tablet (generic SOLTAMOX)</i>		
<i>SOLTAMOX</i>	21	<i>SULFAMYLYON</i>	53	<i>for cialis</i>	83
<i>SOLU-CORTEF</i>	62	<i>sulfasalazine</i>	75	<i>tadalafil 20 mg tablet (generic SOLU-MEDROL)</i>	
<i>SOLU-MEDROL</i>	62	<i>sulfasalazine dr</i>	75	<i>for cialis</i>	60
<i>SOMATULINE DEPOT</i>	70	<i>SULFATRIM</i>	10	<i>tadalafil 20mg tablet (generic for SOMAVERT)</i>	
<i>SOMAVERT</i>	70	<i>sulindac</i>	1	<i>adcirca</i>	83
<i>SORILUX</i>	52	<i>sumatriptan</i>	19	<i>tadalafil 5 mg tablet (generic for SORINE)</i>	
<i>SORINE</i>	39	<i>sumatriptan succ-naproxen sod.</i>	19	<i>cialis</i>	83
<i>sotalol</i>	39	<i>sumatriptan succinate</i>	19	<i>TAFINLAR</i>	24
<i>sotalol af</i>	39	<i>SUMAVEL DOSEPRO</i>	20	<i>TAGRISSO</i>	24
<i>SOTYLIZE</i>	39	<i>SUNOSI</i>	85	<i>TAKHYRO</i>	70
<i>SOVALDI</i>	29	<i>SUPREP</i>	58	<i>TALTZ AUTOINJECTOR</i>	71
<i>SPIRIVA</i>	81	<i>SUTAB</i>	58	<i>TALTZ AUTOINJECTOR (2</i>	
<i>SPIRIVA RESPIMAT</i>	81	<i>SUTENT</i>	24	<i>PACK)</i>	72
<i>spironolactone</i>	42	<i>SYEDA</i>	64	<i>TALTZ AUTOINJECTOR (3</i>	
<i>spironolactone-hetz</i>	42	<i>SYLATRON</i>	72	<i>PACK)</i>	72
<i>SPRINTEC</i>	68	<i>SYMBICORT</i>	84	<i>TALTZ SYRINGE</i>	72
<i>SPRITAM</i>	12	<i>SYMDEKO</i>	82	<i>TALZENNA</i>	24
<i>SPRYCEL</i>	24	<i>SYMF1</i>	30	<i>tamoxifen citrate</i>	21
<i>SPS</i>	56	<i>SYMF1 LO</i>	30	<i>tamsulosin hel</i>	60
<i>SRONYX</i>	68	<i>SYMJEPI</i>	82	<i>TAPERDEX</i>	62,75
<i>SSD</i>	52	<i>SYMLINPEN 120</i>	35	<i>TARGETIN</i>	25
<i>STAMARIL</i>	75	<i>SYMLINPEN 60</i>	35	<i>TARINA 24 FE</i>	68
<i>stavudine</i>	31	<i>SYMPAZAN</i>	13	<i>TARINA FE</i>	68
<i>STEGLATRO</i>	35	<i>SYMPROIC</i>	57	<i>TARINA FE 1-20 EQ</i>	68
<i>STEGLUJAN</i>	35	<i>SYMTUZA</i>	31	<i>TASIGNA</i>	24
<i>STELARA</i>	71	<i>SYNAREL</i>	70	<i>tavaborole</i>	18
<i>STENDRA</i>	60	<i>SYNDROS</i>	17	<i>TAVALISSE</i>	38
<i>sterile water for irrigation</i>	52	<i>SYNERA</i>	5	<i>TAYTULLA</i>	68
<i>STIMATE</i>	62	<i>SYNJARDY</i>	35	<i>tazarotene</i>	49
<i>STIOLTO RESPIMAT</i>	84	<i>SYNJARDY XR</i>	35	<i>TAZORAC</i>	49
<i>STIVARGA</i>	24	<i>SYNRIBO</i>	22	<i>TAZTIA XT</i>	41
<i>streptomycin sulfate</i>	5	<i>SYNTHROID</i>	69	<i>TAZVERIK</i>	24
<i>STRIBILD</i>	30			<i>tdvax</i>	75
<i>STRIVERDI RESPIMAT</i>	82	T		<i>TECFIDERA</i>	47
<i>SUBSYS</i>	4	<i>TABLOID</i>	21	<i>TEFLARO</i>	8
<i>SUCRAID</i>	59	<i>TABRECTA</i>	24	<i>TEGRETOL</i>	13
<i>sucralfate</i>	58	<i>TACLONEX</i>	52	<i>TEGRETOL XR</i>	13

TEGSEDI	59	<i>timolol 0.5% eye drops (generic for istalol)</i>	TRECATOR	20	
TEKTURNA HCT	42	<i>timoptic</i>	TRELEGY ELLIPTA	84	
<i>telmisartan</i>	38	<i>timolol 0.5% gel-solution</i>	TRELSTAR	70	
<i>telmisartan-amlodipine</i>	42	<i>timolol maleate</i>	TREMFYA	72	
<i>telmisartan-hydrochlorothiazid</i>	42	TIMOPTIC OCUDOSE	79	<i>tretinoi</i> n	25,49
<i>temazepam</i>	84,85	<i>tinidazole</i>	7	<i>tretinoi</i> n microsphere	49
TEMIXYS	31	TIS-U-SOL PENTALYTE	52	TRI-ESTARYLLA	68
TENCON	4	TIVICAY	30	TRI-LEGEST FE	68
TENIVAC	75	TIVICAY PD	30	TRI-LINYAH	68
<i>tenofovir disoproxil fumarate</i>	29	<i>tizanidine hcl</i>	28	TRI-LO-ESTARYLLA	68
<i>terazosin hcl</i>	38,60	TOBI PODHALER	82	TRI-LO-MARZIA	68
<i>terbinafine hcl</i>	18	TOBRADEX	77	TRI-LO-SPRINTEC	68
<i>terbutaline sulfate</i>	82	TOBRADEX ST	77	TRI-MILI	68
<i>terconazole</i>	18	<i>tobramycin</i>	78,82	TRI-PREVIFEM	68
<i>teriparatide</i>	76	<i>tobramycin sulfate</i>	5	TRI-SPRINTEC	68
<i>testosterone</i>	63	<i>tobramycin-dexamethasone</i>	77	TRI-VYLIBRA	68
<i>testosterone cypionate</i>	63	TOBREX	78	TRI-VYLIBRA LO	68
<i>testosterone enanthate</i>	63	TOLAK	52	<i>triamcinolone 0.147 mg/g topical spray</i>	51
<i>tetrabenazine</i>	46	<i>tolbutamide</i>	35	<i>triadimenol</i>	51
<i>tetracycline hcl</i>	11	<i>tolcapone</i>	26	<i>triamicinolone acetonide</i>	48,51,62
THALOMID	21	<i>tolmetin sodium</i>	1	<i>triamterene</i>	42
THEO-24	82	<i>tolterodine tartrate</i>	60	<i>triamicterene-hydrochlorothiazid</i>	42
<i>theophylline</i>	82	<i>tolterodine tartrate er</i>	60	TRIANEX	51
<i>theophylline anhydrous</i>	82	<i>tolvaptan</i>	56	TRIDERM	51
THERMAZENE	52	<i>topiramate</i>	19	<i>trientine hcl</i>	56
THIOLA	60	<i>topiramate er</i>	12,19	<i>trifluoperazine hcl</i>	27
THIOLA EC	61	<i>toremifene citrate</i>	21	<i>trifluridine</i>	32
<i>thioridazine hcl</i>	27	<i>torsemide</i>	42	TRIGLIDE	43
<i>thiothixene</i>	27	TOUJEO MAX SOLOSTAR	36	<i>trihexyphenidyl hcl</i>	26
TIADYL T ER	41	TOUJEO SOLOSTAR	36	TRIJARDY XR	35
<i>tiagabine hcl</i>	13	TRACLEER	83	TRIKAFTA	82
TIBSOVO	24	<i>tramadol hcl</i>	4	TRILYTE WITH FLAVOR	
<i>ticlopidine hcl</i>	38	<i>tramadol hcl er</i>	2	PACKETS	58
<i>tigecycline</i>	7	<i>tramadol hcl-acetaminophen</i>	4	<i>trimethobenzamide hcl</i>	16
TIGLUTIK	46	<i>trandolapril</i>	39	<i>trimethoprim</i>	7
TILIA FE	68	<i>trandolapril-verapamil er</i>	42	<i>trimipramine maleate</i>	16
<i>timolol 0.25% eye drops</i>	79	<i>tranexamic acid</i>	38	TRINESSA	68
<i>timolol 0.25% gel-solution</i>	79	<i>tranylcypromine sulfate</i>	15	TRINTELLIX	15
<i>timolol 0.5% eye drops (generic for istalol)</i>	79	TRAVASOL	55	TRIPTODUR	70
		<i>travoprost</i>	79	TRIUMEQ	31
		<i>trazodone hcl</i>	15	TRIVORA-28	68

TROGARZO	31	valsartan	39	VIEKIRA PAK	29
TROKENDI XR	12,19	valsartan-hydrochlorothiazide	42	VIENVA	68
TROPHAMINE	55	VALTOCO	13	vigabatrin	13
<i>trospium chloride</i>	60	VANATOL LQ	4	VIGADRONE	13
<i>trospium chloride er</i>	60	VANATOL S	4	VIIBRYD	15
TRULICITY	35	vancomycin	7	VIMOVO	1
TRUMENBA	75	vancomycin hcl	7	VIMPAT	13
TRUVADA	31	vancomycin hcl-d5w	7	VIORELE	68
TUKYSA	24	vancomycin in 0.9 % sodium		VIRACEPT	32
TURALIO	24	chloride	7	VIRAMUNE	30
TWINRIX	75	vanishpoint insulin syringe	35	VIREAD	31
TYBOST	31	VAQTA	75	VITAFOL FE PLUS	56
TYDEMY	68	vardenafil hcl (generic for		vitamin d2	56
TYKERB	24	levitra)	61	VITEKTA	30
TYMLOS	76	vardenafil hcl odt (generic for		VITRAKVI	24
TYPHIM VI	75	staxyn)	61	VIVITROL	5
TYVASO	83	VARIVAX VACCINE	75	VIZIMPRO	24
TYVASO INSTITUTIONAL		VARUBI	17	voriconazole	18
START KIT	83	VASCEPA	44	VOSEVI	29
TYVASO REFILL KIT	83	VECAMYL	42	VOTRIENT	24
TYVASO STARTER KIT	83	VELIVET	68	VRAYLAR	28
		VELPHORO	56	VTOL LQ	4
U		VEMLIDY	29	VYFEMLA	68
U-CORT	52	VENCLEXTA	24	VYLIBRA	68
UCERIS	76	VENCLEXTA STARTING		VYNDAMAX	59
UDENYCA	37	PACK	24	VYNDAQEL	59
UNITROID	69	venlafaxine hcl	15		
UPTRAVI	83	venlafaxine hcl er	15,33	W	
<i>ursodiol</i>	58	VENTAVIS	83	WAKIX	85
UTIBRON NEOHALER	84	verapamil er	39,41	warfarin sodium	37
UVADEX	52	verapamil er pm	41	WERA	68
		verapamil hcl	39,41	WESTAB PLUS	56
		verapamil sr	41	WESTGEL DHA	56
V					
v-go 20 disposable device	35	VERQUVO	42	wixela 100-50 inhub (generic for	
v-go 30 disposable device	35	VERSACLOZ	28	advair)	84
v-go 40 disposable device	35	VERZENIO	24	wixela 250-50 inhub (generic for	
VABOMERE	9	VESTURA	64	advair)	84
<i>valacyclovir</i>	32	VIBERZI	57	wixela 500-50 inhub(generic for	
VALCHLOR	20	VIBRAMYCIN	11	advair)	84
<i>valganciclovir hcl</i>	29	VICTOZA 2-PAK	35	WYMZYA FE	68
<i>valproic acid</i>	12	VICTOZA 3-PAK	35		

	ZEMAIRA	59
X	ZEMBRACE SYMTOUCH	20
XADAGO	26,27 ZENATANE	49
XALKORI	24 ZENPEP	60
XARELTO	37 ZEPATIER	29
XATMEP	74 ZEPOSIA	47
XCOPRI	12 ZERBAXA	8
XELJANZ	72 ZERIT	31
XELJANZ XR	72 <i>zidovudine</i>	31
XEMBIFY	71 <i>zileuton er</i>	81
XENLETA	7 ZIOPTAN	79
XEPI	53 <i>ziprasidone hcl</i>	28
XERAVA	11 <i>ziprasidone mesylate</i>	28
XERESE	52 ZIRGAN	78
XERMELO	57 ZOKINVY	60
XGEVA	76 ZOLINZA	22
XIFAXAN	58 <i>zolmitriptan</i>	20
XOFLUZA	32 <i>zolmitriptan odt</i>	20
XOLAIR	72 <i>zolpidem tartrate</i>	85
XOSPATA	25 <i>zolpidem tartrate er</i>	85
XPOVIO	22 ZOMACTON	62
XTANDI	21 <i>zonisamide</i>	13
XULANE	68 ZONTIVITY	37
XYREM	85 ZORBTIVE	62
XYWAV	85 ZORTRESS ZOSTAVAX	74 75
Y	ZOSYN	9
YF-VAX	75 ZOVIA 1-35E	64
YONSA	21 ZTLIDO	5
YUPELRI	81 ZUPLENZ	17
YUVAFEM	64 ZYCLARA ZYDELIG	52 25
Z	ZYFLO	81
<i>zafirlukast</i>	.81 ZYKADIA	25
<i>zaleplon</i>	.85 ZYLET	77
ZARAH	64 ZYPREXA RELPREVV	28
ZARXIO	37 ZYTIGA	21
ZEBUTAL	4	
ZEJULA	25	
ZELAPAR	27	
ZELBORAF	.25	

Discrimination is Against the Law

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Our Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-662-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-662-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator 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, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-883-9577 (TTY: 1-800-662-1220).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 1-800-662-1220).

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 1-877-883-9577 (TTY : 1-800-662-1220)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-883-9577 (телефон: 1-800-662-1220).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-883-9577 (TTY: 1-800-662-1220).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-883-9577 (TTY: 1-800-662-1220)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-883-9577 (TTY: 1-800-662-1220).

אויפמעראקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אײַך שפֿראָך הילַף סערוויסעס פרֵי פּוֹן אַפְּצָאַל. רופט - 1-877-883-9577 (TTY: 1-800-662-1220)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-883-9577 (TTY: ১-800-662-1220)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-883-9577 (TTY: 1-800-662-1220).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-883-9577 (رقم هاتف الصم والبكم: 1-800-662-1220).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-883-9577 (ATS : 1-800-662-1220).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-883-9577 (TTY: 1-800-662-1220).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-883-9577 (TTY: 1-800-662-1220).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-883-9577 (TTY: 1-800-662-1220).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-883-9577 (TTY: 1-800-662-1220).



165 Court Street
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Important Excellus BlueCross BlueShield Information

This formulary was updated on 02/23/2021. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 or, for TTY users, 1-800-662-1220, Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. - 8:00 p.m., or visit ExcellusMedicare.com/Formulary.

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