MASSACHUSETTS

Effective: 1/1/2027

MMHG MEDEX 2 OBRA

http://planinfo.bluecrossma.com/ekit/2027-mmhgmedex2obra-en_US.pdf

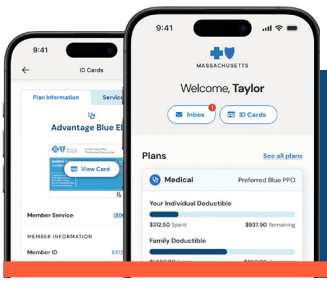
View your complete plans details (over)

PLAN OPTIONS

SUPPLEMENTAL

Medex 2 OBRA

SUMMARY



Get a personalized view of your plan
MyBlue is your online member account that gives you instant access to your plan benefits from any device.

Get Started
Register for MyBlue at **bluecrossma.org** or download the app.

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

PLAN DETAILS

PLAN INFORMATION

- Blue MedicareRx 3 TOPT 26 Summary of Benefits
- Blue MedicareRx Formulary
- Blue MedicareRx Enrollment Form
- 2027 Blue MedicareRx Formulary Changes

WELLNESS

- Fitness Reimbursement
- Weight- Loss Reimbursement
- Blue 365

RESOURCES

- Summary of Health Plan Payments Guide
- MyBlue Fact Sheet
- Member Service
- MyBlue
- Coordination of Benefits
- Care Management (Core)

Left Blank Intentionally

MASSACHUSETTS

SUMMARY OF BENEFITS

MEDEX® 2

Mayflower Municipal Health Group

This Medex plan provides benefits for:
- Medicare Part A and B Deductibles and Coinsurances
- OBRA Benefits

This Medex plan does not provide benefits for:
- Prescription Drugs

TAP INTO YOUR HEALTH PLAN

MyBlue is your online member account that makes understanding and using your health plan simple.

Track claims and benefits

Find personalized care options

View your member ID card



Get started

Sign in or create an account today. Download the app or visit **bluecrossma.org**.

QUESTIONS? CALL 1-800-258-2226. (TTY) 711.

The Member Service staff can assist you Monday through Friday, 8 a.m. to 6 p.m.
Medicare Office Telephone Number in Massachusetts: **1-800-MEDICARE (1-800-633-4227)**

This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance; however, the Commonwealth of Massachusetts has stated that enrollment in Original Medicare (Medicare Part A and Medicare Part B) satisfies these standards.

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

YOUR MEDICAL BENEFITS

	Medicare Provides	Medex Provides
Inpatient Care		
Hospital care—including surgical services, X-rays and lab tests, anesthesia, drugs and medications, and intensive care services†	• Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up††
Physician or other professional provider services	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Skilled nursing facility—participating with Medicare*	• Full coverage for days 1–20 • Coverage for days 21–100 after daily Part A coinsurance	• Full coverage of Medicare daily coinsurance for days 21–100 • $16 daily for days 101–365
Skilled nursing facility—not participating with Medicare*	No benefits	$16 daily for 365 days per benefit period
Outpatient Care		
Office visits, emergency services, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, durable medical equipment, and cardiac rehabilitation services	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Blood glucose monitors and materials to test for the presence of blood sugar	80% of approved charges after annual Part B deductible for all diabetics	Full coverage of Medicare deductible and coinsurance
Urine test strips (Claims must be submitted on a Medex Subscriber Claim form)	No benefits	Full coverage based on the allowed charge
Chiropractor services	80% of approved charges after annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	• Full coverage of Medicare deductible and coinsurance for Medicare-approved charges only • 20% of the approved charges for services not covered by Medicare
Short-term rehabilitation – physical therapy, speech-pathology, and occupational therapy services approved by Medicare	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Shingles vaccine and administration	No benefits	Full coverage based on the allowed charge when these services are furnished by a covered provider during the same visit
Acupuncture visits	No benefits	Full coverage based on the allowed charge for 12 visits per calendar year

	Medicare Provides	Medex Provides
Mental Health and Substance Use Treatment		
Biologically based mental conditions**		
Inpatient admissions in a general or mental hospital	• Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance • Coverage for mental hospital admissions is limited to a 190 day lifetime maximum	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up††
Outpatient visits	80% of approved charges after annual Part B deductible	• When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum • When not covered by Medicare, full coverage with no visit maximum
Non-biologically based mental conditions		
Inpatient admissions in a general hospital	• Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up††
Inpatient admissions in a mental hospital	Same coverage as a general hospital, but coverage is limited to a 190 day lifetime maximum	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • When Medicare benefits are used up, full coverage up to 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)††
Outpatient visits	80% of approved charges after annual Part B deductible	• When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum • When not covered by Medicare, full coverage up to 24 visits per calendar year

† Dental services are not covered by Medicare, however, when your medical or dental condition requires an inpatient admission, Medex provides full coverage for hospital and participating dentist charges for surgical removal of unerupted teeth or teeth impacted in bone, and the extraction of seven or more permanent teeth.

†† The additional days are a combination of days in a general or mental hospital.

* A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

** Treatment of rape-related mental or emotional disorders for victims of an assault with intent to rape is covered to the same extent as biologically based conditions.

	Medicare Provides	Medex Provides
Hearing Care		
Hearing aids	No benefits	Full coverage up to $2,000 for one hearing aid per ear every 36 months
Vision Care		
Vision supplies	No benefits	Full coverage up to $150 every 24 months for one set of frames and prescription lenses (or contact lenses)

Preventive Services Approved by Medicare and Medex

Medicare provides coverage for certain preventive services at no cost to members. For the current list of covered preventive services, refer to your Medicare & You handbook or go to medicare.gov. Some preventive covered services are highlighted below.

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)
- One routine colonoscopy every two years for a high-risk member (Full coverage for tests)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)
- Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test)
- One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment)
- One baseline mammogram during the five year period a member is age 35-39 and one routine mammogram per calendar year for members age 40 and older (Full coverage for screening)
- One routine Pap smear test per calendar year (Full coverage for test)

Important Information

- The Medicare deductible and coinsurance amounts are subject to change January 1 of each year.
- Benefits are available immediately upon your effective date.
- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.

Get the Most from Your Plan: Visit us at bluecrossma.org or call 1-800-258-2226 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs or equipment (see your plan description for details)	$150 per calendar year
Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program (see your plan description for details)	$150 per calendar year

Limitations and Exclusions. These pages summarize your health care plan. Your plan description and riders define the full terms and conditions. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders.
Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

® Registered Marks of the Blue Cross and Blue Shield Association. ®′ Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. © 2025 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
003990867 (10/25) DD

Left Blank Intentionally

MASSACHUSETTS



Blue MedicareRx℠ (PDP)

2027 SUMMARY OF BENEFITS

2027 Summary of Benefits

Blue MedicareRx (PDP)

Employer Group Medicare Prescription Drug Plan: $10 / $20 / $35

Option 26

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

S2893_2612_GRP_M

BLUE MEDICARERX (PDP)

(a Medicare Prescription Drug Plan (PDP) offered by ANTHEM INSURANCE CO., BCBSMA, BCBSRI, & BCBSVT with a Medicare contract)

SUMMARY OF BENEFITS

January 1, 2027 - December 31, 2027

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred to throughout this Summary of Benefits as "plan" or "this plan."

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the *Evidence of Coverage*.

FOR MORE INFORMATION

Hours of Operation

You can call us 24 hours a day, 7 days a week.

Blue MedicareRx Phone Numbers and Website

Call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**).

Prospective Members, contact your benefits administrator.

Access your plan documents by visiting: **caremark.com.**

If you want to know more about the coverage and costs of Original Medicare, look in your current *"Medicare & You"* handbook. View it online at **medicare.gov/publications/10050-medicare-and-you.pdf** or get a copy by calling **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

This document is available in other formats such as Braille and large print. For additional information, call us at **1-888-543-4917**, 24 hours a day, 7 days a week. TTY/TDD users should call **711**.

WHO CAN JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, are a US citizen or are lawfully present in the United States and live in the service area which includes the United States and its territories.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Contact your local benefits administrator for more information.

WHICH DRUGS ARE COVERED?

You can see the complete plan formulary (list of Part D covered drugs) and any restrictions at: **caremark.com**. Or call us and we will send you a copy of the formulary.

HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of 3 “tiers”. You'll need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier, your out-of-pocket prescription costs to date and what stage of the benefit you have reached. Later in this document we discuss the benefit stages in your Medicare prescription drug coverage that occur: Initial Coverage and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the plan’s formulary and the *Evidence of Coverage* at: **caremark.com**,or contact Customer Care at the number listed on the previous page.

WHICH PHARMACIES CAN I USE?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan’s pharmacy directory at: **caremark.com**. Or call us and we will send you a copy of the pharmacy directory.

ADDITIONAL BENEFIT INFORMATION FOR BLUE MEDICARERX

Important message about what you pay for vaccines

Our plan covers most Part D vaccines at no cost to you.
Call Customer Care for more information.

Important message about what you pay for insulin

You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

SUMMARY OF BENEFITS

January 1, 2027 – December 31, 2027

PRESCRIPTION DRUG BENEFITS

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Initial Coverage		You pay the following until your total yearly out-of-pocket drug costs reach $2,400[1], thereafter, you will pay nothing for covered Part D drugs:	
Standard Retail Cost-Sharing		**One-month supply**	**Three-month supply[2]**
Tier 1	Generic	$10	$30
Tier 2	Preferred Brand	$20	$60
Tier 3	Non-Preferred Drug	$35	$105
		Specialty drugs are limited to a one-month supply per fill.	
Mail Order Cost-Sharing		**One-month supply**	**Three-month supply**
Tier 1	Generic	$10	$20
Tier 2	Preferred Brand	$20	$40
Tier 3	Non-Preferred Drug	$35	$70
		Specialty drugs are limited to a one-month supply per fill.	

Catastrophic Coverage
During this payment stage, you pay nothing for your Part D covered drugs.

1. All covered drugs are on the Blue MedicareRx group formulary/drug list.
2. Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

GENERAL INFORMATION

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances as long as the pharmacy is located within the United States and its territories. For examples of what would qualify as special circumstances, refer to the *Evidence of Coverage* (EOC). Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Preferred Brand, or Non-Preferred drug. You may be required to pay the difference between what you pay for the drug at an out-of-network pharmacy and the cost that we would cover at an in-network pharmacy.

Medicare considers drugs which cost more than $1,080 for a one-month supply to be specialty drugs.

Blue MedicareRx:

- 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 (Braille, large print, audio CD, data CD, accessible electronic formats, and 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, call the number on the back of your Member ID Card. TTY/TDD users should call 711.

If you believe that Blue MedicareRx 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:

Blue MedicareRx (PDP)

Grievance Department Coordinator
P.O. Box 30016
Pittsburgh, PA 15222-0330
Phone: 1-866-884-9478
Fax: 1-866-217-3353

You can file a grievance by phone, mail, or fax.
If you need help filing a grievance, the Blue MedicareRx Grievance Department 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 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, TTY: 1-800-537-7697

Complaint forms are available at
hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

You can file a complaint if you feel that you received inaccurate, misleading, or inappropriate information. Please call Customer Care at the number listed on the back page of this booklet (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

NOTES

FOR QUESTIONS, OR TO ENROLL:

This information is not a complete description of benefits. Please refer to the contact list below for more information.

Please call Blue MedicareRx for more information about our plan.
Current members should call toll-free 1-888-543-4917. (TTY/TDD 711)
Prospective Members, please contact your benefits administrator.
Visit us at caremark.com

Customer Care Hours:

24 hours a day, 7 days a week

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit medicare.gov.

If you have special needs, this document may be available in other formats.

MASSACHUSETTS

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

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc.,

Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans.

The joint enterprise is a Medicare-approved Part D Sponsor.

Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

® Registered Marks of the Blue Cross and Blue Shield Association. SM Service Mark of Anthem Blue Cross Blue Shield. © 2026 Blue Cross and Blue Shield of Massachusetts, Inc.

SB-8582-3OPT26-27

Left Blank Intentionally

Blue MedicareRx℠ (PDP) 3 Tier Select 2027 Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on 08/28/2026. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

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. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this Drug List (formulary) refers to "we," "us," or "our," it means Blue MedicareRx℠ (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx.

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2027, and from time to time during the year.

What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx 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. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx 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 change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: rxmedicareplans.memberdoc.com.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug on our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Blue MedicareRx formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost sharing tier, or both. 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 or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the brand name drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find the information in the section below titled "How do I request an exception to the Blue MedicareRx formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 28, 2026. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal (rxmedicareplans.memberdoc.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

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". 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 at the back of this document. 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?

Blue MedicareRx 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 work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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:** Blue MedicareRx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for simivastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue MedicareRx 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, we 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 website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue MedicareRx 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 Blue MedicareRx formulary?" on page V 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 Blue MedicareRx does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

How do I request an exception to the Blue MedicareRx formulary?

You can ask us 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 including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx 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.
- You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost sharing drug or the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need this exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you talk to your prescriber 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 has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

For more information

For more detailed information about your Blue MedicareRx prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx, 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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Blue MedicareRx formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D Covered under Medicare B or D. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- QL Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets.
- PA Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- ST 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, 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.
- NM Not Available at Mail Order. Drugs with this abbreviation are not typically available at CVS Caremark Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark Mail Service Pharmacy. Actual availability may vary.

In the drug listing, the Tier column identifies which tier each drug is on. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	
probenecid TABS 500mg	Tier 2	
MISCELLANEOUS		
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	Tier 2	QL PA
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 3	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 3	B/D
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
diclofenac sodium TB24 100mg QL (60 tabs / 30 days)	Tier 2	QL
diclofenac sodium TBEC 25mg, 50mg, 75mg	Tier 1	
flurbiprofen TABS 100mg	Tier 2	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml	Tier 2	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg, 500mg	Tier 1	
sulindac TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL
endocet tab 2.5-325mg QL (360 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 3	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 2	QL
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	Tier 3	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 3	
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 3	QL PA
aztreonam SOLR 1gm, 2gm	Tier 3	
BLUJEPA TABS 750mg	Tier 2	
CAYSTON SOLR 75mg	Tier 2	NM PA
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 3	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	Tier 3	
dapsone TABS 25mg, 100mg	Tier 2	
DAPTOMYCIN SOLR 350mg	Tier 3	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Tier 3	
daptomycin SOLR 500mg	Tier 3	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
ertapenem sodium SOLR 1gm	Tier 2	
fosfomycin tromethamine PACK 3gm	Tier 3	
gentamicin in saline inj 0.8 mg/ml	Tier 3	
gentamicin in saline inj 2 mg/ml	Tier 3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 3	
imipenem-cilastatin intravenous for soln 250 mg	Tier 3	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	Tier 3	
ivermectin (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	Tier 2	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	Tier 2	QL PA
linezolid (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 3	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
LINEZOLID INJ 2MG/ML	Tier 3	
meropenem SOLR 1gm, 500mg	Tier 3	
meropenem (generic of MEROPENEM) SOLR 2gm	Tier 3	
methenamine hippurate TABS 1gm	Tier 2	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 3	
metronidazole TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 1	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 3	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 2	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	Tier 2	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	Tier 3	
praziquantel TABS 600mg	Tier 3	
pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL PA
streptomycin sulfate SOLR 1gm	Tier 3	
sulfadiazine TABS 500mg	Tier 3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	Tier 3	
trimethoprim TABS 100mg	Tier 2	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	Tier 3	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	Tier 3	
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	Tier 2	QL
ANTIFUNGALS		
amphotericin b SOLR 50mg	Tier 3	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
caspofungin acetate (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg	Tier 3	
CRESEMBA CAPS 74.5mg, 186mg	Tier 2	PA
fluconazole SUSR 10mg/ml	Tier 2	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	Tier 2	
fluconazole TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 3	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 3	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 3	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 3	
itraconazole (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL
ketoconazole TABS 200mg	Tier 2	PA
micafungin sodium SOLR 50mg, 100mg	Tier 3	
nystatin TABS 500000unit	Tier 2	
posaconazole TBEC 100mg QL (93 tabs / 30 days)	Tier 3	QL PA
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA
voriconazole (generic of VFEND IV) SOLR 200mg	Tier 3	PA
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
voriconazole TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Tier 3	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Tier 3	
chloroquine phosphate TABS 250mg, 500mg	Tier 3	
COARTEM TAB 20-120MG	Tier 3	
mefloquine hcl TABS 250mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2	
quinine sulfate CAPS 324mg	Tier 3	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM
abacavir sulfate TABS 300mg	Tier 3	NM
APTIVUS CAPS 250mg	Tier 2	NM
atazanavir sulfate CAPS 150mg	Tier 3	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL NM
darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 3	QL NM
EDURANT TABS 25mg	Tier 2	NM
EDURANT PED TBSO 2.5mg	Tier 2	NM
efavirenz TABS 600mg	Tier 3	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	Tier 3	NM
EMTRIVA SOLN 10mg/ml	Tier 3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	Tier 3	NM
fosamprenavir calcium TABS 700mg	Tier 3	NM
INTELENCE TABS 25mg	Tier 3	NM
ISENTRESS CHEW 25mg	Tier 3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
ISENTRESS HD TABS 600mg	Tier 2	NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	Tier 2	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	Tier 3	NM
nevirapine TABS 200mg	Tier 1	NM
NORVIR PACK 100mg	Tier 3	NM
PIFELTRO TABS 100mg	Tier 2	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 3	QL NM
REYATAZ PACK 50mg	Tier 2	NM
rilpivirine hcl (generic of EDURANT) TABS 25mg	Tier 3	NM
ritonavir (generic of NORVIR) TABS 100mg	Tier 2	NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml	Tier 2	NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	Tier 3	NM
TIVICAY TABS 50mg	Tier 2	NM
TIVICAY PD TBSO 5mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
VIRACEPT TABS 250mg, 625mg	Tier 3	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM
zidovudine (generic of RETROVIR) CAPS 100mg	Tier 3	NM
zidovudine (generic of RETROVIR) SYRP 50mg/5ml	Tier 2	NM
zidovudine TABS 300mg	Tier 2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 3	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG	Tier 2	NM
DESCOVY TAB 200/25MG	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 3	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 3	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	Tier 3	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	Tier 3	NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
IDVYNSO TAB 100-0.25	Tier 2	NM
JULUCA TAB 50-25MG	Tier 2	NM
KALETRA SOL	Tier 3	NM
lamivudine-zidovudine tab 150-300 mg	Tier 3	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	Tier 3	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	Tier 3	NM
ODEFSEY TAB	Tier 2	NM
PREZCOBIX TAB 675/150	Tier 2	NM
PREZCOBIX TAB 800-150	Tier 2	NM
STRIBILD TAB	Tier 2	NM
SYMTUZA TAB	Tier 2	NM
TRIUMEQ PD TAB	Tier 3	NM
TRIUMEQ TAB	Tier 2	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	
ethambutol hcl TABS 100mg, 400mg	Tier 2	
isoniazid TABS 100mg, 300mg	Tier 1	
PRETOMANID TABS 200mg	Tier 3	
PRIFTIN TABS 150mg	Tier 3	
pyrazinamide TABS 500mg	Tier 3	
rifabutin CAPS 150mg	Tier 3	
rifampin CAPS 150mg, 300mg	Tier 2	
rifampin (generic of RIFADIN) SOLR 600mg	Tier 3	
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 3	B/D
adefovir dipivoxil TABS 10mg	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
ganciclovir sodium SOLR 500mg	Tier 3	B/D
lamivudine (hbv) TABS 100mg	Tier 2	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	Tier 2	QL
oseltamivir phosphate CAPS 45mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 75mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 2	NM
rimantadine hydrochloride TABS 100mg	Tier 3	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
valganciclovir hcl TABS 450mg	Tier 2	
VOSEVI TAB	Tier 2	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 2	
cefadroxil CAPS 500mg	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 3	
cefdinir CAPS 300mg	Tier 1	
cefdinir SUSR 125mg/5ml, 250mg/5ml	Tier 2	
cefepime hcl SOLR 1gm, 2gm	Tier 3	
cefixime CAPS 400mg	Tier 3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 3	
cefpodoxime proxetil TABS 100mg, 200mg	Tier 2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	
ceftaroline fosamil (generic of TEFLARO) SOLR 400mg, 600mg	Tier 1	
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
cefuroxime axetil TABS 250mg, 500mg	Tier 1	
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 3	
cephalexin CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 2	
tazicef SOLR 1gm, 2gm, 6gm	Tier 3	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg	Tier 3	
azithromycin SUSR 100mg/5ml	Tier 2	
azithromycin (generic of ZITHROMAX) SUSR 200mg/5ml	Tier 2	
azithromycin (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
azithromycin TABS 600mg	Tier 1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	Tier 3	
clarithromycin TABS 250mg, 500mg	Tier 2	
DIFICID SUSR 40mg/ml	Tier 2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	Tier 3	
erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	Tier 3	
erythromycin lactobionate SOLR 500mg	Tier 3	
fidaxomicin (generic of DIFICID) TABS 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	Tier 3	
ciprofloxacin 400 mg/200ml in d5w	Tier 3	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
ciprofloxacin hcl TABS 750mg	Tier 1	
levofloxacin SOLN 25mg/ml	Tier 3	
levofloxacin TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 3	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 3	
levofloxacin in d5w iv soln 750 mg/150ml	Tier 3	
moxifloxacin hcl TABS 400mg	Tier 2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 3	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 3	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 2	
amoxicillin & k clavulanate tab 250-125 mg	Tier 3	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
ampicillin CAPS 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 3	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	Tier 3	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	Tier 3	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 2	
nafcillin sodium SOLR 1gm, 2gm	Tier 3	
nafcillin sodium SOLR 10gm	Tier 1	
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 3	
penicillin g sodium SOLR 5000000unit	Tier 3	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 3	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 3	
doxycycline (monohydrate) CAPS 50mg, 100mg	Tier 1	
doxycycline (monohydrate) SUSR 25mg/5ml	Tier 3	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	Tier 2	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 1	
doxycycline hyclate SOLR 100mg	Tier 3	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 2	
tetracycline hcl CAPS 250mg, 500mg	Tier 3	
tigecycline (generic of TYGACIL) SOLR 50mg	Tier 3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
cyclophosphamide CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE TABS 50mg	Tier 3	B/D
LEUKERAN TABS 2mg	Tier 2	PA
lomustine (generic of GLEOSTINE) CAPS 10mg, 40mg	Tier 3	NM
lomustine (generic of GLEOSTINE) CAPS 100mg	Tier 1	NM
ANTIMETABOLITES		
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	QL NM PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	Tier 1	NM
mercaptopurine TABS 50mg	Tier 2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA
TABLOID TABS 40mg	Tier 2	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
abirtega (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 3	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	Tier 1	
bicalutamide (generic of CASODEX) TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
EULEXIN CAPS 125mg	Tier 1	
exemestane (generic of AROMASIN) TABS 25mg	Tier 3	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
INLURIYO TABS 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
letrozole (generic of FEMARA) TABS 2.5mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 3	NM PA
LIFYORLI CAP 125MG DS QL (18 caps / 28 days)	Tier 2	QL NM PA
LIFYORLI CAP 150MG DS QL (27 caps / 28 days)	Tier 2	QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
LYSODREN TABS 500mg	Tier 2	NM
megestrol acetate TABS 20mg, 40mg	Tier 2	
nilutamide TABS 150mg	Tier 1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ORGOVYX TABS 120mg	Tier 2	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate (generic of FARESTON) TABS 60mg	Tier 3	PA
VEPPANU TABS 100mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
VEPPANU TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
IMMUNOMODULATORS		
lenalidomide (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
lenalidomide (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
pomalidomide (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA
hydroxyurea (generic of HYDREA) CAPS 500mg	Tier 1	
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 2	
MATULANE CAPS 50mg	Tier 2	NM
mesna (generic of MESNEX) TABS 400mg	Tier 3	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	Tier 2	QL NM PA
tretinoin (chemotherapy) CAPS 10mg	Tier 1	
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 2	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 2	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
bosutinib (generic of BOSULIF) TABS 100mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
bosutinib (generic of BOSULIF) TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
CALQUENCE TABS 100mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
CAPRELSA TABS 100mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
CAPRELSA TABS 300mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
COMETRIQ (60MG DOSE) KIT 20mg	Tier 2	QL NM PA
QL (84 caps / 28 days)		
COMETRIQ KIT 100MG	Tier 2	QL NM PA
QL (56 caps / 28 days)		
COMETRIQ KIT 140MG	Tier 2	QL NM PA
QL (112 caps / 28 days)		
COPIKTRA CAPS 15mg, 25mg	Tier 2	QL NM PA
QL (56 caps / 28 days)		
COTELLIC TABS 20mg	Tier 2	QL NM PA
QL (63 tabs / 28 days)		
DANZITEN TABS 71mg, 95mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
dasatinib (generic of SPRYCEL) TABS 20mg	Tier 1	QL NM PA
QL (90 tabs / 30 days)		
dasatinib (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
DAURISMO TABS 25mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
DAURISMO TABS 100mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
ENSACOVE CAPS 25mg	Tier 2	QL NM PA
QL (270 caps / 30 days)		
ENSACOVE CAPS 100mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
ERIVEDGE CAPS 150mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
erlotinib hcl TABS 25mg	Tier 1	QL NM PA
QL (90 tabs / 30 days)		
erlotinib hcl TABS 100mg, 150mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg	Tier 1	QL NM PA
QL (90 tabs / 30 days)		
FOTIVDA CAPS .89mg, 1.34mg	Tier 2	QL NM PA
QL (21 caps / 28 days)		
FRUZAQLA CAPS 1mg	Tier 2	QL NM PA
QL (84 caps / 28 days)		
FRUZAQLA CAPS 5mg	Tier 2	QL NM PA
QL (21 caps / 28 days)		
GAVRETO CAPS 100mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
gefitinib (generic of IRESSA) TABS 250mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
GOMEKLI CAPS 1mg	Tier 2	QL NM PA
QL (168 caps / 28 days)		
GOMEKLI CAPS 2mg	Tier 2	QL NM PA
QL (84 caps / 28 days)		
GOMEKLI TBSO 1mg	Tier 2	QL NM PA
QL (168 tabs / 28 days)		
HERNEXEOS TABS 60mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
HYRNUO TABS 10mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
IBRANCE CAPS 125mg	Tier 2	QL NM PA
QL (21 caps / 28 days)		
IBRANCE TABS 75mg, 100mg, 125mg	Tier 2	QL NM PA
QL (21 tabs / 28 days)		

Drug Name	Drug Tier	Requirements/ Limits
IBTROZI CAPS 200mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
IDHIFA TABS 50mg, 100mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
imatinib mesylate (generic of GLEEVEC) TABS 100mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
imatinib mesylate (generic of GLEEVEC) TABS 400mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		
IMBRUVICA CAPS 70mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
IMBRUVICA CAPS 140mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
IMBRUVICA SUSP 70mg/ml	Tier 2	QL NM PA
QL (216 mL / 30 days)		
IMBRUVICA TABS 140mg, 280mg, 420mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
IMKELDI SOLN 80mg/ml	Tier 2	QL NM PA
QL (280 mL / 28 days)		
INLYTA TABS 1mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
INLYTA TABS 5mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
INREBIC CAPS 100mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
ITOVEBI TABS 3mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
ITOVEBI TABS 9mg	Tier 2	QL NM PA
QL (28 tabs / 28 days)		
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
JAYPIRCA TABS 50mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
JAYPIRCA TABS 100mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
KISQALI 200 DOSE TBPK 200mg	Tier 2	QL NM PA
QL (21 tabs / 28 days)		
KISQALI 400 DOSE TBPK 200mg	Tier 2	QL NM PA
QL (42 tabs / 28 days)		
KISQALI 600 DOSE TBPK 200mg	Tier 2	QL NM PA
QL (63 tabs / 28 days)		
KOMZIFTI CAPS 200mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
KOSELUGO CAPS 10mg	Tier 2	QL NM PA
QL (240 caps / 30 days)		
KOSELUGO CAPS 25mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
KOSELUGO CPSP 5mg	Tier 2	QL NM PA
QL (600 caps / 30 days)		
KOSELUGO CPSP 7.5mg	Tier 2	QL NM PA
QL (360 caps / 30 days)		
KRAZATI TABS 200mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
lapatinib ditosylate (generic of TYKERB) TABS 250mg	Tier 1	QL NM PA
QL (180 tabs / 30 days)		
LAZCLUZE TABS 80mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
LAZCLUZE TABS 240mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
LENVIMA CAP 14 MG	Tier 2	QL NM PA
QL (60 caps / 30 days)		
LENVIMA CAP 18 MG	Tier 2	QL NM PA
QL (90 caps / 30 days)		
LENVIMA CAP 24 MG	Tier 2	QL NM PA
QL (90 caps / 30 days)		
LORBRENA TABS 25mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
LORBRENA TABS 100mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
LUMAKRAS TABS 120mg	Tier 2	QL NM PA
QL (240 tabs / 30 days)		
LUMAKRAS TABS 240mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
LUMAKRAS TABS 320mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
LYNPARZA TABS 100mg, 150mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 2	QL NM PA
QL (84 tabs / 28 days)		
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 2	QL NM PA
QL (140 tabs / 28 days)		
MEKINIST SOLR .05mg/ml	Tier 2	QL NM PA
QL (1260 mL / 30 days)		
MEKINIST TABS 2mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
MEKINIST TABS .5mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
MEKTOVI TABS 15mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
NERLYNX TABS 40mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
nilotinib hcl (generic of TASIGNA) CAPS 50mg	Tier 1	QL NM PA
QL (120 caps / 30 days)		
nilotinib hcl (generic of TASIGNA) CAPS 150mg, 200mg	Tier 1	QL NM PA
QL (112 caps / 28 days)		
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 2	QL NM PA
QL (3 caps / 28 days)		
ODOMZO CAPS 200mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
OGSIVEO TABS 100mg, 150mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
OJEMDA SUSR 25mg/ml	Tier 2	QL NM PA
QL (96 mL / 28 days)		
OJEMDA TABS 100mg	Tier 2	QL NM PA
QL (24 tabs / 28 days)		
OJJAARA TABS 100mg, 150mg, 200mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
pazopanib hcl (generic of VOTRIENT) TABS 200mg	Tier 1	QL NM PA
QL (120 tabs / 30 days)		
pazopanib hcl TABS 400mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 2	QL NM PA
QL (28 tabs / 28 days)		
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 2	QL NM PA
QL (28 tabs / 28 days)		
PIQRAY 250MG TAB DOSE	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
QINLOCK TABS 50mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
RETEVMO TABS 40mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
RETEVMO TABS 80mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
RETEVMO TABS 120mg, 160mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
REVUFORJ TABS 25mg	Tier 2	QL NM PA
QL (240 tabs / 30 days)		
REVUFORJ TABS 110mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
REVUFORJ TABS 160mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
REZLIDHIA CAPS 150mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
ROMVIMZA CAPS 14mg, 20mg, 30mg	Tier 2	QL NM PA
QL (8 caps / 28 days)		
ROZLYTREK CAPS 100mg	Tier 2	QL NM PA
QL (180 caps / 30 days)		
ROZLYTREK CAPS 200mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
ROZLYTREK PACK 50mg	Tier 2	QL NM PA
QL (336 packets / 28 days)		
RUBRACA TABS 200mg, 250mg, 300mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
RYDAPT CAPS 25mg	Tier 2	QL NM PA
QL (224 caps / 28 days)		
SCEMBLIX TABS 20mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
SCEMBLIX TABS 40mg	Tier 2	QL NM PA
QL (300 tabs / 30 days)		
SCEMBLIX TABS 100mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
sorafenib tosylate (generic of NEXAVAR) TABS 200mg	Tier 1	QL NM PA
QL (120 tabs / 30 days)		
STIVARGA TABS 40mg	Tier 2	QL NM PA
QL (84 tabs / 28 days)		
sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	QL NM PA
QL (30 caps / 30 days)		
TABRECTA TABS 150mg, 200mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
TAFINLAR CAPS 50mg, 75mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
TAFINLAR TBSO 10mg	Tier 2	QL NM PA
QL (840 tabs / 28 days)		
TAGRISSO TABS 40mg, 80mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
TALZENNA CAPS .25mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
TEPMETKO TABS 225mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
TIBSOVO TABS 250mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
TRUQAP TABS 200mg; TBPK 160mg, 200mg	Tier 2	QL NM PA
QL (64 tabs / 28 days)		
TUKYSA TABS 50mg, 150mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
TURALIO CAPS 125mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
VANFLYTA TABS 17.7mg, 26.5mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
VENCLEXTA TABS 10mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		

Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
yulithira (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
CARDIOVASCULAR ***ACE INHIBITOR COMBINATIONS***		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	Tier 1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 2	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	Tier 2	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	Tier 2	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	Tier 2	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 2	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg	Tier 1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl TABS 7.5mg, 15mg	Tier 2	
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 2	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	Tier 2	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO) QL (180 tabs / 30 days)	Tier 2	QL
sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 2	QL
sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 2	QL
candesartan cilexetil (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 2	QL
irbesartan TABS 75mg QL (30 tabs / 30 days)	Tier 1	QL
irbesartan (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium (generic of COZAAR) TABS 25mg, 50mg QL (60 tabs / 30 days)	Tier 1	QL
losartan potassium (generic of COZAAR) TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
telmisartan TABS 20mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL
telmisartan (generic of MICARDIS) TABS 40mg QL (30 tabs / 30 days)	Tier 2	QL
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
amiodarone hcl TABS 200mg	Tier 1	
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 2	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL
pacerone TABS 100mg	Tier 3	
pacerone TABS 200mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg	Tier 3	
propafenone hcl TABS 150mg, 225mg, 300mg	Tier 2	
quinidine sulfate TABS 200mg, 300mg	Tier 3	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
sotalol hcl TABS 240mg	Tier 1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 160mg	Tier 2	
fenofibrate (generic of TRICOR) TABS 145mg	Tier 2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 2	
gemfibrozil (generic of LOPID) TABS 600mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
simvastatin TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 3	
cholestyramine light PACK 4gm	Tier 3	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3	
colestipol hcl GRAN 5gm; PACK 5gm	Tier 3	
colestipol hcl (generic of COLESTID) TABS 1gm	Tier 3	
ezetimibe (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	Tier 2	
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	Tier 2	QL NM PA
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days)	Tier 2	QL NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 2	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 2	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
metoprolol tartrate SOLN 5mg/5ml	Tier 3	
metoprolol tartrate TABS 25mg	Tier 1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
pindolol TABS 5mg, 10mg	Tier 2	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2	
propranolol hcl SOLN 20mg/5ml, 40mg/5ml	Tier 2	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3	
diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 90mg	Tier 1	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 1	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg	Tier 2	
nifedipine TB24 30mg, 60mg, 90mg	Tier 2	
nimodipine CAPS 30mg	Tier 3	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
verapamil hcl SOLN 2.5mg/ml	Tier 3	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 2	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl TABS 5mg	Tier 1	
bumetanide SOLN .25mg/ml	Tier 3	
bumetanide TABS 1mg, 2mg	Tier 2	
bumetanide (generic of BUMEX) TABS .5mg	Tier 2	
chlorthalidone TABS 25mg, 50mg	Tier 1	
furosemide SOLN 10mg/ml, 40mg/5ml	Tier 1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	
furosemide inj SOLN 10mg/ml	Tier 3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
indapamide TABS 1.25mg, 2.5mg	Tier 1	
methazolamide TABS 25mg, 50mg	Tier 3	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 3	QL
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
digoxin SOLN .05mg/ml	Tier 3	
digoxin (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 3	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
epinephrine (generic of ADRENALIN) SOLN 1mg/ml	Tier 3	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA
hydralazine hcl SOLN 20mg/ml	Tier 3	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL
metyrosine CAPS 250mg	Tier 1	NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	Tier 2	
minoxidil TABS 2.5mg, 10mg	Tier 1	
ranolazine TB12 500mg, 1000mg	Tier 2	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	Tier 2	QL NM PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	Tier 2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
nitro-bid OINT 2%	Tier 2	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
bosentan (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
macitentan (generic of OPSUMIT) TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	QL NM PA
UPTRAVI PACK TAB 200/800 QL (200 tabs / 28 days)	Tier 2	QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 2	QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 2	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 2	QL NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 2	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1	
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
ANTIDEMENTIA		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride (generic of ARICEPT) TABS 10mg	Tier 1	
donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride TBDP 10mg	Tier 1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA
memantine hcl TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg (generic of NAMZARIC)	Tier 3	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg (generic of NAMZARIC)	Tier 3	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg (generic of NAMZARIC)	Tier 3	
NAMZARIC CAP 7-10MG	Tier 3	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL
AUVELITY TAB TITRATIO QL (2 packs / year)	Tier 2	QL
bupropion hcl TABS 75mg, 100mg	Tier 1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
citalopram hydrobromide SOLN 10mg/5ml	Tier 2	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	Tier 3	PA
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
duloxetine hcl CPEP 20mg QL (120 caps / 30 days)	Tier 2	QL
duloxetine hcl CPEP 30mg QL (90 caps / 30 days)	Tier 2	QL
duloxetine hcl CPEP 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
escitalopram oxalate SOLN 5mg/5ml	Tier 3	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	Tier 2	QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	Tier 2	QL PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	Tier 1	
fluoxetine hcl SOLN 20mg/5ml	Tier 2	
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
mirtazapine TABS 7.5mg, 45mg	Tier 1	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Tier 1	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3	
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
nortriptyline hcl SOLN 10mg/5ml	Tier 3	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA
phenelzine sulfate (generic of NARDIL) TABS 15mg	Tier 2	
protriptyline hcl TABS 5mg, 10mg	Tier 3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 3	QL PA
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
sertraline hcl (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	Tier 3	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
trimipramine maleate CAPS 100mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
amantadine hcl SOLN 50mg/5ml	Tier 2	
benztropine mesylate SOLN 1mg/ml	Tier 3	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 1	PA
bromocriptine mesylate TABS 2.5mg	Tier 3	
carb/levo orally disintegrating tab 10-100mg	Tier 2	
carb/levo orally disintegrating tab 25-100mg	Tier 2	
carb/levo orally disintegrating tab 25-250mg	Tier 2	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 2	
carbidopa & levodopa tab er 50-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 3	
entacapone TABS 200mg	Tier 3	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 2	
trihexyphenidyl hcl SOLN .4mg/ml	Tier 2	
trihexyphenidyl hcl TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 3	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 vial / 28 days)	Tier 3	QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
BYSANTI TAB PACK A QL (2 packs / year)	Tier 3	QL PA
BYSANTI TAB PACK B QL (2 packs / year)	Tier 3	QL PA
BYSANTI TAB PACK C QL (2 packs / year)	Tier 3	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 3	QL
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3	
clozapine (generic of CLOZARIL) TABS 25mg	Tier 2	
clozapine TABS 50mg	Tier 2	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL
clozapine TBDP 12.5mg, 25mg	Tier 3	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 3	QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 3	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 3	QL
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 3	QL
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	Tier 3	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
FANAPT PAK PACK A QL (2 packs / year)	Tier 3	QL PA
FANAPT PAK PACK B QL (2 packs / year)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
FANAPT PAK PACK C QL (2 packs / year)	Tier 3	QL PA
fluphenazine decanoate SOLN 25mg/ml	Tier 3	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 3	
haloperidol lactate CONC 2mg/ml	Tier 2	
haloperidol lactate SOLN 5mg/ml	Tier 3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 syringe / 180 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
lurasidone hcl (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 3	QL
molindone hcl TABS 5mg, 10mg, 25mg	Tier 3	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
olanzapine (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL ST
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 3	QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 3	QL PA
paliperidone TB24 1.5mg QL (30 tabs / 30 days)	Tier 3	QL
paliperidone (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL
paliperidone (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
pimozide TABS 1mg, 2mg	Tier 3	
quetiapine fumarate (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL
quetiapine fumarate TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL
quetiapine fumarate (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
risperidone (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TABS .25mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL ST
risperidone TBDP 4mg QL (120 tabs / 30 days)	Tier 3	QL ST
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL ST
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	Tier 3	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 vials / 3 days)	Tier 3	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL NM PA
ANTISEIZURE AGENTS		
brivaracetam (generic of BRIVIACT) SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
brivaracetam (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA
carbamazepine CHEW 100mg	Tier 2	
carbamazepine CHEW 200mg	Tier 3	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3	
carbamazepine (generic of TEGRETOL) TABS 200mg	Tier 2	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 3	
diazepam inj SOLN 5mg/ml	Tier 3	
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA
DILANTIN CAPS 30mg	Tier 3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
eslicarbazepine acetate (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
ethosuximide (generic of ZARONTIN) CAPS 250mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ethosuximide (generic of ZARONTIN) SOLN 250mg/5ml	Tier 3	
felbamate SUSP 600mg/5ml	Tier 3	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	Tier 3	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM PA
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
lacosamide (generic of VIMPAT) SOLN 200mg/20ml	Tier 3	
lacosamide (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
lacosamide (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
lacosamide oral (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
levetiracetam (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
levetiracetam (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
levetiracetam (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1	
levetiracetam TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
levetiracetam TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
methsuximide (generic of CELONTIN) CAPS 300mg	Tier 3	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 3	QL
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
oxcarbazepine (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
perampanel (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	Tier 3	QL PA
perampanel (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
perampanel (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	Tier 3	PA
phenytek CAPS 200mg, 300mg	Tier 2	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
phenytoin sodium SOLN 50mg/ml	Tier 3	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	Tier 2	
phenytoin sodium extended CAPS 200mg, 300mg	Tier 2	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
primidone TABS 125mg	Tier 1	
relgaabi (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL
relgaabi (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
roweepra (generic of KEPPRA) TABS 500mg	Tier 1	
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA
SUBVENITE SUSP 10mg/ml	Tier 2	ST

Drug Name	Drug Tier	Requirements/ Limits
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 3	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
topiramate CPSP 50mg	Tier 3	
topiramate (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml	Tier 3	
valproate sodium SOLN 250mg/5ml	Tier 2	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
zonisamide CAPS 50mg	Tier 2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 3	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	Tier 3	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	Tier 3	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	Tier 3	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	Tier 3	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	Tier 3	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	Tier 2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	Tier 2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	Tier 2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	Tier 2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	Tier 2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	Tier 2	QL PA
QL (90 tabs / 30 days)		
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	Tier 2	QL PA
QL (60 tabs / 30 days)		
atomoxetine hcl CAPS 10mg, 18mg, 25mg	Tier 3	QL
QL (120 caps / 30 days)		
atomoxetine hcl CAPS 40mg	Tier 3	QL
QL (60 caps / 30 days)		
atomoxetine hcl CAPS 60mg, 80mg, 100mg	Tier 3	QL
QL (30 caps / 30 days)		
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg	Tier 2	QL PA
QL (120 tabs / 30 days)		
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg	Tier 2	QL PA
QL (60 tabs / 30 days)		
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg	Tier 2	QL PA
QL (30 tabs / 30 days)		
PA applies if 65 years and older		
guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg	Tier 2	QL PA
QL (60 tabs / 30 days)		
PA applies if 65 years and older		
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml	Tier 3	QL PA
QL (1800 mL / 30 days)		
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml	Tier 3	QL PA
QL (900 mL / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	Tier 2	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	Tier 3	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
rizatriptan benzoate TABS 5mg QL (18 tabs / 30 days)	Tier 1	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 1	QL
rizatriptan benzoate TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 syringes / 30 days)	Tier 3	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 vials / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
lithium SOLN 8meq/5ml	Tier 3	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	Tier 1	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
pyridostigmine bromide (generic of MESTINON) TABS 60mg	Tier 2	
riluzole TABS 50mg	Tier 3	
tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 3	QL NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 2	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA
dalfampridine (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
fingolimod hcl (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL
baclofen TABS 10mg, 20mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
tizanidine hcl TABS 2mg	Tier 1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA
armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
sodium oxybate (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days)	Tier 1	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 3	
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	Tier 2	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	Tier 2	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (180 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (120 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	Tier 1	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
disulfiram TABS 250mg, 500mg	Tier 2	
KLOXXADO LIQD 8mg/0.1ml	Tier 2	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
naltrexone hcl TABS 50mg	Tier 2	
NICOTROL NS SOLN 10mg/ml	Tier 3	
varenicline tartrate (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 3	QL
VIVITROL SUSR 380mg	Tier 2	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone enanthate SOLN 200mg/ml	Tier 2	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 2	
dapagliflozin (generic of FARXIGA) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg (generic of XIGDUO XR) QL (60 tabs / 30 days)	Tier 1	QL
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (generic of XIGDUO XR) QL (60 tabs / 30 days)	Tier 1	QL
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg (generic of XIGDUO XR) QL (30 tabs / 30 days)	Tier 1	QL
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg (generic of XIGDUO XR) QL (30 tabs / 30 days)	Tier 1	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	Tier 2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
sitagliptin phosphate (generic of JANUVIA) TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
sitagliptin phosphate-metformin hcl tab 50-500 mg (generic of JANUMET) QL (60 tabs / 30 days)	Tier 2	QL
sitagliptin phosphate-metformin hcl tab 50-1000 mg (generic of JANUMET) QL (60 tabs / 30 days)	Tier 2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 2	PA
CEQUR EXT WR MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days)	Tier 3	QL PA
CEQUR SIMPL KIT 2U EXTND QL (10 patches / 30 days)	Tier 3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA
FIASP SOLN 100unit/ml	Tier 2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
FIASP PENFILL SOCT 100unit/ml	Tier 2	
FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
GAUZE PADS 2" X 2"	Tier 2	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
LANTUS SOLN 100unit/ml	Tier 2	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG SOLN 100unit/ml brand RELION not covered	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml brand RELION not covered	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg	Tier 1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
calcitonin (salmon) spray SOLN 200unit/act	Tier 2	B/D
ibandronate sodium TABS 150mg	Tier 2	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	Tier 2	QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 2	NM PA
XTRENBO SOLN 120mg/1.7ml	Tier 3	NM PA
zoledronic acid CONC 4mg/5ml	Tier 3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	
deferasirox (generic of JADENU) TABS 90mg	Tier 2	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	Tier 3	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA
kionex SUSP 15gm/60ml	Tier 3	
LOKELMA PACK 5gm, 10gm	Tier 2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	Tier 3	
sodium polystyrene sulfonate powder	Tier 2	
sps SUSP 15gm/60ml	Tier 3	
sps rectal SUSP 15gm/60ml	Tier 3	
trientine hcl (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA
CONTRACEPTIVES		
afirmelle	Tier 1	
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	
apri	Tier 1	
aranelle	Tier 1	
aubra eq	Tier 1	
aurovela 1/20	Tier 1	
aurovela fe 1.5/30	Tier 1	
aurovela fe 1/20	Tier 1	
aviane	Tier 1	
ayuna	Tier 1	
azurette	Tier 1	
balziva	Tier 1	
blisovi fe 1.5/30	Tier 1	
blisovi fe 1/20	Tier 1	
briellyn	Tier 1	
camila TABS .35mg	Tier 1	
chateal eq	Tier 1	
cryselle	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
deblitane TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Tier 1	
elinest	Tier 1	
eluryng (generic of NUVARING)	Tier 2	
emzahh TABS .35mg	Tier 1	
enilloring (generic of NUVARING)	Tier 2	
enskyce	Tier 1	
errin TABS .35mg	Tier 1	
estarylla	Tier 1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	Tier 2	
falmina	Tier 1	
feirza 1.5/30	Tier 1	
feirza 1/20	Tier 1	
hailey 1.5/30	Tier 1	
hailey fe 1/20	Tier 1	
heather TABS .35mg	Tier 1	
iclevia	Tier 1	
incassia TABS .35mg	Tier 1	
introvale	Tier 1	
isibloom	Tier 1	
jasmiel (generic of YAZ)	Tier 1	
jencycla TABS .35mg	Tier 1	
jolessa	Tier 1	
juleber	Tier 1	
junel 1.5/30	Tier 1	
junel 1/20	Tier 1	
junel fe 1.5/30	Tier 1	
junel fe 1/20	Tier 1	
kariva	Tier 1	
kelnor 1/35	Tier 1	
kurvelo	Tier 1	
larin 1.5/30	Tier 1	
larin 1/20	Tier 1	
larin fe 1.5/30	Tier 1	
larin fe 1/20	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 2	NM
loestrin 1.5/30-21	Tier 1	
loestrin 1/20-21	Tier 1	
loestrin fe 1.5/30	Tier 1	
loestrin fe 1/20	Tier 1	
loryna (generic of YAZ)	Tier 1	
luizza 1.5/30	Tier 1	
luizza 1/20	Tier 1	
lutera	Tier 1	
lyleq TABS .35mg	Tier 1	
lyza TABS .35mg	Tier 1	
marlissa	Tier 1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2	
meleya TABS .35mg	Tier 1	
microgestin 1.5/30	Tier 1	
microgestin 1/20	Tier 1	
microgestin fe 1.5/30	Tier 1	
microgestin fe 1/20	Tier 1	
mili	Tier 1	
mono-linyah	Tier 1	
necon 0.5/35-28	Tier 1	
NEXPLANON IMPL 68mg	Tier 2	NM
nikki (generic of YAZ)	Tier 1	
nora-be TABS .35mg	Tier 1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone (contraceptive) TABS .35mg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	
norlyroc TABS .35mg	Tier 1	
nortrel 0.5/35 (28)	Tier 1	
nortrel 1/35 (21)	Tier 1	
nortrel 1/35 (28)	Tier 1	
nortrel 7/7/7	Tier 1	
nylia 1/35	Tier 1	
nylia 7/7/7	Tier 1	
orquidea TABS .35mg	Tier 1	
philith	Tier 1	
pimtrea	Tier 1	
portia-28	Tier 1	
reclipsen	Tier 1	
setlakin	Tier 1	
sharobel TABS .35mg	Tier 1	
simliya	Tier 1	
sprintec 28	Tier 1	
syeda (generic of YASMIN 28)	Tier 1	
tarina fe 1/20 eq	Tier 1	
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-mili	Tier 1	
tri-lo-sprintec	Tier 1	
tri-mili	Tier 1	
tri-sprintec	Tier 1	
tri-vylibra	Tier 1	
tri-vylibra lo	Tier 1	
turqoz	Tier 1	
valtya 1/35	Tier 1	
valtya 1/50	Tier 1	
velivet	Tier 1	
vestura (generic of YAZ)	Tier 1	
vienva	Tier 1	
viorele	Tier 1	
vyfemla	Tier 1	
vylibra	Tier 1	
wera	Tier 1	
xarah fe	Tier 1	
xulane	Tier 2	
zafemy	Tier 2	
zovia 1/35	Tier 1	
zumandimine (generic of YASMIN 28)	Tier 1	
ESTROGENS		
abigale (generic of ACTIVELLA)	Tier 1	
abigale lo	Tier 1	
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 1	
estradiol TABS .5mg, 1mg, 2mg	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	Tier 1	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	Tier 3	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	Tier 3	
estradiol valerate OIL 40mg/ml	Tier 3	
fyavolv tab 0.5mg-2.5mcg	Tier 1	
fyavolv tab 1mg-5mcg	Tier 1	
jinteli	Tier 1	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
mimvey (generic of ACTIVELLA)	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 1	
yuvafem (generic of VAGIFEM) TABS 10mcg	Tier 3	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml	Tier 2	
dexamethasone TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 3	
fludrocortisone acetate TABS .1mg	Tier 1	
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
hydrocortisone sod succinate (generic of SOLU-CORTEF) SOLR 100mg	Tier 3	
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 1	B/D
methylprednisolone TABS 32mg	Tier 1	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg	Tier 3	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	Tier 3	B/D
prednisolone SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	Tier 3	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	Tier 1	B/D
prednisone SOLN 5mg/5ml	Tier 3	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
prednisone TBPK 5mg, 10mg	Tier 1	
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	Tier 3	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2	
GVOKE KIT SOLN 1mg/0.2ml	Tier 2	
GVOKE PFS SOSY 1mg/0.2ml	Tier 2	
MISCELLANEOUS		
betaine powder for oral solution (generic of CYSTADANE)	Tier 1	NM

Drug Name	Drug Tier	Requirements/ Limits
cabergoline TABS .5mg	Tier 2	
carglumic acid (generic of CARBAGLU) TBSO 200mg	Tier 1	NM PA
CERDELGA CAPS 84mg	Tier 2	NM PA
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 3	B/D QL NM
cinacalcet hcl (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 3	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	Tier 3	
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	Tier 2	
desmopressin acetate spray SOLN .01%	Tier 3	
desmopressin acetate spray refrigerated SOLN .01%	Tier 3	
GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
lanreotide acetate SOLN 120mg/0.5ml	Tier 1	NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	Tier 1	NM PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	Tier 2	
REVCOVI SOLN 2.4mg/1.5ml	Tier 2	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA
sodium phenylbutyrate POWD 3gm/tsp	Tier 1	NM PA
sodium phenylbutyrate (generic of BUPHENYL) TABS 500mg	Tier 1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 2	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA
SYNAREL SOLN 2mg/ml	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
tolvaptan (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	Tier 1	NM PA
tolvaptan (generic of JYNARQUE) TBPK 15mg	Tier 1	NM PA
tolvaptan tab therapy pack 30 & 15 mg (generic of JYNARQUE)	Tier 1	NM PA
tolvaptan tab therapy pack 45 & 15 mg (generic of JYNARQUE)	Tier 1	NM PA
tolvaptan tab therapy pack 60 & 30 mg (generic of JYNARQUE)	Tier 1	NM PA
tolvaptan tab therapy pack 90 & 30 mg (generic of JYNARQUE)	Tier 1	NM PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days)	Tier 2	QL PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL PA
zelvysia (generic of KUVAN) PACK 100mg, 500mg	Tier 1	NM PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	Tier 1	B/D QL
sevelamer carbonate (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	Tier 3	B/D QL
PROGESTINS		
gallifrey TABS 5mg	Tier 2	
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1	
megestrol acetate SUSP 40mg/ml	Tier 2	
norethindrone acetate TABS 5mg	Tier 2	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2	
THYROID AGENTS		
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
liomny (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
methimazole TABS 5mg, 10mg	Tier 1	
propylthiouracil TABS 50mg	Tier 2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	Tier 1	B/D
calcitriol (oral) SOLN 1mcg/ml	Tier 3	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
paricalcitol CAPS 4mcg	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg	Tier 3	B/D
aprepitant (generic of EMEND BIPACK) CAPS 80mg	Tier 3	B/D
aprepitant CAPS 125mg	Tier 1	B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 3	B/D
compro SUPP 25mg	Tier 3	
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 3	B/D QL
dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
metoclopramide hcl SOLN 5mg/5ml	Tier 2	
metoclopramide hcl SOLN 5mg/ml	Tier 3	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	Tier 1	
ondansetron TBDP 4mg, 8mg	Tier 1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	Tier 2	
ondansetron hcl SOSY 4mg/2ml	Tier 3	
ondansetron hcl TABS 4mg, 8mg	Tier 1	B/D
prochlorperazine SUPP 25mg	Tier 3	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 3	
prochlorperazine maleate TABS 5mg, 10mg	Tier 1	
promethazine hcl SOLN 6.25mg/5ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
promethazine hcl TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	Tier 3	QL
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 2	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	Tier 3	PA
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3	
famotidine (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 3	
nizatidine CAPS 150mg, 300mg	Tier 3	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	Tier 3	
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 3	QL PA
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL
sulfasalazine (generic of AZULFIDINE) TABS 500mg	Tier 1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 2	
enulose SOLN 10gm/15ml	Tier 2	
gavilyte-c	Tier 1	
gavilyte-g (generic of GOLYTELY)	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 2	
lactulose SOLN 10gm/15ml	Tier 2	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	Tier 2	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 3	QL PA
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)	Tier 3	
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
GATTEX KIT 5mg	Tier 2	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
loperamide hcl CAPS 2mg	Tier 1	
lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	Tier 2	QL
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
sucralfate (generic of CARAFATE) TABS 1gm	Tier 1	
TALICIA CAP	Tier 2	
ursodiol CAPS 300mg	Tier 3	
ursodiol TABS 250mg	Tier 2	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 2	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 2	QL PA
VOWST CAP QL (12 caps / 30 days)	Tier 2	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
XIFAXAN TABS 550mg	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 3	
ZENPEP CAP 5000UNIT	Tier 3	
ZENPEP CAP 10000UNT	Tier 3	
ZENPEP CAP 15000UNT	Tier 3	
ZENPEP CAP 20000UNT	Tier 3	
ZENPEP CAP 25000UNT	Tier 3	
ZENPEP CAP 40000UNT	Tier 3	
ZENPEP CAP 60000UNT	Tier 3	
PROTON PUMP INHIBITORS		
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	Tier 3	
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	
GENITOURINARY ***BENIGN PROSTATIC HYPERPLASIA***		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 3	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
FILSPARI TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
FILSPARI TABS 400mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2	
potassium citrate (alkalinizer) TBCR 540mg	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 2	
TARPEYO CPDR 4mg QL (120 caps / 30 days)	Tier 2	QL NM PA
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 2	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 3	QL
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	Tier 2	
metronidazole vaginal GEL .75%	Tier 2	
terconazole vaginal CREA .4%, .8%	Tier 2	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 3	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	Tier 2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	Tier 2	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	Tier 2	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 3	
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
HEP SOD/NACL INJ 25000UNT	Tier 3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
rivaroxaban (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL
rivaroxaban (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
LEUKINE SOLR 250mcg	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
anagrelide hcl CAPS 1mg	Tier 3	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Tier 3	
BERINERT KIT 500unit QL (24 kits / 30 days)	Tier 2	QL NM PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2	NM PA
DOPTELET SPRINKLE CPSP 10mg	Tier 2	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	Tier 1	NM PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
SIKLOS TABS 100mg	Tier 3	
SIKLOS TABS 1000mg	Tier 2	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3	
tranexamic acid TABS 650mg	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 3	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	Tier 2	
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	Tier 3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 pens / 28 days)	Tier 2	QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
ENTYVIO PEN SOAJ 108mg/0.68ml QL (2 pens / 28 days)	Tier 2	QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 2	QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
OTEZLA TAB 10/20 QL (2 packs / year)	Tier 2	QL NM PA
OTEZLA TAB 10/20/30 QL (2 packs / year)	Tier 2	QL NM PA
OTEZLA XR TB24 75mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
OTEZLA/XR TAB 28 DAY QL (2 packs / year)	Tier 2	QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 2	NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	Tier 2	QL NM PA
QL (6 syringes / 365 days)		
SKYRIZI PEN SOAJ 150mg/ml	Tier 2	QL NM PA
QL (6 pens / 365 days)		
STELARA SOLN 45mg/0.5ml	Tier 2	QL NM PA
QL (1 vial / 28 days)		
STELARA SOLN 130mg/26ml	Tier 2	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
tofacitinib citrate (generic of XELJANZ) SOLN 1mg/ml	Tier 1	QL NM PA
QL (480 mL / 24 days)		
tofacitinib citrate (generic of XELJANZ) TABS 5mg, 10mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		
tofacitinib citrate (generic of XELJANZ XR) TB24 11mg, 22mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
TREMFYA SOAJ 200mg/2ml	Tier 2	QL NM PA
QL (2 pens / 28 days)		
TREMFYA SOLN 200mg/20ml	Tier 2	NM PA
TREMFYA SOPN 100mg/ml	Tier 2	QL NM PA
QL (1 pen / 28 days)		
TREMFYA SOSY 100mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
TREMFYA SOSY 200mg/2ml	Tier 2	QL NM PA
QL (2 syringes / 28 days)		
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	Tier 2	QL NM PA
QL (2 pens / 28 days)		
TREMFYA PEN SOAJ 100mg/ml	Tier 2	QL NM PA
QL (1 pen / 28 days)		
TYENNE SOAJ 162mg/0.9ml	Tier 2	QL NM PA
QL (4 pens / 28 days)		
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
TYENNE SOSY 162mg/0.9ml	Tier 2	QL NM PA
QL (4 syringes / 28 days)		
USTEKINUMAB SOLN 45mg/0.5ml	Tier 2	QL NM PA
QL (1 vial / 28 days)		
USTEKINUMAB SOLN 130mg/26ml	Tier 2	NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
VELSIPITY TABS 2mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
YESINTEK SOLN 45mg/0.5ml	Tier 2	QL NM PA
QL (1 vial / 28 days)		
YESINTEK SOLN 130mg/26ml	Tier 2	NM PA
YESINTEK SOSY 45mg/0.5ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
YESINTEK SOSY 90mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
ZYMFENTRA 2-PEN AJKT 120mg/ml	Tier 2	QL NM PA
QL (2 pens / 28 days)		
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	Tier 2	QL NM PA
QL (2 syringes / 28 days)		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
methotrexate sodium TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMASTAN INJ	Tier 3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	Tier 2	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
OCTAGAM SOLN 1gm/20ml	Tier 3	NM PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA
ARCALYST SOLR 220mg	Tier 2	NM PA
VYVGART SOLN 400mg/20ml	Tier 2	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 3	B/D NM
ENVARSUS XR TB24 .75mg, 1mg, 4mg	Tier 3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS 1mg	Tier 1	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg	Tier 3	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 3	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM
tacrolimus (generic of ASTAGRAF XL) CP24 .5mg, 1mg, 5mg	Tier 3	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime)	Tier 1	QL
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	Tier 3	
D5W/NACL INJ 0.2%	Tier 3	
D5W/NACL INJ 0.45%	Tier 3	
D10W/NACL INJ 0.2%	Tier 3	
D10W/NACL INJ 0.45%	Tier 3	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	Tier 3	
dextrose 5% in lactated ringers	Tier 3	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 3	
dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 3	
dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 3	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 3	
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)	Tier 3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.15%/D5W/NACL 0.9%)	Tier 3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.15%/D5W/NACL 0.45%)	Tier 3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	Tier 3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	Tier 3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)	Tier 3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	Tier 3	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
KCL/D5W/NACL INJ 0.15/0.2	Tier 3	
lactated ringer's solution (generic of LACTATED RINGERS)	Tier 3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	Tier 3	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 3	
magnesium sulfate SOLN 3gm/100ml, 4gm/50ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	Tier 3	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	Tier 3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
potassium chloride SOLN 2meq/ml	Tier 3	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	Tier 3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 3	
TPN ELECTROL INJ	Tier 3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 3	
klor-con 8 (generic of KLOR-CON 8) TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 1	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
potassium chloride CPCR 8meq, 10meq; TBCR 10meq, 20meq	Tier 1	
potassium chloride PACK 20meq; SOLN 10%, 20%	Tier 3	
potassium chloride (generic of KLOR-CON 8) TBCR 8meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 2	
IV NUTRITION		
aminosyn ii soln 15%	Tier 3	B/D
AMINOSYN INJ 10%	Tier 3	B/D
AMINOSYN-PF INJ 10%	Tier 3	B/D
CLINIMIX INJ 4.25/D5W	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 5%/D15W	Tier 3	B/D
CLINIMIX INJ 5%/D20W	Tier 3	B/D
CLINIMIX INJ 6/5	Tier 3	B/D
CLINIMIX INJ 8/10	Tier 3	B/D
CLINIMIX INJ 8/14	Tier 3	B/D
clinisol sf 15%	Tier 3	B/D
CLINOLIPID EMU 20%	Tier 3	B/D
dextrose SOLN 5%	Tier 3	
dextrose (generic of DEXTROSE 10%) SOLN 10%	Tier 3	
dextrose (generic of DEXTROSE 50%) SOLN 50%	Tier 3	B/D
DEXTROSE 10% SOLN 10%	Tier 3	
DEXTROSE 70% SOLN 70%	Tier 3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
plenamine	Tier 3	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 3	B/D
TRAVASOL INJ 10%	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (generic of ZYLET)	Tier 3	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	Tier 1	
besifloxacin hcl SUSP .6%	Tier 3	
CILOXAN OINT .3%	Tier 2	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	
erythromycin (ophth) OINT 5mg/gm	Tier 1	
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days)	Tier 2	QL
NATACYN SUSP 5%	Tier 3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 2	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) SOLN 10%	Tier 2	
tobramycin (ophth) SOLN .3%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
trifluridine SOLN 1%	Tier 3	
XDEMVY SOLN .25%	Tier 2	NM PA
ZIRGAN GEL .15%	Tier 3	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 2	
diclofenac sodium (ophth) SOLN .1%	Tier 1	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	Tier 2	
flurbiprofen sodium SOLN .03%	Tier 2	
ketorolac tromethamine (ophth) SOLN .4%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	Tier 1	
LOTEMAX OINT .5%	Tier 2	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	Tier 2	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIATE SOLN .24%	Tier 3	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 2	
brimonidine tartrate SOLN .2%	Tier 1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	Tier 2	
carteolol hcl (ophth) SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	Tier 1	
latanoprost (generic of XALATAN) SOLN .005%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
levobunolol hcl SOLN .5%	Tier 1	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 2	
RHOPRESSA SOLN .02%	Tier 3	
ROCKLATAN DRO	Tier 3	
SIMBRINZA SUS 1-0.2%	Tier 3	
timolol maleate (ophth) SOLG .25%, .5%	Tier 2	
timolol maleate (ophth) SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
atropine sulfate (ophthalmic) SOLN 1%	Tier 2	
CYSTADROPS SOLN .37%	Tier 2	NM PA
CYSTARAN SOLN .44%	Tier 2	NM PA
EYSUVIS SUSP .25%	Tier 3	
MIEBO SOLN 1.338gm/ml	Tier 2	
proparacaine hcl (generic of ALCAINE) SOLN .5%	Tier 2	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 3	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 3	
neomycin-polymyxin-hc otic soln 1%	Tier 2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
ofloxacin (otic) SOLN .3%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	Tier 2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER 9MCG QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER 18MCG QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 3	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL
ipratropium bromide SOLN .02%	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	
ipratropium bromide hfa (generic of ATROVENT HFA) AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
ANTIHISTAMINES		
azelastine hcl SOLN .1%	Tier 2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
diphenhydramine hcl SOLN 50mg/ml	Tier 3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	Tier 3	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 1	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 1	QL
albuterol sulfate (generic of VENTOLIN HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 1	QL
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D
albuterol sulfate NEBU .083%	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 3	
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS 2.5mg, 5mg	Tier 3	
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
montelukast sodium (generic of SINGULAIR) PACK 4mg	Tier 3	
zafirlukast TABS 10mg, 20mg	Tier 2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 3	B/D
cromolyn sodium NEBU 20mg/2ml	Tier 2	B/D
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA
KALYDECO TABS 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
nintedanib esylate (generic of OFEV) CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 1	QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	Tier 2	QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	Tier 2	QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	Tier 2	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
pirfenidone CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA
pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA
pirfenidone TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
roflumilast (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3	QL
roflumilast (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3	QL
theophylline TB12 100mg, 200mg, 300mg, 450mg	Tier 3	
theophylline TB24 400mg, 600mg	Tier 2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act QL (60 blisters / 30 days)	Tier 1	QL
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act QL (60 blisters / 30 days)	Tier 1	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	Tier 2	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 2	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
neuac QL (45 gm / 30 days)	Tier 2	QL
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
mupirocin OINT 2% QL (30 gm / 30 days)	Tier 1	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	Tier 1	
ssd (generic of SILVADENE) CREA 1%	Tier 1	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 2	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	Tier 2	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 2	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
nystop POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
selenium sulfide LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 3	
calcipotriene CREA .005% QL (120 gm / 30 days)	Tier 3	QL PA
calcipotriene (generic of PELLIX) SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
PELLIX SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
tazarotene (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	Tier 2	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	Tier 2	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	Tier 1	QL
betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	Tier 3	QL
betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	Tier 1	QL
betamethasone dipropionate augmented GEL .05% QL (120 gm / 30 days)	Tier 3	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	Tier 3	QL
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 1	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	Tier 2	QL
clobetasol propionate CREA .05%; OINT .05% QL (120 gm / 30 days)	Tier 3	QL
clobetasol propionate SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	Tier 3	QL
clobetasol propionate e CREA .05% QL (120 gm / 30 days)	Tier 3	QL
clodan SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	Tier 3	QL
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	Tier 3	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL
fluocinolone acetonide SOLN .01% QL (60 mL / 30 days)	Tier 3	QL
fluocinonide (generic of VANOS) CREA .1% QL (120 gm / 30 days)	Tier 3	QL
fluocinonide CREA .05% QL (120 gm / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	Tier 3	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	Tier 3	QL
fluticasone propionate CREA .05%; OINT .005%	Tier 2	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 3	QL
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	Tier 1	QL
hydrocortisone valerate CREA .2% QL (60 gm / 30 days)	Tier 2	QL
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	Tier 2	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	Tier 1	
triderm CREA .5% QL (454 gm / 30 days)	Tier 1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	Tier 3	QL PA
lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
lidocaine hcl PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 3	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
tridacaine iii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	Tier 2	QL
EUCRISA OINT 2% QL (120 gm / 30 days)	Tier 3	QL PA
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	Tier 3	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL
hydrocortisone (rectal) CREA 1%	Tier 2	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
imiquimod CREA 5% QL (24 packets / 30 days)	Tier 2	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 1	
metronidazole (topical) CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 2	QL
nitroglycerin (intra-anal) (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 3	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
pimecrolimus CREA 1% QL (100 gm / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
podofilox SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
proctocort CREA 1%	Tier 2	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	Tier 3	QL
permethrin (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	Tier 2	QL
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL PA
sodium chloride (gu irrigant) SOLN .9%	Tier 1	
water for irrigation, sterile irrigation soln	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	Tier 1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	Tier 2	QL
kourzeq PSTE .1%	Tier 2	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	
nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	Tier 2	
periogard (generic of PERIDEX) SOLN .12%	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	
triamcinolone acetonide (mouth) PSTE .1%	Tier 2	

Index

A

abacavir sulfate.....5
abacavir sulfate-lamivudine tab 600-300 mg.....6
abigale.....43
abigale lo.....43
ABILIFY
see *aripiprazole*.....27
ABILIFY ASIMTUFII.....26
ABILIFY MAINTENA.....27
abiraterone acetate.....10
abirtega.....10
ABRYSVO.....55
acamprosate calcium.....37
acarbose.....38
accutane.....63
acebutolol hcl.....20
acetaminophen w/ codeine soln 120-12 mg/5ml.....1
acetaminophen w/ codeine tab 300-15 mg.....1
acetaminophen w/ codeine tab 300-30 mg.....1
acetaminophen w/ codeine tab 300-60 mg.....1
acetazolamide.....21
acetic acid.....49
acetic acid (otic).....59
acetylcysteine.....60
acitretin.....64
ACTHIB INJ.....55
ACTIMMUNE.....54
ACTIVELLA
see *abigale*.....43
see *estradiol & norethindrone acetate tab 1-0.5 mg*.....43
see *mimvey*.....44
ACTOS
see *pioglitazone hcl*.....39
ACULAR
see *ketorolac tromethamine (ophth)*.....58
acyclovir.....6
acyclovir sodium.....6
ADACEL INJ.....55
ADALIMUMAB-BWWD...51
ADCIRCA
see *alyq*.....23
see *tadalafil (pulmonary hypertension)*.....23
ADDERALL
see *amphetamine-dextroamphetamine tab 10 mg*.....34
see *amphetamine-dextroamphetamine tab 12.5 mg*.....34
see *amphetamine-dextroamphetamine tab 15 mg*.....34
see *amphetamine-dextroamphetamine tab 20 mg*.....34
see *amphetamine-dextroamphetamine tab 30 mg*.....34
see *amphetamine-dextroamphetamine tab 5 mg*.....34
see *amphetamine-dextroamphetamine tab 7.5 mg*.....34
ADDERALL XR
see *amphetamine-dextroamphetamine cap er 24hr 10 mg*...34
see *amphetamine-dextroamphetamine cap er 24hr 15 mg*...34
see *amphetamine-dextroamphetamine cap er 24hr 20 mg*...34
see *amphetamine-dextroamphetamine cap er 24hr 25 mg*...34
see *amphetamine-dextroamphetamine cap er 24hr 30 mg*...34
see *amphetamine-dextroamphetamine cap er 24hr 5 mg*.....33
adefovir dipivoxil.....6
ADEMPAS.....22
ADMELOG.....39
ADMELOG SOLOSTAR.39
ADRENALIN
see *epinephrine*.....22
ADVAIR DISKUS
see *fluticasone-salmeterol aer powder ba 100-50 mcg/act*...62
see *fluticasone-salmeterol aer powder ba 250-50 mcg/act*...62
see *fluticasone-salmeterol aer powder ba 500-50 mcg/act*...63
see *wixela inhub*.....63
ADVAIR HFA AER 115/21.....62
ADVAIR HFA AER 230/21.....62
ADVAIR HFA AER 45/21 62
AFINITOR
see *everolimus*.....12
see *torpenz*.....15
see *yulithira*.....16
AFINITOR DISPERZ
see *everolimus*.....12
afirmelle.....41
AGRYLIN
see *anagrelide hcl*.....51
AIMOVIG.....35
AIRSUPRA AER 90-80MCG.....62
AKEEGA TAB 100/500...10
AKEEGA TAB 50/500MG.....10
ala-cort.....64
albendazole.....2
albuterol sulfate.....60
ALCAINE
see *proparacaine hcl*...59
alclometasone dipropionate.....64
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY.....39
ALDACTONE

see *spironolactone* 17
ALECENSA 11
alendronate sodium 41
alfuzosin hcl 49
aliskiren fumarate 22
allopurinol 1
alosetron hcl 48
alprazolam 23
altavera 41
ALUNBRIG 11
ALUNBRIG PAK 11
ALVAIZ 51
ALVESCO 62
alyacen 1/35 41
alyacen 7/7/7 41
ALYGLO 54
alyq 23
amantadine hcl 26
AMBIEN
see *zolpidem tartrate* ...35
AMBISOME
see *amphotericin b liposome* 4
ambrisentan 23
amikacin sulfate 2
amiloride & hydrochlorothiazide tab 5-50 mg 21
amiloride hcl 21
aminosyn ii soln 15% 57
AMINOSYN INJ 10% 57
AMINOSYN-PF INJ 10% 57
amiodarone hcl 19
AMITIZA
see *lubiprostone* 48
amitriptyline hcl 24
amlodipine besylate 21
amlodipine besylate-benazepril hcl cap 10-20 mg 17
amlodipine besylate-benazepril hcl cap 10-40 mg 17
amlodipine besylate-benazepril hcl cap 2.5-10 mg 16
amlodipine besylate-benazepril hcl cap 5-10 mg 16
amlodipine besylate-benazepril hcl cap 5-20 mg 16
amlodipine besylate-benazepril hcl cap 5-40 mg 17
amlodipine besylate-valsartan tab 10-160 mg 18
amlodipine besylate-valsartan tab 10-320 mg 18
*amlodipine besylate-valsartan tab 5-160 mg*18
*amlodipine besylate-valsartan tab 5-320 mg*18
amnesteem 63
amoxapine 24
amoxicillin 8
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 8
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 8
amoxicillin & k clavulanate for susp 400-57 mg/5ml 8
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 8
amoxicillin & k clavulanate tab 250-125 mg 8
amoxicillin & k clavulanate tab 500-125 mg 8
amoxicillin & k clavulanate tab 875-125 mg 8
amphetamine-dextroamphetamine cap er 24hr 10 mg 34
amphetamine-dextroamphetamine cap er 24hr 15 mg 34
amphetamine-dextroamphetamine cap er 24hr 20 mg 34
amphetamine-dextroamphetamine cap er 24hr 25 mg 34
amphetamine-dextroamphetamine cap er 24hr 30 mg 34
amphetamine-dextroamphetamine cap er 24hr 5 mg 33
amphetamine-dextroamphetamine tab 10 mg 34
amphetamine-dextroamphetamine tab 12.5 mg 34
amphetamine-dextroamphetamine tab 15 mg 34
amphetamine-dextroamphetamine tab 20 mg 34
amphetamine-dextroamphetamine tab 30 mg 34
amphetamine-dextroamphetamine tab 5 mg 34
amphetamine-dextroamphetamine tab 7.5 mg 34
amphotericin b 4
amphotericin b liposome ...4
ampicillin 8
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 9
ampicillin & sulbactam sodium for inj 3 (2-1) gm 9
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 9
ampicillin sodium 9
AMPYRA
see *dalfampridine* 36
ANAFRANIL
see *clomipramine hcl* ..24
anagrelide hcl 51

anastrozole 10
ANCOBON
see *flucytosine* 4
ANDROGEL PUMP
see *testosterone pump* 38
ANORO ELLIPT AER 62.5-25 59
ANUSOL-HC
see *hydrocortisone (rectal)* 65
see *procto-med hc* 66
see *proctosol hc* 66
see *proctozone-hc* 66
aprepitant 47
aprepitant capsule therapy pack 80 & 125 mg 47
apri 41
APRISO
see *mesalamine* 48
APTIOM
see *eslicarbazepine acetate* 30
APTIVUS 5
aranelle 41
ARAVA
see *leflunomide* 54
ARCALYST 54
AREXVY 55
ARICEPT
see *donepezil hydrochloride* 23
ARIKAYCE 2
ARIMIDEX
see *anastrozole* 10
aripiprazole 27
ARISTADA 27
ARISTADA INITIO 27
ARIXTRA
see *fondaparinux sodium* 50
armodafinil 37
ARNUITY ELLIPTA 62
AROMASIN
see *exemestane* 10
asenapine maleate 27
aspirin-dipyridamole cap er 12hr 25-200 mg 51
ASTAGRAF XL 54
see *tacrolimus* 55
ATACAND
see *candesartan cilexetil* 19
atazanavir sulfate 5
atenolol 20
atenolol & chlorthalidone tab 100-25 mg 20
atenolol & chlorthalidone tab 50-25 mg 20
ATIVAN
see *lorazepam* 23
atomoxetine hcl 34
atorvastatin calcium 20
atovaquone 3
atovaquone-proguanil hcl tab 250-100 mg 5
atovaquone-proguanil hcl tab 62.5-25 mg 5
ATROPINE SULFATE 59
atropine sulfate (ophthalmic) 59
ATROVENT HFA 59
see *ipratropium bromide hfa* 60
aubra eq 41
AUGMENTIN ES-600
see *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* 8
AUGTYRO 11
aurovela 1/20 41
aurovela fe 1.5/30 41
aurovela fe 1/20 41
AUSTEDO 36
AUSTEDO XR 36
AUSTEDO XR TAB TITR KIT 36
AUVELITY TAB 45-105MG 24
AUVELITY TAB TITRATIO 24
AVALIDE
see *irbesartan-hydrochlorothiazide tab 150-12.5 mg* 18
see *irbesartan-hydrochlorothiazide tab 300-12.5 mg* 18
AVAPRO
see *irbesartan* 19
aviane 41
AVMAPKI PAK FAKZYNJA 11
AVODART
see *dutasteride* 49
ayuna 41
AYVAKIT 11
azathioprine 54
azelastine hcl 60
azelastine hcl (ophth) 58
AZILECT
see *rasagiline mesylate* 26
azithromycin 8
aztreonam 3
AZULFIDINE
see *sulfasalazine* 48
AZULFIDINE EN-TABS
see *sulfasalazine* 48
azurette 41
B
bacitracin-polymyxin b ophth oint 58
bacitracin-polymyxin-neomycin-hc ophth oint 1% 57
baclofen 36
BACTRIM
see *sulfamethoxazole-trimethoprim tab 400-80 mg* 4
BACTRIM DS
see *sulfamethoxazole-trimethoprim tab 800-160 mg* 4
BAFIERTAM 36
balsalazide disodium 47
BALVERSA 11
balziva 41
BANZEL
see *rufinamide* 32
BARACLUDE 7
see *entecavir* 7

BCG VACCINE.....55
benazepril & hydrochlorothiazide tab 10-12.5 mg.....17
benazepril & hydrochlorothiazide tab 20-12.5 mg.....17
benazepril & hydrochlorothiazide tab 20-25 mg.....17
benazepril & hydrochlorothiazide tab 5-6.25mg.....17
benazepril hcl 17
BENICAR
see *olmesartan medoxomil* 19
BENICAR HCT
see *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* 18
see *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* 18
see *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* 18
BENLYSTA.....54
benztropine mesylate.....26
BERINERT 51
besifloxacin hcl 58
BESREMI 11
betaine powder for oral solution.....44
betamethasone dipropionate (topical)...64
betamethasone dipropionate augmented 64
betamethasone valerate .64
BETAPACE
see *sotalol hcl* 19
BETAPACE AF
see *sotalol hcl (afib/afl)*19
BETASERON 36
betaxolol hcl (ophth) 58
bethanechol chloride.....49
BEVESPI AER 9-4.8MCG 59
bexarotene.....11
bexarotene (topical) 65
BEXSERO 55
bicalutamide.....10
BICILLIN L-A.....9
BIKTARVY TAB 30-120-15 MG 6
BIKTARVY TAB 50-200-25 MG 6
BILDYOS 41
BIMZELX 51
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 48
bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....20
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....20
bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....20
bisoprolol fumarate 20
BIVIGAM.....54
blisovi fe 1.5/30.....41
blisovi fe 1/20.....41
BLUJEPA.....3
BOOSTRIX INJ.....55
bosentan.....23
BOSULIF 11
see *bosutinib*.....11
bosutinib 11
BRAFTOVI.....11
BREO ELLIPTA INH 100-25 62
BREO ELLIPTA INH 200-25 62
BREO ELLIPTA INH 50-25MCG.....62
breyna.....62
BREZTRI AERO AER 18MCG.....59
BREZTRI AERO AER 9MCG.....59
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 59
briellyn 41
BRILINTA
see *ticagrelor*.....51
brimonidine tartrate.....58
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....58
brivaracetam.....29
BRIVIACT
see *brivaracetam*.....29
bromocriptine mesylate...26
BRUKINSA 11
budesonide 47, 48
budesonide (inhalation) ..62
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 62
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 62
bumetanide.....21
BUMEX
see *bumetanide*.....21
BUPHENYL
see *sodium phenylbutyrate*.....45
buprenorphine hcl.....37
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 37
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 37
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 37
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 37
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 37

buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 37
bupropion hcl 24
bupropion hcl (smoking deterrent) 37
buspirone hcl 23
BYSANTI 27
BYSANTI TAB PACK A ..27
BYSANTI TAB PACK B ..27
BYSANTI TAB PACK C ..27
BYSTOLIC
see *nebivolol hcl*.....21
C
cabergoline 45
CABOMETYX 11
calcipotriene 64
calcitonin (salmon) spray 41
calcitriol.....46
calcitriol (oral) 46
calcium acetate (phosphate binder).....46
CALQUENCE 12
camila 41
CANASA
see *mesalamine*.....48
candesartan cilexetil 19
CAPLYTA 27
CAPRELSA 12
CARAFATE
see *sucralfate*.....49
carb/levo orally disintegrating tab 10-100mg 26
carb/levo orally disintegrating tab 25-100mg 26
carb/levo orally disintegrating tab 25-250mg 26
CARBAGLU
see *carglumic acid* 45
carbamazepine 29, 30
CARBATROL
see *carbamazepine*.....29
carbidopa & levodopa tab 10-100 mg.....26
carbidopa & levodopa tab 25-100 mg.....26
carbidopa & levodopa tab 25-250 mg.....26
carbidopa & levodopa tab er 25-100 mg.....26
carbidopa & levodopa tab er 50-200 mg.....26
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....26
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....26
carbidopa-levodopa-entacapone tabs 25-100-200 mg 26
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....26
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....26
carbidopa-levodopa-entacapone tabs 50-200-200 mg 26
CARDIZEM
see *diltiazem hcl*.....21
CARDIZEM CD
see *cartia xt*.....21
see *diltiazem hcl coated beads*.....21
CARDURA
see *doxazosin mesylate* 17
carglumic acid.....45
CARNITOR
see *levocarnitine (metabolic modifiers)* 45
carteolol hcl (ophth) 58
cartia xt 21
carvedilol 20
CASODEX
see *bicalutamide* 10
caspofungin acetate.....4
CASPOFUNGIN ACETATE
see *caspofungin acetate* 4
CATAPRES-TTS-1
see *clonidine* 22
CATAPRES-TTS-2
see *clonidine* 22
CATAPRES-TTS-3
see *clonidine* 22
CAYSTON 3
cefaclor 7
cefadroxil 7
CEFAZOLIN.....7
CEFAZOLIN INJ 1GM/50ML 7
cefazolin sodium 7
CEFAZOLIN SOLN 2GM/100ML-4% 7
CEFAZOLIN/DEX SOL 1GM/50ML-4% 7
CEFAZOLIN/DEX SOL 2GM/50ML-3% 7
CEFAZOLIN/DEX SOL 3GM/150ML-4% 7
CEFAZOLIN/DEX SOL 3GM/50ML-2% 7
cefdinir 7
cefepime hcl.....7
cefixime 7
cefoxitin sodium 7
cefpodoxime proxetil.....7
cefprozil 7
ceftaroline fosamil.....7
ceftazidime.....7
ceftriaxone sodium.....8
cefuroxime axetil.....8
cefuroxime sodium.....8
CELEBREX
see *celecoxib* 1
celecoxib.....1
CELEXA
see *citalopram hydrobromide*.....24
CELLCEPT
see *mycophenolate mofetil*.....54, 55
CELONTIN
see *methsuximide* 31
cephalexin.....8

CEQUR EXT WR MIS INSERTER.....39
CEQUR SIMPL KIT 1U EXTND.....40
CEQUR SIMPL KIT 2U EXTND.....40
CEQUR SIMPL KIT PATCH 2U (4-DAY).....40
CEQUR SIMPL MIS INSERTER.....40
CERDELGA.....45
cetirizine hcl.....60
CHANTIX
see *varenicline tartrate*37
chateal eq.....41
CHEMET.....41
chlorhexidine gluconate (mouth-throat).....66
chloroquine phosphate.....5
chlorpromazine hcl.....27
chlorthalidone.....21
cholestyramine.....20
cholestyramine light.....20
CIALIS
see *tadalafil*.....49
ciclopirox olamine.....63
cilostazol.....51
CILOXAN.....58
CIMDUO TAB 300-300.....6
cinacalcet hcl.....45
CIPRO
see *ciprofloxacin hcl*.....8
ciprofloxacin 200 mg/100ml in d5w.....8
ciprofloxacin 400 mg/200ml in d5w.....8
ciprofloxacin hcl.....8
ciprofloxacin hcl (ophth)..58
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....59
citalopram hydrobromide 24
claravis.....63
clarithromycin.....8
CLEOCIN
see *clindamycin hcl*.....3
see *clindamycin phosphate vaginal*...50
CLEOCIN PHOSPHATE
see *clindamycin phosphate*.....3
CLEOCIN-T
see *clindamycin phosphate (topical)*..63
CLIMARA
see *estradiol*.....43
clindamycin hcl.....3
clindamycin phosphate.....3
clindamycin phosphate (topical).....63
clindamycin phosphate vaginal.....50
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....63
CLINIMIX INJ 4.25/D10..57
CLINIMIX INJ 4.25/D5W.57
CLINIMIX INJ 5%/D15W.57
CLINIMIX INJ 5%/D20W.57
CLINIMIX INJ 6/5.....57
CLINIMIX INJ 8/10.....57
CLINIMIX INJ 8/14.....57
clinisol sf 15%.....57
CLINOLIPID EMU 20%...57
clobazam.....30
clobetasol propionate.....64
clobetasol propionate e...64
clodan.....64
clomipramine hcl.....24
clonazepam.....30
clonidine.....22
clonidine hcl.....22
clopidogrel bisulfate.....51
clorazepate dipotassium.30
clotrimazole.....66
clotrimazole (topical).....63
clotrimazole w/ betamethasone cream 1-0.05%.....63
clozapine.....27
CLOZARIL
see *clozapine*.....27
COARTEM TAB 20-120MG.....5
COBENFY CAP 100-20MG.....27
COBENFY CAP 125-30MG.....27
COBENFY CAP 50-20MG.....27
COBENFY STRT CAP PACK.....27
colchicine.....1
colchicine w/ probenecid tab 0.5-500 mg.....1
COLESTID
see *colestipol hcl*.....20
colestipol hcl.....20
colistimethate sodium.....3
COLY-MYCIN M
see *colistimethate sodium*.....3
COMBIGAN
see *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%*.....58
COMBIGAN SOL 0.2/0.5%.....58
COMBIVENT AER 20-100.....59
COMETRIQ (60MG DOSE).....12
COMETRIQ KIT 100MG.12
COMETRIQ KIT 140MG.12
COMPLERA
see *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg*....6
compro.....47
constulose.....48
COPAXONE.....36
see *glatiramer acetate*.36
see *glatopa*.....36
COPIKTRA.....12
COREG
see *carvedilol*.....20
CORLANOR
see *ivabradine hcl*.....22
CORTEF
see *hydrocortisone*.....44
CORTENEMA
see *hydrocortisone (intrarectal)*.....48
COSOPT

see *dorzolamide hcl-timolol maleate ophth soln 2-0.5%*.....58
COTELLIC 12
COZAAR
see *losartan potassium* 19
CREON CAP 12000UNT 48
CREON CAP 24000UNT 48
CREON CAP 3000UNIT .48
CREON CAP 36000UNT 48
CREON CAP 6000UNIT .48
CRESEMBA 4
CRESTOR
see *rosuvastatin calcium* 20
cromolyn sodium.....60
cromolyn sodium (mastocytosis) 48
cromolyn sodium (ophth) 58
cryselle 41
cyclobenzaprine hcl 37
cyclophosphamide.....9
CYCLOPHOSPHAMIDE...9
cycloserine.....6
cyclosporine.....54
cyclosporine modified (for microemulsion).....54
CYKLOKAPRON
see *tranexamic acid* 51
cyproheptadine hcl.....60
cyred eq.....41
CYSTADANE
see *betaine powder for oral solution* 44
CYSTADROPS.....59
CYSTAGON 45
CYSTARAN 59
CYTOMEL
see *liomny*.....46
see *liothyronine sodium* 46
CYTOTEC
see *misoprostol*.....48
D
D10W/NACL INJ 0.2%....56
D10W/NACL INJ 0.45%..56
D2.5W/NACL INJ 0.45%.56
D5W/NACL INJ 0.2%.....56
D5W/NACL INJ 0.45%....56
dabigatran etexilate mesylate.....50
dalfampridine 36
DALIRESP
see *roflumilast*.....61
danazol 37
DANZITEN.....12
dapagliflozin.....38
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg.....38
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg.....38
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg.....38
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg.....38
dapsone.....3
DAPTACEL INJ 55
daptomycin 3
DAPTOMYCIN.....3
see *daptomycin*.....3
DARAPRIM
see *pyrimethamine*.....3
darunavir.....5
dasatinib 12
dasetta 1/35.....41
dasetta 7/7/7 41
DAURISMO 12
DAYVIGO 35
DDAVP
see *desmopressin acetate*.....45
deblitane 41
deferasirox.....41
DELESTROGEN
see *estradiol valerate* ..44
DELSTRIGO TAB 6
DEPAKOTE
see *divalproex sodium* 30
DEPAKOTE ER
see *divalproex sodium* 30
DEPAKOTE SPRINKLES
see *divalproex sodium* 30
DEPEN TITRATABS
see *penicillamine*.....41
DEPO-MEDROL
see *methylprednisolone acetate*.....44
DEPO-PROVERA CONTRACEPTIV
see *medroxyprogesterone acetate (contraceptive)* 42
DEPO-SUBQ PROVERA 104 41
depo-testosterone.....38
DERMA-SMOOTHE/FS BODY
see *fluocinolone acetonide*.....64
DERMA-SMOOTHE/FS SCALP
see *fluocinolone acetonide*.....64
DERMOTIC
see *fluocinolone acetonide (otic)* 59
DESCOVY TAB 120-15MG 6
DESCOVY TAB 200/25MG 6
desipramine hcl.....24
desmopressin acetate.....45
desmopressin acetate spray 45
desmopressin acetate spray refrigerated.....45
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....41
*desvenlafaxine succinate*24
dexamethasone 44
dexamethasone sodium phosphate 44
dexamethasone sodium phosphate (ophth) 58
dexmethylphenidate hcl ..34
dextrose.....57
DEXTROSE 10%.....57

see *dextrose* 57
dextrose 2.5% w/ sodium chloride 0.45% 56
DEXTROSE 2.5%/SODIUM CHLO
see *dextrose 2.5% w/ sodium chloride 0.45%* 56
dextrose 5% in lactated ringers 56
dextrose 5% w/ sodium chloride 0.225% 56
dextrose 5% w/ sodium chloride 0.3% 56
dextrose 5% w/ sodium chloride 0.45% 56
dextrose 5% w/ sodium chloride 0.9% 56
DEXTROSE 5%/SODIUM CHLORI
see *dextrose 5% w/ sodium chloride 0.3%* 56
see *dextrose 5% w/ sodium chloride 0.45%* 56
see *dextrose 5% w/ sodium chloride 0.9%* 56
DEXTROSE 50%
see *dextrose* 57
DEXTROSE 70%.....57
DEXTROSE/SODIUM CHLORIDE
see *dextrose 5% w/ sodium chloride 0.225%* 56
DIACOMIT 30
diazepam 30
diazepam (anticonvulsant) 30
diazepam inj 30
diazepam intensol.....30
diazoxide 44
diclofenac potassium 1
diclofenac sodium.....1
diclofenac sodium (ophth) 58
diclofenac sodium (topical) 65
dicloxacillin sodium.....9
dicyclomine hcl 47
DIFICID.....8
see *fidaxomicin* 8
DIFLUCAN
see *fluconazole* 4
digoxin 22
dihydroergotamine mesylate.....35
DILANTIN 30
see *phenytoin sodium extended*.....32
DILANTIN INFATABS
see *phenytoin*.....32
DILANTIN-125
see *phenytoin*.....32
DILAUDID
see *hydromorphone hcl*.2
diltiazem hcl.....21
diltiazem hcl coated beads 21
diltiazem hcl extended release beads.....21
dilt-xr.....21
DIOVAN
see *valsartan*.....19
DIOVAN HCT
see *valsartan-hydrochlorothiazide tab 160-12.5 mg* 18
see *valsartan-hydrochlorothiazide tab 160-25 mg* 18
see *valsartan-hydrochlorothiazide tab 320-12.5 mg* 18
see *valsartan-hydrochlorothiazide tab 320-25 mg* 19
see *valsartan-hydrochlorothiazide tab 80-12.5 mg* 18
diphenhydramine hcl.....60
diphenoxylate w/ atropine tab 2.5-0.025 mg.....48
DIPROLENE
see *betamethasone dipropionate augmented*.....64
dipyridamole 51
disopyramide phosphate.19
disulfiram 37
divalproex sodium.....30
dofetilide 19
donepezil hydrochloride..23
DOPTELET.....51
DOPTELET SPRINKLE ..51
dorzolamide hcl.....58
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....58
dotti.....43
DOVATO TAB 50-300MG.6
doxazosin mesylate 17
doxepin hcl.....24
doxepin hcl (sleep).....35
doxy 100 9
doxycycline (monohydrate) 9
doxycycline hyclate.....9
DRIZALMA SPRINKLE...24
dronabinol.....47
*drospirenone-ethinyl estradiol tab 3-0.02 mg*42
*drospirenone-ethinyl estradiol tab 3-0.03 mg*42
DROXIA.....51
droxidopa.....22
duloxetine hcl.....25
DUPIXENT.....51
dutasteride.....49

E

E.E.S. GRANULES
see *erythromycin ethylsuccinate*.....8
EBGLYSS.....51, 52
EDURANT 5
see *rilpivirine hcl*.....5
EDURANT PED 5
efavirenz 5
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 6

efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 6
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 6
EFFEXOR XR
see *venlafaxine hcl*.....26
EFFIENT
see *prasugrel hcl*.....51
ELIGARD.....10
elinest 42
ELIQUIS 50
ELIQUIS (1.5MG PACK) 3 X.....50
ELIQUIS (2MG PACK) 4 X 50
ELIQUIS STARTER PACK 50
eluryng.....42
EMEND BIPACK
see *aprepitant* 47
EMGALITY 35
EMSAM 25
emtricitabine 5
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 6
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....6
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....6
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....6
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....6
EMTRIVA.....5
see *emtricitabine*.....5
EMVERM.....3
emzahh.....42
enalapril maleate 17
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....17
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....17
ENBREL 52
ENBREL MINI.....52
ENBREL SURECLICK....52
ENDARI
see *l-glutamine (sickle cell)*.....51
endocet tab 10-325mg.....2
endocet tab 2.5-325mg.....1
endocet tab 7.5-325mg.....2
ENGERIX-B.....55
enilloring 42
enoxaparin sodium 50
ENSACOVE.....12
enskyce 42
ENSTILAR AER.....64
entacapone.....26
entecavir 7
ENTRESTO
see *sacubitril-valsartan tab 24-26 mg* 18
see *sacubitril-valsartan tab 49-51 mg* 18
see *sacubitril-valsartan tab 97-103 mg* 18
ENTRESTO CAP 15-16MG 18
ENTRESTO CAP 6-6MG 18
ENTYVIO PEN.....52
enulose.....48
ENVARSUS XR.....54
EPIDIOLEX.....30
epinephrine.....22
epinephrine (anaphylaxis) 60, 61
EPIPEN 2-PAK
see *epinephrine (anaphylaxis)* 60
EPIPEN-JR 2-PAK
see *epinephrine (anaphylaxis)* 61
EPIVIR
see *lamivudine* 5
eplerenone.....17
EPRONTIA
see *topiramate* 33
ergotamine w/ caffeine tab 1-100 mg.....35
ERIVEDGE 12
ERLEADA.....10
erlotinib hcl.....12
errin 42
ertapenem sodium 3
ERYPED 400
see *erythromycin ethylsuccinate*.....8
ERYTHROCIN LACTOBIONATE 8
erythromycin (acne aid) ..63
erythromycin (ophth).....58
erythromycin base 8
erythromycin ethylsuccinate 8
erythromycin lactobionate .8
ERZOFRI.....27
ESBRIET
see *pirfenidone*.....61
escitalopram oxalate.....25
eslicarbazepine acetate ..30
estarylla 42
ESTRACE
see *estradiol vaginal* ...43
estradiol 43
estradiol & norethindrone acetate tab 0.5-0.1 mg 43
estradiol & norethindrone acetate tab 1-0.5 mg ...43
estradiol vaginal.....43, 44
estradiol valerate 44
ethambutol hcl 6
ethosuximide.....30, 31
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 42
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....42
etravirine.....5
EUCRISA.....65
EULEXIN 10
everolimus 12
everolimus (immunosuppressant) .54
EVISTA

see *raloxifene hcl* 45
EVOTAZ TAB 300-150 6
EXELON
see *rivastigmine* 24
exemestane 10
EXFORGE
see *amlodipine besylate-valsartan tab 10-160 mg* 18
see *amlodipine besylate-valsartan tab 10-320 mg* 18
see *amlodipine besylate-valsartan tab 5-160 mg* 18
see *amlodipine besylate-valsartan tab 5-320 mg* 18
EXJADE
see *deferasirox*.....41
EXXUA 25
EXXUA TITRATION PACK 25
EYSUVIS 59
ezetimibe 20
F
falmina 42
famotidine 47
famotidine in nacl 0.9% iv soln 20 mg/50ml.....47
FANAPT 27
FANAPT PAK PACK A ...27
FANAPT PAK PACK B ...27
FANAPT PAK PACK C ...28
FARESTON
see *toremifene citrate*..10
FARXIGA.....38
see *dapagliflozin* 38
FASENRA.....61
FASENRA PEN 61
feirza 1.5/30.....42
feirza 1/20.....42
felbamate.....31
FELBATOL
see *felbamate*.....31
felodipine 21
FEMARA
see *letrozole*.....10
fenofibrate.....19
fenofibrate micronized 19
fentanyl 1
FETZIMA 25
FETZIMA CAP TITRATIO 25
FIASP 40
FIASP FLEXTOUCH.....40
FIASP PENFILL.....40
FIASP PUMPCART 40
fidaxomicin.....8
FILSPARI.....49
finasteride 49
fingolimod hcl.....36
FINTEPLA 31
FIRAZYR
see *icatibant acetate* ...51
see *sajazir*.....51
FIRMAGON 10
FLEBOGAMMA DIF.....54
flecainide acetate.....19
fluconazole 4
fluconazole in nacl 0.9% inj 200 mg/100ml 4
fluconazole in nacl 0.9% inj 400 mg/200ml 4
flucytosine.....4
fludrocortisone acetate ...44
flunisolide (nasal).....62
fluocinolone acetonide 64
fluocinolone acetonide (otic) 59
fluocinonide 64, 65
fluocinonide emulsified base 65
fluorometholone (ophth)..58
fluorouracil (topical) 65
fluoxetine hcl.....25
fluphenazine decanoate..28
fluphenazine hcl.....28
flurbiprofen.....1
flurbiprofen sodium 58
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act 62
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act 62
fluticasone propionate.....65
fluticasone propionate (nasal) 62
fluticasone-salmeterol aer powder ba 100-50 mcg/act.....62
fluticasone-salmeterol aer powder ba 250-50 mcg/act.....62
fluticasone-salmeterol aer powder ba 500-50 mcg/act.....63
fluvoxamine maleate.....23
FML LIQUIFILM
see *fluorometholone (ophth)* 58
FOCALIN
see *dexmethylphenidate hcl*.....34
fondaparinux sodium 50
FOSAMAX
see *alendronate sodium* 41
fosamprenavir calcium.....5
fosfomycin tromethamine..3
fosinopril sodium.....17
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....17
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....17
FOTIVDA 12
FRUZAQLA.....12
FULPHILA.....50
furosemide.....21
furosemide inj 21
fyavolv tab 0.5mg-2.5mcg 44
fyavolv tab 1mg-5mcg.....44
FYCOMPA
see *perampanel* 32
G
gabapentin.....31
galantamine hydrobromide 23, 24
gallifrey 46
GAMASTAN INJ 54

GAMMAGARD LIQUID ...54
GAMMAGARD LIQUID ERC ...54
GAMMAGARD S/D IGA LESS TH ...54
GAMMAKED ...54
GAMMAPLEX ...54
GAMUNEX-C ...54
ganciclovir sodium ...7
GARDASIL 9 ...55
GASTROCROM
see *cromolyn sodium (mastocytosis)* ...48
GATTEX ...48
GAUZE PADS 2 ...40
gavilyte-c ...48
gavilyte-g ...48
gavilyte-n/flavor pack ...48
GAVRETO ...12
gefitinib ...12
gemfibrozil ...19
GEMTESA ...49
generlac ...48
gengraf ...54
GENOTROPIN ...45
GENOTROPIN MINIQUICK ...45
gentamicin in saline inj 0.8 mg/ml ...3
gentamicin in saline inj 2 mg/ml ...3
gentamicin sulfate ...3
gentamicin sulfate (ophth) ...58
gentamicin sulfate (topical) ...63
GENVOYA TAB ...6
GEODON
see *ziprasidone hcl* ...29
see *ziprasidone mesylate* ...29
GILENYA
see *fingolimod hcl* ...36
GILOTRIF ...12
glatiramer acetate ...36
glatopa ...36
GLEEVEC
see *imatinib mesylate* ..13
GLEOSTINE
see *lomustine* ...9
glimepiride ...38
glipizide ...38
glipizide-metformin hcl tab 2.5-250 mg ...38
glipizide-metformin hcl tab 2.5-500 mg ...38
glipizide-metformin hcl tab 5-500 mg ...38
GLUCOTROL XL
see *glipizide* ...38
glycopyrrolate ...47
glydo ...65
GLYXAMBI TAB 10-5 MG ...38
GLYXAMBI TAB 25-5 MG ...38
GOLYTELY
see *gavilyte-g* ...48
see *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* ...48
GOMEKLI ...12
griseofulvin microsize ...4
griseofulvin ultramicrosize 4
guanfacine hcl ...22
guanfacine hcl (adhd) ...34
GVOKE HYPOPEN 1-PACK ...44
GVOKE HYPOPEN 2-PACK ...44
GVOKE KIT ...44
GVOKE PFS ...44
H
HADLIMA ...52
HADLIMA PUSHTOUCH 52
HAEGARDA ...51
hailey 1.5/30 ...42
hailey fe 1/20 ...42
halobetasol propionate ...65
haloperidol ...28
haloperidol decanoate ...28
haloperidol lactate ...28
HAVRIX ...55
heather ...42
HEP SOD/NACL INJ 25000UNT ...50
heparin sodium (porcine) 50
HEPLISAV-B ...55
HERNEXEOS ...12
HETLIOZ
see *tasimelteon* ...35
HIBERIX ...55
HUMIRA ...52
HUMIRA PEN ...52
HUMIRA PEN KIT PS/UV ...52
HUMIRA PEN-CD/UC/HS START ...52
HUMULIN R U-500 KWIKPEN ...40
hydralazine hcl ...22
HYDREA
see *hydroxyurea* ...11
hydrochlorothiazide ...21
hydrocodone bitartrate ...1
hydrocodone-acetaminophen soln 7.5-325 mg/15ml ...2
hydrocodone-acetaminophen tab 10-325 mg ...2
hydrocodone-acetaminophen tab 5-325 mg ...2
hydrocodone-acetaminophen tab 7.5-325 mg ...2
hydrocodone-ibuprofen tab 7.5-200 mg ...2
hydrocortisone ...44
hydrocortisone (intrarectal) ...48
hydrocortisone (rectal) 65
hydrocortisone (topical) ..65
hydrocortisone sod succinate ...44
hydrocortisone valerate ..65
hydrocortisone w/ acetic acid otic soln 1-2% ...59
hydromorphone hcl ...2
hydroxychloroquine sulfate ...53
hydroxyurea ...11
hydroxyzine hcl ...60

hydroxyzine pamoate.....60
HYRNUO 12
HYZAAR
see *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* 18
see *losartan potassium & hydrochlorothiazide tab 100-25 mg* 18
see *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* 18
I
ibandronate sodium 41
IBRANCE.....12
IBTROZI 13
ibu.....1
ibuprofen.....1
icatibant acetate.....51
iclevia.....42
ICLUSIG 13
IDHIFA.....13
IDVYNSO TAB 100-0.25 ..6
imatinib mesylate.....13
IMBRUVICA.....13
imipenem-cilastatin intravenous for soln 250 mg.....3
imipenem-cilastatin intravenous for soln 500 mg.....3
imipramine hcl 25
imiquimod 65
IMITREX
see *sumatriptan succinate* 36
IMITREX STATDOSE SYSTEM
see *sumatriptan succinate* 35
IMKELDI 13
IMOVAX RABIES (H.D.C.V.) 55
IMURAN
see *azathioprine*.....54
INBRIJA.....26
incassia.....42
INCRELEX.....45
INCRUSE ELLIPTA 59
indapamide 22
INDERAL LA
see *propranolol hcl*.....21
INFANRIX INJ.....55
INLURIYO.....10
INLYTA 13
INQOVI TAB 35-100MG ...9
INREBIC 13
INSULIN PEN NEEDLES: EMBECTA-BD.....40
INSULIN SAFETY NEEDLES: EMBECTA-BD 40
INSULIN SYRINGES: EMBECTA-BD.....40
INTELENCE.....5
see *etravirine*.....5
INTRALIPID 57
introvale 42
INTUNIV
see *guanfacine hcl (adhd)* 34
INVEGA
see *paliperidone*.....28
INVEGA HAFYERA 28
INVEGA SUSTENNA.....28
INVEGA TRINZA 28
IPOL INJ INACTIVE.....55
ipratropium bromide.....59
ipratropium bromide (nasal) 60
ipratropium bromide hfa..60
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 59
irbesartan.....19
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....18
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....18
IRESSA
see *gefitinib*.....12
ISENTRESS 5
ISENTRESS HD 5
isibloom 42
ISOLYTE-P INJ /D5W.....56
ISOLYTE-S INJ PH 7.4...56
isoniazid.....6
isosorbide dinitrate.....22
isosorbide mononitrate ...22
isotretinoin 63
ISTURISA 45
ITOVEBI 13
itraconazole 4
ivabradine hcl.....22
ivermectin 3
IWILFIN 11
IXIARO INJ 55
J
JADENU
see *deferasirox*.....41
JAKAFI 13
jantoven 50
JANUMET
see *sitagliptin phosphate-metformin hcl tab 50-1000 mg*.....39
see *sitagliptin phosphate-metformin hcl tab 50-500 mg*.....39
JANUMET XR TAB 100-1000 38
JANUMET XR TAB 50-1000 38
JANUMET XR TAB 50-500MG 38
JANUVIA
see *sitagliptin phosphate* 39
JARDIANCE 38
jasmiel 42
javygtor 45
JAYPIRCA 13
jencycla.....42
JENTADUETO TAB 2.5-1000 38
JENTADUETO TAB 2.5-500 38
JENTADUETO TAB 2.5-850 38
JENTADUETO TAB XR 2.5-1000MG 39
JENTADUETO TAB XR 5-1000MG 39

jinteli 44
jolessa 42
JOURNAVX 1
juleber.....42
JULUCA TAB 50-25MG....6
junel 1.5/30 42
junel 1/20 42
junel fe 1.5/30 42
junel fe 1/20 42
JYLAMVO.....53
JYNARQUE
see *tolvaptan*.....46
see *tolvaptan tab therapy pack 30 & 15 mg*.....46
see *tolvaptan tab therapy pack 45 & 15 mg*.....46
see *tolvaptan tab therapy pack 60 & 30 mg*.....46
see *tolvaptan tab therapy pack 90 & 30 mg*.....46
JYNNEOS.....55
K
KALETRA
see *lopinavir-ritonavir tab 100-25 mg* 6
see *lopinavir-ritonavir tab 200-50 mg* 6
KALETRA SOL 6
KALYDECO 61
kariva 42
KCL 0.075%/D5W/NACL 0.45%
see *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj*.56
KCL 0.15%/D5W/NACL 0.45%
see *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj*.....56
KCL 0.15%/D5W/NACL 0.9%
see *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj*.....56
KCL 0.3%/D5W/NACL 0.45%
see *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj*.....56
KCL 0.3%/D5W/NACL 0.9%
see *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj*.....56
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 56
kcl 20 meq/l (0.149%) in nacl 0.45% inj.....56
kcl 20 meq/l (0.149%) in nacl 0.9% inj.....56
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 56
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 56
kcl 20 meq/l (0.15%) in nacl 0.45% inj 56
kcl 20 meq/l (0.15%) in nacl 0.9% inj 56
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 56
kcl 40 meq/l (0.298%) in nacl 0.9% inj.....56
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 56
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 56
kcl 40 meq/l (0.3%) in nacl 0.9% inj 56
KCL/D5W/NACL INJ 0.15/0.2 56
KCL/D5W/NACL INJ 0.3/0.9%.....56
kelnor 1/35.....42
KEPPRA
see *levetiracetam*.....31
see *roweepra* 32
KERENDIA 17
ketoconazole.....4
ketoconazole (topical).....63
ketorolac tromethamine (ophth).....58
KINERET 52
KINRIX INJ 55
kionex 41
KISQALI 200 DOSE.....13
KISQALI 400 DOSE.....13
KISQALI 600 DOSE.....13
KITABIS PAK
see *tobramycin*.....4
KLARON
see *sulfacetamide sodium (acne)*.....63
klayesta 63
KLONOPIN
see *clonazepam* 30
klor-con.....57
klor-con 10.....57
klor-con 8.....57
KLOR-CON 8
see *klor-con 8*.....57
see *potassium chloride*57
klor-con m10.....57
klor-con m15.....57
klor-con m20.....57
KLOXXADO 37
KOMZIFTI.....13
KORLYM
see *mifepristone (hyperglycemia)* 45
KOSELUGO.....13
kourzeq.....66
KRAZATI.....13
kurvelo 42
KUVAN
see *javygtor*.....45
see *sapropterin dihydrochloride* 45
see *zelvysia*.....46
L
labetalol hcl.....20
lacosamide.....31
lacosamide oral.....31
LACTATED RINGERS
see *lactated ringer's solution* 56
lactated ringer's solution .56

lactic acid (ammonium lactate) 65
lactulose 48
lactulose (encephalopathy) 48
LAMICTAL
see *lamotrigine*.....31
see *subvenite*.....33
LAMICTAL CHEWABLE DISPERS
see *lamotrigine*.....31
lamivudine 5
lamivudine (hbv) 7
lamivudine-zidovudine tab 150-300 mg.....6
lamotrigine 31
LANOXIN
see *digoxin*.....22
lanreotide acetate 45
LANTUS 40
LANTUS SOLOSTAR.....40
lapatinib ditosylate 13
larin 1.5/30.....42
larin 1/20.....42
larin fe 1.5/30.....42
larin fe 1/20.....42
LASIX
see *furosemide*.....21
latanoprost.....58
LATUDA
see *lurasidone hcl*.....28
LAZCLUZE 13
leflunomide 54
lenalidomide 10
LENVIMA 10 MG DAILY DOSE.....13
LENVIMA 12MG DAILY DOSE.....13
LENVIMA 20 MG DAILY DOSE.....14
LENVIMA 4 MG DAILY DOSE.....13
LENVIMA 8 MG DAILY DOSE.....13
LENVIMA CAP 14 MG....14
LENVIMA CAP 18 MG....14
LENVIMA CAP 24 MG....14
LEQEMBI IQLIK.....24
lessina 42
LETAIRIS
see *ambrisentan*.....23
letrozole 10
leucovorin calcium 11
LEUKERAN 9
LEUKINE 50
leuprolide acetate 10
levalbuterol tartrate.....60
levetiracetam 31
levetiracetam in sodium chloride iv soln 1000 mg/100ml 31
levetiracetam in sodium chloride iv soln 1500 mg/100ml 31
levetiracetam in sodium chloride iv soln 500 mg/100ml 31
LEVETIRACETAM/SODIUM CHLO
see *levetiracetam in sodium chloride iv soln 1000 mg/100ml*.....31
see *levetiracetam in sodium chloride iv soln 1500 mg/100ml*.....31
see *levetiracetam in sodium chloride iv soln 500 mg/100ml*.....31
levobunolol hcl.....59
levocarnitine (metabolic modifiers) 45
levocetirizine dihydrochloride.....60
levofloxacin.....8
levofloxacin in d5w iv soln 250 mg/50ml 8
levofloxacin in d5w iv soln 500 mg/100ml 8
levofloxacin in d5w iv soln 750 mg/150ml 8
levonest 42
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....42
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 42
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 42
levothyroxine sodium.....46
levoxyl.....46
LEXAPRO
see *escitalopram oxalate* 25
l-glutamine (sickle cell) ...51
LIALDA
see *mesalamine*.....48
lidocaine 65
lidocaine hcl.....65
lidocaine hcl (local anesth.) 1
lidocaine hcl (mouth-throat) 66
lidocaine-prilocaine cream 2.5-2.5%.....65
lidocan 65
LIDODERM
see *lidocaine* 65
see *lidocan*.....65
see *tridacaine iii* 65
LIFYORLI CAP 125MG DS 10
LIFYORLI CAP 150MG DS 10
LILETTA 42
linezolid.....3
LINEZOLID INJ 2MG/ML ..3
LINZESS.....48
liomny 46
liothyronine sodium.....46
LIPITOR
see *atorvastatin calcium* 20
lisinopril.....17
lisinopril & hydrochlorothiazide tab 10-12.5 mg.....17
lisinopril & hydrochlorothiazide tab 20-12.5 mg.....17

lisinopril & hydrochlorothiazide tab 20-25 mg 17
lithium 36
lithium carbonate 36
LITHOBID
see *lithium carbonate* .. 36
LIVTENCITY 7
loestrin 1.5/30-21 42
loestrin 1/20-21 42
loestrin fe 1.5/30 42
loestrin fe 1/20 42
LOKELMA 41
LOMOTIL
see *diphenoxylate w/ atropine tab 2.5-0.025 mg* 48
lomustine 9
LONSURF TAB 15-6.14 ... 9
LONSURF TAB 20-8.19 ... 9
loperamide hcl 48
LOPID
see *gemfibrozil* 19
lopinavir-ritonavir tab 100-25 mg 6
lopinavir-ritonavir tab 200-50 mg 6
LOPRESSOR
see *metoprolol tartrate* 21
lorazepam 23
lorazepam intensol 23
LORBRENA 14
loryna 42
losartan potassium 19
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 18
losartan potassium & hydrochlorothiazide tab 100-25 mg 18
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 18
LOTEMAX 58
LOTENSIN
see *benazepril hcl* 17
LOTENSIN HCT
see *benazepril & hydrochlorothiazide tab 10-12.5 mg* 17
see *benazepril & hydrochlorothiazide tab 20-12.5 mg* 17
see *benazepril & hydrochlorothiazide tab 20-25 mg* 17
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 58
LOTREL
see *amlodipine besylate-benazepril hcl cap 10-20 mg* 17
see *amlodipine besylate-benazepril hcl cap 5-10 mg* 16
LOTRONEX
see *alosetron hcl* 48
lovastatin 20
LOVAZA
see *omega-3-acid ethyl esters cap 1 gm* 20
LOVENOX
see *enoxaparin sodium* 50
loxapine succinate 28
lubiprostone 48
luizza 1.5/30 42
luizza 1/20 42
LUMAKRAS 14
LUPRON DEPOT (1-MONTH) 10
LUPRON DEPOT (3-MONTH) 10
lurasidone hcl 28
lutera 42
LYBALVI TAB 10-10MG .28
LYBALVI TAB 15-10MG .28
LYBALVI TAB 20-10MG .28
LYBALVI TAB 5-10MG ... 28
lyleq 42
lyllana 44
LYNPARZA 14
LYRICA
see *pregabalin* 32
LYSODREN 10
LYTGOBI (12 MG DAILY DOSE) 14
LYTGOBI (16 MG DAILY DOSE) 14
LYTGOBI (20 MG DAILY DOSE) 14
lyza 42

M

macitentan 23
MACROBID
see *nitrofurantoin monohyd macro* 3
magnesium sulfate 56
MAGNESIUM SULFATE 56
see *magnesium sulfate* 56
MAGNESIUM SULFATE IN D5W
see *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* 57
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 57
MALARONE
see *atovaquone-proguanil hcl tab 250-100 mg* 5
see *atovaquone-proguanil hcl tab 62.5-25 mg* 5
malathion 66
maraviroc 5
MARINOL
see *dronabinol* 47
marlissa 42
MARPLAN 25
MATULANE 11
MAVYRET PAK 50-20MG 7
MAVYRET TAB 100-40MG 7
MAXALT
see *rizatriptan benzoate* 35
MAXALT-MLT
see *rizatriptan benzoate* 35

MAXITROL
see *neomycin-polymyxin-dexamethasone ophth oint 0.1%* 58
see *neomycin-polymyxin-dexamethasone ophth susp 0.1%*.....58
meclizine hcl 47
MEDROL
see *methylprednisolone* 44
MEDROL DOSEPAK
see *methylprednisolone* 44
medroxyprogesterone acetate 46
*medroxyprogesterone acetate (contraceptive)*42
mefloquine hcl 5
megestrol acetate 10, 46
MEKINIST.....14
MEKTOVI 14
meleya 42
meloxicam 1
memantine hcl 24
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 24
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 24
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 24
MENQUADFI 55
MENVEO INJ.....55
MENVEO SOL.....55
MEPRON
see *atovaquone*.....3
mercaptopurine.....9
meropenem 3
MEROPENEM
see *meropenem* 3
mesalamine 48
mesalamine w/ cleanser .48
mesna.....11
MESNEX
see *mesna* 11
MESTINON
see *pyridostigmine bromide*.....36
metformin hcl 39
methadone hcl 1
methazolamide 22
methenamine hippurate 3
methimazole 46
methotrexate sodium ..9, 54
methsuximide.....31
METHYLIN
see *methylphenidate hcl* 34
methylphenidate hcl ..34, 35
methylprednisolone.....44
methylprednisolone acetate 44
methylprednisolone sod succ.....44
metoclopramide hcl.....47
metolazone 22
metoprolol succinate.....20
metoprolol tartrate.....21
metronidazole 3
METRONIDAZOLE
see *metronidazole*.....3
metronidazole (topical) ...65
metronidazole vaginal.....50
metyrosine 22
micafungin sodium.....4
MICARDIS
see *telmisartan*.....19
microgestin 1.5/30 42
microgestin 1/20 42
microgestin fe 1.5/30 42
microgestin fe 1/20 42
midodrine hcl 22
MIEBO 59
mifepristone (hyperglycemia).....45
mili 42
mimvey 44
MINIVELLE
see *lyllana* 44
minocycline hcl 9
minoxidil.....22
mirtazapine 25
misoprostol 48
M-M-R II INJ 55
M-NATAL PLUS TAB.....57
modafinil 37
MODEYSO 11
moexipril hcl.....17
molindone hcl.....28
mometasone furoate.....65
mono-linyah 42
montelukast sodium.....60
morphine sulfate 1, 2
MOUNJARO 39
MOVANTIK.....48
moxifloxacin hcl 8
moxifloxacin hcl (ophth) ..58
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....8
MRESVIA.....55
MS CONTIN
see *morphine sulfate*.....1
MULTAQ.....19
multiple electrolytes ph 5.5 57
mupirocin 63
mycophenolate mofetil...54, 55
mycophenolate sodium...55
MYFORTIC
see *mycophenolate sodium*.....55
MYSOLINE
see *primidone*.....32
N
nabumetone.....1
nafcillin sodium 9
naloxone hcl.....37
naltrexone hcl 37
NAMZARIC
see *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* 24
see *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* 24
see *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* 24

NAMZARIC CAP 7-10MG 24
naproxen.....1
NARDIL
see *phenelzine sulfate* 25
NATACYN 58
nateglinide 39
NAYZILAM.....31
nebivolol hcl.....21
NEBUPENT
see *pentamidine isethionate inh* 3
necon 0.5/35-28.....42
nefazodone hcl 25
neomycin sulfate.....3
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 58
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.....58
neomycin-polymyxin-dexamethasone ophth oint 0.1% 58
neomycin-polymyxin-dexamethasone ophth susp 0.1% 58
neomycin-polymyxin-hc otic soln 1% 59
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 59
NEORAL
see *cyclosporine modified (for microemulsion)* 54
see *gengraf* 54
NERLYNX.....14
neuac.....63
NEURONTIN
see *gabapentin*.....31
see *relgaabi* 32
nevirapine 5
NEXAVAR
see *sorafenib tosylate* .15
NEXLETOL.....20
NEXLIZET TAB 180/10MG 20
NEXPLANON.....42
niacin (antihyperlipidemic) 20
NICOTROL NS 37
nifedipine 21
nikki 42
nilotinib hcl.....14
nilutamide 10
nimodipine 21
NINLARO.....14
nintedanib esylate.....61
nitazoxanide 3
nitisinone 45
nitro-bid.....22
*nitrofurantoin macrocrystal*3
nitrofurantoin monohyd macro 3
nitroglycerin 22
nitroglycerin (intra-anal) ..65
NITROSTAT
see *nitroglycerin* 22
nizatidine 47
nora-be 42
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 42
norethindrone (contraceptive) 43
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 43
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 43
norethindrone acetate.....46
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 44
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 44
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 43
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 43
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 43
norlyroc.....43
NORPACE
see *disopyramide phosphate*.....19
NORPRAMIN
see *desipramine hcl* 24
NORTHERA
see *droxidopa*.....22
nortrel 0.5/35 (28) 43
nortrel 1/35 (21) 43
nortrel 1/35 (28) 43
nortrel 7/7/7.....43
nortriptyline hcl.....25
NORVASC
see *amlodipine besylate* 21
NORVIR.....5
see *ritonavir*.....5
NOVOLIN INJ 70/30 40
NOVOLIN INJ 70/30 FP..40
NOVOLIN N.....40
NOVOLIN N FLEXPEN...40
NOVOLIN R.....40
NOVOLIN R FLEXPEN...40
NOVOLOG.....40
NOVOLOG FLEXPEN 40
NOVOLOG MIX INJ 70/30 40
NOVOLOG MIX INJ FLEXPEN.....40
NOVOLOG PENFILL 40
NUBEQA.....10
NUCALA 61
NUEDEXTA CAP 20-10MG 36
NUPLAZID.....28
NURTEC.....35
NUTRILIPID.....57
NUVARING
see *eluryng*.....42
see *enilloring*.....42

see *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* 42
NUVIGIL
see *armodafinil*.....37
nyamyc 63
nylia 1/35 43
nylia 7/7/7 43
nystatin 4
NYSTATIN
see *nystatin (mouth-throat)* 66
nystatin (mouth-throat)....66
nystatin (topical).....63
nystop 64
O
OCREVUS.....36
OCTAGAM 54
octreotide acetate 45
OCUFLOX
see *ofloxacin (ophth)*...58
ODEFSEY TAB.....6
ODOMZO 14
OFEV.....61
see *nintedanib esylate* 61
ofloxacin (ophth) 58
ofloxacin (otic) 59
OGSIVEO 14
OJEMDA.....14
OJJAARA 14
olanzapine 28
olmesartan medoxomil....19
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....18
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....18
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....18
omega-3-acid ethyl esters cap 1 gm 20
omeprazole.....49
OMNIPOD 5 DX KIT INT G7G6 40
OMNIPOD 5 DX MIS POD G7G6 40
OMNIPOD DASH KIT INTRO.....40
OMNIPOD DASH MIS PODS.....40
OMNIPOD5 LIB KIT INTRO 40
OMNIPOD5 LIB MIS PODS 40
ondansetron.....47
ondansetron hcl 47
ONFI
see *clobazam*.....30
ONUREG.....10
OPIPZA 28
OPSUMIT
see *macitentan*.....23
ORFADIN
see *nitisinone* 45
ORGOVYX 10
ORKAMBI GRA 100-125 61
ORKAMBI GRA 150-188 61
ORKAMBI GRA 75-94MG 61
ORKAMBI TAB 100-125 .61
ORKAMBI TAB 200-125 .61
orquidea.....43
ORSERDU.....10
oseltamivir phosphate.....7
OSPOMYV 41
OTEZLA.....52
OTEZLA TAB 10/20.....52
OTEZLA TAB 10/20/30...52
OTEZLA XR.....52
OTEZLA/XR TAB 28 DAY 52
oxcarbazepine 31, 32
oxybutynin chloride.....49
oxycodone hcl.....2
oxycodone w/ acetaminophen tab 10-325 mg 2
oxycodone w/ acetaminophen tab 2.5-325 mg 2
oxycodone w/ acetaminophen tab 5-325 mg 2
oxycodone w/ acetaminophen tab 7.5-325 mg 2
OZEMPIC 39
OZEMPIC (0.25 OR 0.5MG/DOSE).....39
OZEMPIC (1MG/DOSE) .39
OZEMPIC (2MG/DOSE) .39
P
pacerone.....19
paliperidone 28
PAMELOR
see *nortriptyline hcl* 25
pamidronate disodium 41
PAMIDRONATE DISODIUM 41
PANRETIN.....65
pantoprazole sodium 49
PANTOPRAZOLE SODIUM
see *pantoprazole sodium* 49
paricalcitol.....46
PARNATE
see *tranylcypromine sulfate*.....25
paroxetine hcl 25
PAXIL
see *paroxetine hcl*.....25
PAXLOVID PAK.....7
PAXLOVID TAB 150-100..7
PAXLOVID TAB 300-100..7
pazopanib hcl.....14
PEDIARIX INJ 0.5ML.....55
PEDVAXHIB 55
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 48
peg 3350-kcl-sod bicarb-nacl for soln 420 gm....48
PEGASYS.....7
PELLIX 64
see *calcipotriene* 64
PEMAZYRE 14
PENBRAYA INJ.....55
penicillamine.....41
penicillin g potassium.....9
penicillin g sodium 9
penicillin v potassium.....9

PENMENVY INJ 55
PENTACEL INJ 55
PENTAM 300
see *pentamidine isethionate inj*.....3
pentamidine isethionate inh 3
pentamidine isethionate inj 3
pentoxifylline.....51
PEPCID
see *famotidine*.....47
perampanel.....32
PERCOCET
see *endocet tab 10-325mg* 2
see *endocet tab 7.5-325mg* 2
see *oxycodone w/ acetaminophen tab 10-325 mg* 2
see *oxycodone w/ acetaminophen tab 5-325 mg* 2
see *oxycodone w/ acetaminophen tab 7.5-325 mg* 2
PERIDEX
see *chlorhexidine gluconate (mouth-throat)* 66
see *periogard* 66
perindopril erbumine.....17
periogard 66
permethrin 66
PERMETHRIN
see *permethrin* 66
perphenazine.....28
pfizerpen.....9
phenelzine sulfate.....25
PHENERGAN
see *promethazine hcl*..47
phenobarbital.....32
phenobarbital sodium 32
phenytek.....32
phenytoin.....32
phenytoin sodium.....32
phenytoin sodium extended 32
philith 43
PIFELTRO 5
pilocarpine hcl.....59
pilocarpine hcl (oral) 66
pimecrolimus.....65
pimozide 28
pimtrea.....43
pindolol 21
pioglitazone hcl.....39
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....9
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....9
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....9
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm).....9
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....9
PIQRAY 200MG DAILY DOSE.....14
PIQRAY 250MG TAB DOSE.....14
PIQRAY 300MG DAILY DOSE.....14
pirfenidone.....61
PLAQUENIL
see *hydroxychloroquine sulfate*.....53
PLASMA-LYTE A
see *multiple electrolytes ph 5.5* 57
PLAVIX
see *clopidogrel bisulfate* 51
plenamine 57
PLENVU SOL 48
podofilox 66
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....58
pomalidomide 11
POMALYST 11
see *pomalidomide*.....11
portia-28 43
posaconazole.....4
POT CHL 20MEQ/L IN NACL 0.45% INJ 57
POT CHL 20MEQ/L IN NACL 0.9% INJ 57
POT CHL 40MEQ/L IN NACL 0.9% INJ 57
potassium chloride.....57
POTASSIUM CHLORIDE
see *potassium chloride*57
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....57
potassium chloride microencapsulated crystals er.....57
POTASSIUM CHLORIDE/DEXTRO
see *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj*.56
see *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj*.....57
POTASSIUM CHLORIDE/SODIUM
see *kcl 20 meq/l (0.15%) in nacl 0.45% inj* 56
see *kcl 20 meq/l (0.15%) in nacl 0.9% inj* 56
see *kcl 40 meq/l (0.3%) in nacl 0.9% inj* 56
potassium citrate (alkalinizer).....49
PRADAXA
see *dabigatran etexilate mesylate* 50
pramipexole dihydrochloride.....26
prasugrel hcl 51
pravastatin sodium.....20
praziquantel 3
prazosin hcl.....17
PRED FORTE

see *prednisolone acetate (ophth)* 58
prednisolone 44
prednisolone acetate (ophth) 58
prednisolone sodium phosphate 44
prednisone 44
pregabalin 32
PREMASOL SOL 10% ...57
PRENATAL TAB 27-1MG 57
PRENATAL TAB PLUS ..57
PRETOMANID 6
PREVYMIS 7
PREZCOBIX TAB 675/150 6
PREZCOBIX TAB 800-150 6
PREZISTA 5
see *darunavir* 5
PRIFTIN 6
primaquine phosphate 5
PRIMAQUINE PHOSPHATE 5
see *primaquine phosphate* 5
PRIMAXIN IV
see *imipenem-cilastatin intravenous for soln 500 mg* 3
primidone 32
PRIORIX INJ 55
PRISTIQ
see *desvenlafaxine succinate* 24
PRIVIGEN 54
probenecid 1
PROCARDIA XL
see *nifedipine* 21
prochlorperazine 47
prochlorperazine edisylate 47
prochlorperazine maleate 47
PROCRIT 51
proctocort 66
procto-med hc 66
proctosol hc 66
proctozone-hc 66
progesterone 46
PROGLYCEM
see *diazoxide* 44
PROGRAF 55
see *tacrolimus* 55
PROLASTIN-C 61
promethazine hcl 47
PROMETRIUM
see *progesterone* 46
propafenone hcl 19
proparacaine hcl 59
propranolol hcl 21
propylthiouracil 46
PROQUAD INJ 55
PROSCAR
see *finasteride* 49
PROSOL INJ 20% 57
PROTONIX
see *pantoprazole sodium* 49
protriptyline hcl 25
PROVERA
see *medroxyprogesterone acetate* 46
PROVIGIL
see *modafinil* 37
PULMICORT
see *budesonide (inhalation)* 62
PULMOZYME 61
PURIXAN
see *mercaptopurine* 9
PYLERA
see *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* 48
pyrazinamide 6
pyridostigmine bromide ...36
pyrimethamine 3
PYZCHIVA 52
Q
QINLOCK 14
QUADRACEL INJ 0.5ML 55
QUESTRAN
see *cholestyramine* 20
QUESTRAN LIGHT
see *cholestyramine light* 20
quetiapine fumarate ..28, 29
quinapril hcl 17
quinidine sulfate 19
quinine sulfate 5
QULIPTA 35
R
RABAVERT INJ 55
RALDESY 25
raloxifene hcl 45
ramelteon 35
ramipril 17
ranolazine 22
rasagiline mesylate 26
RECLAST
see *zoledronic acid* 41
reclipsen 43
RECOMBIVAX HB 55
RECTIV
see *nitroglycerin (intra-anal)* 65
REDEMPLO 20
REGLAN
see *metoclopramide hcl* 47
RELENZA DISKHALER 7
relgaabi 32
REMERON
see *mirtazapine* 25
REMERON SOLTAB
see *mirtazapine* 25
RENVELA
see *sevelamer carbonate* 46
repaglinide 39
REPATHA 20
REPATHA SURECLICK .20
RESTASIS 59
RESTASIS MULTIDOSE 59
RESTORIL
see *temazepam* 35
RETEVMO 14, 15
RETIN-A
see *tretinoin* 63
RETROVIR

see *zidovudine* 6
REVATIO
see *sildenafil citrate (pulmonary hypertension)* 23
REVCOVI 45
REVLIMID
see *lenalidomide* 10
REVUFORJ 15
REXULTI 29
REYATAZ 5
see *atazanavir sulfate* ...5
REZDIFFRA 45
REZLIDHIA 15
REZUROCK 55
RHOPRESSA 59
ribavirin (hepatitis c) 7
rifabutin 6
RIFADIN
see *rifampin* 6
rifampin 6
rilpivirine hcl 5
riluzole 36
rimantadine hydrochloride 7
RINVOQ 52
RINVOQ LQ 52
RISPERDAL
see *risperidone* 29
RISPERDAL CONSTA
see *risperidone microspheres* 29
risperidone 29
risperidone microspheres 29
RITALIN
see *methylphenidate hcl* 35
ritonavir 5
rivaroxaban 50
rivastigmine 24
rivastigmine tartrate 24
rizatriptan benzoate 35
ROCKLATAN DRO 59
roflumilast 61
ROMVIMZA 15
ropinirole hydrochloride ..26
rosuvastatin calcium 20
ROTARIX SUS 55
ROTATEQ SOL 55
ROWASA
see *mesalamine w/ cleanser* 48
roweepra 32
ROXICODONE
see *oxycodone hcl* 2
ROZEREM
see *ramelteon* 35
ROZLYTREK 15
RUBRACA 15
rufinamide 32
RUKOBIA 5
RYDAPT 15
S
SABRIL
see *vigabatrin* 33
see *vigadrone* 33
sacubitril-valsartan tab 24-26 mg 18
sacubitril-valsartan tab 49-51 mg 18
sacubitril-valsartan tab 97-103 mg 18
sajazir 51
SALAGEN
see *pilocarpine hcl (oral)* 66
SANDIMMUNE
see *cyclosporine* 54
SANDOSTATIN
see *octreotide acetate* .45
SANTYL 66
SAPHRIS
see *asenapine maleate* 27
sapropterin dihydrochloride 45
SCEMBLIX 15
scopolamine 47
SECUADO 29
selegiline hcl 26
selenium sulfide 64
SELZENTRY 5
see *maraviroc* 5
SENSIPAR
see *cinacalcet hcl* 45
SEREVENT DISKUS 60
SEROQUEL
see *quetiapine fumarate* 28, 29
SEROQUEL XR
see *quetiapine fumarate* 29
sertraline hcl 25
setlakin 43
sevelamer carbonate 46
sharobel 43
SHINGRIX 55
SIGNIFOR 45
SIKLOS 51
sildenafil citrate (pulmonary hypertension) 23
SILENOR
see *doxepin hcl (sleep)* 35
SILVADENE
see *silver sulfadiazine* .63
see *ssd* 63
silver sulfadiazine 63
SIMBRINZA SUS 1-0.2% 59
simliya 43
simvastatin 20
SINEMET
see *carbidopa & levodopa tab 10-100 mg* 26
see *carbidopa & levodopa tab 25-100 mg* 26
SINGULAIR
see *montelukast sodium* 60
sirolimus 55
SIRTURO 6
sitagliptin phosphate 39
sitagliptin phosphate-metformin hcl tab 50-1000 mg 39
sitagliptin phosphate-metformin hcl tab 50-500 mg 39
SKYRIZI 52, 53
SKYRIZI PEN 53
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 48

sodium chloride.....57
sodium chloride (gu irrigant).....66
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln ..57
sodium oxybate.....37
sodium phenylbutyrate....45
sodium polystyrene sulfonate 41
sodium polystyrene sulfonate powder.....41
solifenacin succinate.....49
SOLIQUA INJ 100/33 40
SOLTAMOX.....10
SOLU-CORTEF.....44
see *hydrocortisone sod succinate* 44
SOLU-MEDROL
see *methylprednisolone sod succ* 44
SOMATULINE DEPOT ...45
SOMAVERT 45
sorafenib tosylate.....15
sotalol hcl.....19
sotalol hcl (afib/afl).....19
SPIRIVA RESPIMAT 60
spironolactone 17
spironolactone & hydrochlorothiazide tab 25-25 mg.....22
SPORANOX
see *itraconazole*.....4
sprintec 28.....43
SPRYCEL
see *dasatinib*.....12
sps.....41
sps rectal.....41
ssd.....63
STELARA 53
STIVARGA 15
streptomycin sulfate.....3
STRIBILD TAB.....6
STROMECTOL
see *ivermectin*.....3
SUBOXONE
see *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)*....37
see *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)*.37
see *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)*.....37
see *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)*.....37
subvenite 33
SUBVENITE 32
sucralfate 49
sulfacetamide sodium (acne).....63
sulfacetamide sodium (ophth).....58
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 58
sulfadiazine.....3
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 3
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 4
sulfamethoxazole-trimethoprim tab 400-80 mg 4
sulfamethoxazole-trimethoprim tab 800-160 mg 4
sulfasalazine.....48
sulindac 1
sumatriptan.....35
sumatriptan succinate....35, 36
sunitinib malate.....15
SUNLENCA 5
SUPREP BOWEL PREP KIT
see *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml*...48
SUTENT
see *sunitinib malate* 15
syeda.....43
SYMBICORT
see *breyna* 62
see *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act*.....62
see *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act*.....62
SYMFI
see *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* ..6
SYMPAZAN.....33
SYMTUZA TAB.....6
SYNALAR
see *fluocinolone acetonide*.....64
SYNAREL.....45
SYNTHROID.....46
see *levothyroxine sodium* 46
see *levoxyl* 46
see *unithroid*.....46
SYPRINE
see *trientine hcl*.....41

T

TABLOID 10
TABRECTA.....15
tacrolimus 55
tacrolimus (topical).....66
tadalafil 49
tadalafil (pulmonary hypertension) 23
TAFINLAR 15
TAGRISSO 15
TALICIA CAP.....49
TALZENNA.....15
TAMIFLU
see *oseltamivir phosphate*.....7
tamoxifen citrate 10
tamsulosin hcl.....49
TARGRETIN
see *bexarotene* 11
see *bexarotene (topical)* 65
tarina fe 1/20 eq.....43

TARPEYO 49
TASIGNA
see *nilotinib hcl*.....14
tasimelteon 35
TAVNEOS 51
tazarotene.....64
tazicef 8
TAZORAC
see *tazarotene* 64
TEFLARO
see *ceftaroline fosamil* ..7
TEGRETOL
see *carbamazepine*.....30
TEGRETOL-XR
see *carbamazepine*.....30
TEKTURNA
see *aliskiren fumarate* .22
telmisartan 19
temazepam.....35
TENIVAC INJ 5-2LF 55
tenofovir disoproxil fumarate.....5
TENORMIN
see *atenolol*.....20
TEPMETKO.....15
terazosin hcl 17
terbinafine hcl 4
terbutaline sulfate 60
terconazole vaginal.....50
testosterone.....38
testosterone cypionate....38
testosterone enanthate...38
testosterone pump.....38
tetrabenazine.....36
tetracycline hcl.....9
THALOMID 11
theophylline 61
thioridazine hcl.....29
thiothixene 29
tiadylt er.....21
tiagabine hcl 33
TIAZAC
see *diltiazem hcl extended release beads*.....21
see *tiadylt er*.....21
TIBSOVO.....15
ticagrelor.....51
TICOVAC.....55
tigecycline.....9
TIKOSYN
see *dofetilide*.....19
tilia fe 43
timolol maleate.....21
timolol maleate (ophth) ...59
tinidazole 4
TIVICAY.....5
TIVICAY PD.....5
tizanidine hcl.....37
TOBI PODHALER.....4
TOBRADEX OIN 0.3-0.1% 58
tobramycin 4
tobramycin (ophth).....58
tobramycin sulfate.....4
tobramycin-dexamethasone ophth susp 0.3-0.1% ...58
tofacitinib citrate.....53
tolterodine tartrate.....50
tolvaptan 46
tolvaptan tab therapy pack 30 & 15 mg.....46
tolvaptan tab therapy pack 45 & 15 mg.....46
tolvaptan tab therapy pack 60 & 30 mg.....46
tolvaptan tab therapy pack 90 & 30 mg.....46
TOPAMAX
see *topiramate* 33
TOPAMAX SPRINKLE
see *topiramate* 33
topiramate.....33
TOPROL XL
see *metoprolol succinate* 20
toremifene citrate.....10
torpenz.....15
torsemide.....22
TOUJEO MAX SOLOSTAR 40
TOUJEO SOLOSTAR.....41
TPN ELECTROL INJ 57
TRACLEER
see *bosentan*.....23
TRADJENTA.....39
tramadol hcl 2
trandolapril.....17
tranexamic acid.....51
TRANSDERM SCOP
see *scopolamine* 47
tranylcypromine sulfate...25
TRAVASOL INJ 10% 57
trazodone hcl 25
TRELEGY AER ELLIPTA 100-62.5-25 MCG 59
TRELEGY AER ELLIPTA 200-62.5-25 MCG 59
TREMFYA.....53
TREMFYA INDUCTION PACK FO 53
TREMFYA PEN 53
tretinoin.....63
tretinoin (chemotherapy) .11
triamcinolone acetonide (mouth).....66
triamcinolone acetonide (topical) 65
triamterene & hydrochlorothiazide cap 37.5-25 mg.....22
triamterene & hydrochlorothiazide tab 37.5-25 mg.....22
triamterene & hydrochlorothiazide tab 75-50 mg.....22
TRICOR
see *fenofibrate* 19
tridacaine iii.....65
triderm 65
trientine hcl 41
tri-estarylla 43
trifluoperazine hcl.....29
trifluridine 58
trihexyphenidyl hcl 26
TRIJARDY XR TAB ER 24HR 10-5-1000MG....39
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 39
TRIJARDY XR TAB ER 24HR 25-5-1000MG....39

TRIJARDY XR TAB ER 24HR 5-2.5-1000MG ...39
TRIKAFTA PAK 59.5MG 61
TRIKAFTA PAK 75MG ...61
TRIKAFTA TAB 100-50-75MG & 150MG 61
TRIKAFTA TAB 50-25-37.5MG & 75MG 61
tri-legest fe 43
TRILEPTAL
see *oxcarbazepine* 31, 32
tri-linyah 43
tri-lo-estarylla 43
tri-lo-marzia 43
tri-lo-mili 43
tri-lo-sprintec 43
trimethoprim 4
tri-mili 43
trimipramine maleate 25
TRINTELLIX 26
tri-sprintec 43
TRIUMEQ PD TAB 6
TRIUMEQ TAB 6
tri-vylibra 43
tri-vylibra lo 43
TROPHAMINE INJ 10% .57
trospium chloride 50
TRULICITY 39
TRUMENBA 55
TRUQAP 15
TRUVADA
see *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* 6
see *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* 6
see *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* 6
see *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* 6
TUKYSA 15
TURALIO 15
turqoz 43
TWINRIX INJ 55
TYENNE 53
TYGACIL
see *tigecycline* 9
TYKERB
see *lapatinib ditosylate* 13
TYMLOS 41
TYPHIM VI 55
U
UBRELVY 36
UCERIS
see *budesonide* 48
UNASYN
see *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* 9
see *ampicillin & sulbactam sodium for inj 3 (2-1) gm* 9
UNASYN BULK PACK
see *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* ...9
unithroid 46
UPTRAVI 23
UPTRAVI PACK TAB 200/800 23
UROCIT-K 10
see *potassium citrate (alkalinizer)* 49
UROCIT-K 15
see *potassium citrate (alkalinizer)* 49
UROXATRAL
see *alfuzosin hcl* 49
URSO FORTE
see *ursodiol* 49
ursodiol 49
USTEKINUMAB 53
V
VAGIFEM
see *estradiol vaginal* ...44
see *yuvafem* 44
valacyclovir hcl 7
VALCHLOR 66
VALCYTE
see *valganciclovir hcl* 7
valganciclovir hcl 7
VALIUM
see *diazepam* 30
valproate sodium 33
valproic acid 33
valsartan 19
valsartan-hydrochlorothiazide tab 160-12.5 mg 18
valsartan-hydrochlorothiazide tab 160-25 mg 18
valsartan-hydrochlorothiazide tab 320-12.5 mg 18
valsartan-hydrochlorothiazide tab 320-25 mg 19
valsartan-hydrochlorothiazide tab 80-12.5 mg 18
VALTOCO 10 MG DOSE 33
VALTOCO 15 MG DOSE 33
VALTOCO 20 MG DOSE 33
VALTOCO 5 MG DOSE ..33
VALTREX
see *valacyclovir hcl* 7
valtya 1/35 43
valtya 1/50 43
VANCOCIN
see *vancomycin hcl* 4
vancomycin hcl 4
VANCOMYCIN HYDROCHLORIDE
see *vancomycin hcl* 4
VANCOMYCIN INJ 1 GM .4
VANCOMYCIN INJ 500MG 4
VANCOMYCIN INJ 750MG 4
VANFLYTA 15
VANOS
see *fluocinonide* 64
VAQTA 55
varenicline tartrate 37

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 37
VARIVAX 55
VASCEPA....20
VASERETIC
see *enalapril maleate & hydrochlorothiazide tab 10-25 mg* 17
VASOTEC
see *enalapril maleate* ..17
VAXCHORA SUS 55
velivet 43
VELSIPITY 53
VENCLEXTA 15, 16
VENCLEXTA TAB START PK 16
venlafaxine hcl....26
VENTOLIN HFA
see *albuterol sulfate* 60
VEPPANU 10
verapamil hcl 21
VERQUVO....22
VERSACLOZ....29
VERZENIO 16
VESICARE
see *solifenacin succinate* 49
vestura....43
VFEND
see *voriconazole* 4
VFEND IV
see *voriconazole* 4
vienva 43
vigabatrin 33
vigadrone....33
VIGAFYDE 33
VIGAMOX
see *moxifloxacin hcl (ophth)* 58
VIIBRYD
see *vilazodone hcl*....26
vilazodone hcl....26
VIMKUNYA....55
VIMPAT
see *lacosamide* 31
see *lacosamide oral* 31
viorele 43
VIRACEPT....6
VIREAD 6
see *tenofovir disoproxil fumarate* 5
VITRAKVI 16
VIVELLE-DOT
see *dotti* 43
see *estradiol*....43
VIVITROL 37
VIVOTIF CAP EC 56
VONJO 16
VOQUEZNA PAK DUAL PAK....49
VOQUEZNA PAK TRIP PK 49
VORANIGO 16
voriconazole....4, 5
VOSEVI TAB 7
VOTRIENT
see *pazopanib hcl* 14
VOWST CAP 49
VRAYLAR....29
vyfemla 43
vylibra 43
VYNDAMAX....22
VYVGART 54
VYZULTA 59
W
warfarin sodium 50
water for irrigation, sterile irrigation soln....66
WEGOVY 46
WELIREG 11
WELLBUTRIN SR
see *bupropion hcl*....24
WELLBUTRIN XL
see *bupropion hcl*....24
wera....43
WESTAB PLUS TAB 27-1MG 57
WINREVAIR 23
WINREVAIR INJ 45MG ..23
WINREVAIR INJ 60MG ..23
wixela inhub....63
WYOST 41
X
XALATAN
see *latanoprost*....58
XALKORI 16
XANAX
see *alprazolam*....23
xarah fe....43
XARELTO 50
see *rivaroxaban*....50
XARELTO STAR TAB 15/20MG 50
XATMEP 54
XCOPRI 33
XCOPRI PAK 100-150....33
XCOPRI PAK 12.5-25....33
XCOPRI PAK 150-200MG (MAINTENANCE)....33
XCOPRI PAK 150-200MG (TITRATION)....33
XCOPRI PAK 50-100MG 33
XDEMVY....58
XELJANZ
see *tofacitinib citrate* ...53
XELJANZ XR
see *tofacitinib citrate* ...53
XENAZINE
see *tetrabenazine*....36
XERMELO 49
XHANCE....62
XIFAXAN 4, 49
XIGDUO XR
see *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* .38
see *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* ...38
see *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* ...38
see *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* 38
XIIDRA....59
XOLAIR 61, 62
XOSPATA....16
XPOVIO PAK (100 MG ONCE WEEKLY)....16
XPOVIO PAK (40 MG ONCE WEEKLY)....16

XPOVIO PAK (40 MG TWICE WEEKLY) 16
XPOVIO PAK (60 MG ONCE WEEKLY).....16
XPOVIO PAK (60 MG TWICE WEEKLY) 16
XPOVIO PAK (80 MG ONCE WEEKLY).....16
XPOVIO PAK (80 MG TWICE WEEKLY) 16
XTANDI 10
XTRENBO 41
xulane 43
XULTOPHY INJ 100/3.6 .41
XYLOCAINE
see *lidocaine hcl (local anesth.)* 1
XYLOCAINE-MPF
see *lidocaine hcl (local anesth.)* 1
XYREM
see *sodium oxybate* 37
Y
YASMIN 28
see *drospirenone-ethinyl estradiol tab 3-0.03 mg* 42
see *syeda*.....43
see *zumandimine*.....43
YAZ
see *drospirenone-ethinyl estradiol tab 3-0.02 mg* 42
see *jasmiel*.....42
see *loryna* 42
see *nikki*.....42
see *vestura* 43
YESINTEK.....53
YF-VAX INJ 56
YONSA.....10
yulithira 16
YUTREPIA.....23
yuvafem.....44
Z
zafemy.....43
zafirlukast 60
ZANAFLEX
see *tizanidine hcl*.....37
ZARONTIN
see *ethosuximide* ..30, 31
ZARXIO 51
ZEJULA 16
ZELBORAF.....16
zelvysia.....46
ZEMPLAR
see *paricalcitol* 46
zenatane.....63
ZENPEP CAP 10000UNT 49
ZENPEP CAP 15000UNT 49
ZENPEP CAP 20000UNT 49
ZENPEP CAP 25000UNT 49
ZENPEP CAP 3000UNIT49
ZENPEP CAP 40000UNT 49
ZENPEP CAP 5000UNIT49
ZENPEP CAP 60000UNT 49
ZERVIATE 58
ZESTORETIC
see *lisinopril & hydrochlorothiazide tab 10-12.5 mg* 17
see *lisinopril & hydrochlorothiazide tab 20-12.5 mg* 17
see *lisinopril & hydrochlorothiazide tab 20-25 mg* 17
ZESTRIL
see *lisinopril* 17
ZETIA
see *ezetimibe*.....20
ZIAGEN
see *abacavir sulfate* 5
zidovudine 6
ziprasidone hcl.....29
ziprasidone mesylate.....29
ZIRGAN 58
ZITHROMAX
see *azithromycin* 8
ZOCOR
see *simvastatin* 20
zoledronic acid.....41
ZOLINZA.....16
ZOLOFT
see *sertraline hcl*.....25
zolpidem tartrate.....35
ZONEGRAN
see *zonisamide* 33
ZONISADE 33
zonisamide.....33
ZORTRESS
see *everolimus (immunosuppressant)* 54
zovia 1/35 43
ZTALMY 33
zumandimine 43
ZURZUVAE 26
ZYKADIA 16
ZYLET
see *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%*58
ZYMFENTRA 2-PEN 53
ZYMFENTRA 2-SYRINGE 53
ZYPREXA
see *olanzapine*.....28
ZYPREXA RELPREVV ...29
ZYPREXA ZYDIS
see *olanzapine*.....28
ZYTIGA
see *abiraterone acetate* 10
see *abirtega* 10
ZYVOX
see *linezolid* 3

MASSACHUSETTS
P.O. Box 30011, Pittsburgh, PA 15222-0330

This formulary was updated on 08/28/2026. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

You can get prescription drugs shipped to your home through our network mail order delivery program which is called CVS Caremark Mail Service Pharmacy.

You also have the option to enroll your prescriptions in an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. And, when your prescription is going to expire or is out of refills, we'll contact your doctor for a new one. We'll contact you by phone, text message or email (your choice) before we mail your medication. Enrollment in an automatic refill program may not transfer between plans. You may be required to re-enroll your prescriptions in the new plan's automatic refill program.

For new prescriptions, we'll let you know before we send the first fill of your medication. There may be times when Medicare requires us to get your approval before sending your prescription to you. On every order, you'll have time to make changes or cancel and you won't be charged until it ships. You can start or stop automatic refills at any time.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-888-543-4917. TTY/TDD users should call 711.

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

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

® Registered Marks of the Blue Cross and Blue Shield Association. SM Service Mark of Anthem Blue Cross Blue Shield. © 2026 Blue Cross and Blue Shield of Massachusetts, Inc.

Left Blank Intentionally

MASSACHUSETTS

Employer/Broker Only: Receipt date

Blue MedicareRx (PDP) Medicare Prescription Drug Plan

2027 ENROLLMENT FORM

Return completed applications to your employer.
Please refer to the Blue MedicareRx (PDP) Evidence of Coverage for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Please contact Blue MedicareRx (PDP) if you need information in another format or if you'd like information in any languages other than English.

Step 1: Please provide information about you. (Please print clearly.)

Group name: Group number: Requested effective date:

First name: Last name: Middle initial (optional):

Birth date: (MM/DD/YYYY) (__ __/__ __/__ __ __ __) Sex: ❑ Male ❑ Female Home phone number:

Permanent residence street address (Don't enter a P.O. Box):

City: State: ZIP code: County (optional):

Mailing address (only if different from your permanent residence address):

Street/P.O. Box: City: State: ZIP code:

Retirement date: (MM/DD/YYYY) (__ __/__ __/__ __ __ __)

Step 2: Your Medicare information

Medicare number: ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Step 3: Signature
Please read the front and back of this application before providing signatures.

I understand that my signature below (or the signature of the person authorized to act on my behalf under the laws of the State where I reside) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Blue MedicareRx (PDP) or by Medicare.

Signature: Today's date: __ __ / __ __ / __ __ __ __

If you're the authorized representative, you must sign above and provide the following information:

Name:

Phone number: Relationship to enrollee:

Street/P.O. Box: City: State: ZIP code:

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

Step 4: Please answer these important questions. All fields in this section are optional.

Do you work? ❑ Yes ❑ No Does your spouse work? ❑ Yes ❑ No

Will you have other prescription drug coverage (like VA, TRICARE®´) in addition to Blue MedicareRx? Yes ❑ No ❑

Name of other coverage:

Group number for this coverage: Member number for this coverage:

Step 5: Please read this important information.

You may only enroll in this plan if you're a retiree or the spouse/dependent of a retiree who qualifies for this Blue MedicareRx (PDP) plan based upon prior employment with the employer or union offering this plan. This plan isn't available to individuals who work enough hours to qualify to enroll in the employer health plans offered to active employees by the employer or union offering this plan.

If you're a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage as part of your Medicare Advantage plan. By joining Blue MedicareRx (PDP), your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug coverage. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage plan.

If you currently have health coverage from another employer or union, joining Blue MedicareRx (PDP) could affect your employer or union health benefits. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

Step 6: Application agreement important: Read this information before signing.

- I must keep Hospital (Part A) or Medical (Part B) to stay in Blue MedicareRx (PDP).
- By joining this Medicare Prescription Drug Plan, I acknowledge that Blue MedicareRx (PDP) will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another Part D plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Privacy Act Statement:

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1860D-1 of the Social Security Act and 42 CFR §§ 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (*f*)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Don't send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It won't be kept, reviewed, or forwarded to the plan. See the first page of this document to submit your completed form.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx(PDP) plans. The joint enterprise is a Medicare-approved Part D sponsor.

Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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

Independent Licensees of the Blue Cross and Blue Shield Association.
® Registered Marks of the Blue Cross and Blue Shield Association. ®´, SM, TM Registered Marks and Trademarks are property of their respective owners. © 2026 All Rights Reserved.

Left Blank Intentionally

MASSACHUSETTS

Blue MedicareRx (PDP)

CHANGES TO YOUR BLUE MEDICARERx FORMULARY (DRUG LIST)

Your prescription drug coverage will change on January 1, 2027. Please review the following list to see if any of the medications you take are impacted.

COMPARISON OF 2026 TO 2027 SELECT FORMULARY

Down tier changes

Medication name	2026	2027
ALBUTEROL SULFATE HFA INH	Tier 3	Tier 2
DOXYCYCLINE HYCLATE TAB/CAP	Tier 3	Tier 2
ONDANSETRON TAB	Tier 3	Tier 2
MIRTAZAPINE TAB	Tier 3	Tier 2
METHOTREXATE TAB	Tier 3	Tier 2
HYDROXYCHLOROQUINE SULFATE TAB	Tier 3	Tier 2
DEXAMETHASONE TAB	Tier 3	Tier 2
MOMETASONE FUROATE TOPICAL	Tier 3	Tier 2

Prior authorization now required

TRIMIPRAMINE CAP

Up tier changes

Medication name	2026	2027
FLUOCINONIDE TOPICAL 0.05%	Tier 3	Tier 4
DABIGATRAN ETEXILATE CAP	Tier 3	Tier 4
COLESTIPOL HCL TAB 1 GM	Tier 3	Tier 4
CHOLESTYRAMINE POWDER 4GM	Tier 3	Tier 4
TICAGRELOR TAB	Tier 3	Tier 4
BALSALAZIDE DISODIUM CAP 750MG	Tier 3	Tier 4
FLUOCINOLONE TOPICAL OIL 0.01%	Tier 3	Tier 4
CHOLESTYRAMINE LIGHT POWDER 4GM	Tier 3	Tier 4

Medications now covered

FLUTICASONE FUROATE/VILANTEROL INHALER
OTEZLA
BRIMONIDINE TARTRATE/TIMOLOL MALEATE OPTH SOLUTION
NUCALA
CALCIPOTRIENE CREAM 0.005%
ENTYVIO PEN/INJ
ENVARSUS XR
LEQEMBI IQLK INJ

Independent Licensee of the Blue Cross and Blue Shield Association.

(Continued)

If you have questions about your Blue MedicareRx plan or changes to the formulary, please call Customer Care at the number on the back of your ID card, 24 hours a day, 7 days a week.

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont. Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal. This information is not a complete description of benefits. Call Customer Care for more information. For residents of Connecticut: **1-888-620-1747**; Massachusetts: **1-888-543-4917**; Rhode Island: **1-888-620-1748**; Vermont: **1-888-620-1746**. TTY users call: **711**.

ATENCIÓN: Si hablas un idioma distinto al inglés, Blue Cross Blue Shield of Massachusetts ofrece servicios de asistencia lingüística y ayudas auxiliares apropiadas de forma gratuita. Llama al **1-800-200-4255** (TTY: **711**).

ATENÇÃO: Se você fala um idioma diferente do inglês, a Blue Cross Blue Shield of Massachusetts tem serviços de assistência linguística e auxílios e serviços auxiliares apropriados disponíveis gratuitamente. Ligue para **1-800-200-4255** (TTY: **711**).

® Independent Licensees of Blue Cross and Blue Shield Association. Registered Marks of the Blue Cross and Blue Shield Association. © 2026 All Rights Reserved.

005148400 55-001654350-27 (9/26)

Left Blank Intentionally

MASSACHUSETTS

FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

$150



Qualified for Reimbursement:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- Online fitness memberships, subscriptions, programs, or classes
- Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines

Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness clothing

Get Started

To submit your reimbursement, sign in to MyBlue at **bluecrossma.org**.

Your reimbursement is waiting!

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

MASSACHUSETTS

FITNESS REIMBURSEMENT REQUEST

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at **bluecrossma.org** or call the Member Service number on your ID card.
All fitness reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	**Subscriber's Last Name**	**First Name**	**Middle Initial**
Address – Number and Street	**City**	**State**	**ZIP Code**
Employer's Name			

Claim Information

Member's Last Name	**First Name**	**Middle Initial**	**Date of Birth** ___/___/____

Claim is for (choose one and color in the entire box):

- ☐ Subscriber (policyholder)
- ☐ Spouse (of policyholder)
- ☐ Ex-Spouse
- ☐ Dependent (up to age 26)
- ☐ Other (specify): _____

Name, Address, and Phone Number of Qualified Fitness Expense

Total Dollars requested for Qualified Fitness Expense: $ _____

Calendar year that fees were paid: _____

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so you should consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)
I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: **Date:** ___/___/____

Complete this form and mail it to:
Blue Cross Blue Shield of Massachusetts,
Local Claims Department,
PO Box 986030, Boston, MA 02298

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarj ta de identificación (TTY: **711**).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks of the Blue Cross and Blue Shield Association.
℠ Registered Marks and TM Trademarks are the property of their respective owners. © 2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

000891752 (2/22)

Left Blank Intentionally

MASSACHUSETTS

LOSE WEIGHT, GAIN SAVINGS



Stay motivated and get up to $150 annually for participating in a qualified weight-loss program.[1]

Qualifies for weight-loss reimbursement

- Hospital-based programs and Weight Watchers® in person
- Weight Watchers online and other non-hospital programs (in person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists

Doesn't qualify for weight-loss reimbursement

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests, or other services that are covered benefits under your medical plan

GET REIMBURSED IN THREE EASY STEPS

1

Choose
Start by picking a qualified weight-loss program.

2

Complete
Once you pay for the program, complete the attached form.

3

Mail
Send the completed form to the address listed.

You can also sign in to MyBlue to submit the form at **member.bluecrossma.com/login**.

Be sure to check with your primary care provider before starting any weight-loss program.

Questions?

Call Team Blue Member Service at the number on your ID card.

1. To verify this reimbursement is offered for your plan, or for more information, sign in to MyBlue at **bluecrossma.com/myblue** or call the Team Blue Member Service at the number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.

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

MASSACHUSETTS

WEIGHT-LOSS REIMBURSEMENT REQUEST

Please print clearly.

To verify this reimbursement is offered within your plan, or for more information, sign in to MyBlue at **bluecrossma.org** or call Team Blue Member Service at the number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

Subscriber information (policyholder)

Identification number on subscriber ID card (including first 3 characters)	**Subscriber's last name**	**First name**	**Middle initial**

Address – number and street	**City**	**State**	**ZIP code**

Employer's name

Claim information

Member's last name	**First name**	**Middle initial**	**Date of birth** (MM/DD/YY)

Claim is for (choose one and color in the entire box):

☐ **Subscriber (policyholder)** ☐ **Ex-spouse** ☐ **Other (specify)**_____

☐ **Spouse (of policyholder)** ☐ **Dependent (up to age 26)**

Name, address, and phone number of qualified weight-loss program:

Total dollars requested: $ _____

Monthly program participation fee: $ _____

Year fees paid:

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within thirty calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

Certification and authorization (this form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

Subscriber signature:	**Date** (MM/DD/YY)

Complete this form and mail it to:
Blue Cross Blue Shield of Massachusetts Local Claims Department
P.O. Box 986030
Boston, MA 02298

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.
® Registered Marks of the Blue Cross and Blue Shield Associataion. © 2024 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

002786950 (4/24)

Left Blank Intentionally



What if there was a way for you to save money on what you and your family need most?

Say hello to Blue365! It's available to you as a Blue Cross Blue Shield member and free to register. Access year-round discounts on affordable solutions to support your health. And unlike some other discount programs, there's no need to earn rewards or points in order to take advantage of these exclusive deals—*you can start saving immediately!*

Enjoy one-of-a-kind discounts on:

- **Fitness Gear & Apparel**
- **Gym Memberships**
- **Hearing Aids**
- **Nutrition**
- **Vision Care**
- **...And much more!**

Sign up for free today by visiting Blue365deals.com or scan the code:

MASSACHUSETTS

Blue365®

© 2025 Blue Cross and Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that Members may purchase from independent vendors, which are not covered benefits under your policies with Blue Cross and Blue Shield of Texas, its contracts with Medicare, or any other applicable federal health care program. These products and services will be offered to you through the entire benefit year. During the year, the independent vendors may offer additional discounts on these products and services. To find out what is covered under your policies, contact Blue Cross and Blue Shield of Massachusetts. The products and services described on the Site are neither offered nor guaranteed under your Blue Cross and Blue Shield of Massachusetts's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Cross and Blue Shield of Massachusetts's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

25-002-N19

Left Blank Intentionally

A Guide to Your Summary of Health Plan Payments[1]

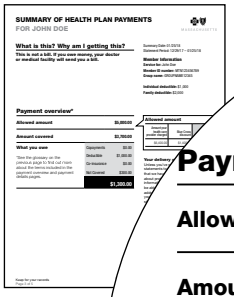
The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

How the Payment Process Works

When you visit a health care provider, you pay a copayment.[2]

The provider submits a bill for services to Blue Cross. This is called a claim.

You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



This is not a bill.

Payment overview*

Allowed amount	**$5,000.00**
Amount covered	**$3,700.00**
Amount you owe	
Copayments	$0.00
Deductible	$1,000.00
Co-insurance	$0.00
Not Covered	$300.00
	$1,300.00

Amount covered by Blue Cross

*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Amount you owe (if any)

Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider[2] or fill a prescription. Look for your copay amount on your member ID card.

Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Tip: See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.

The provider sends you a bill. (if you owe money)

You pay your provider.

Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

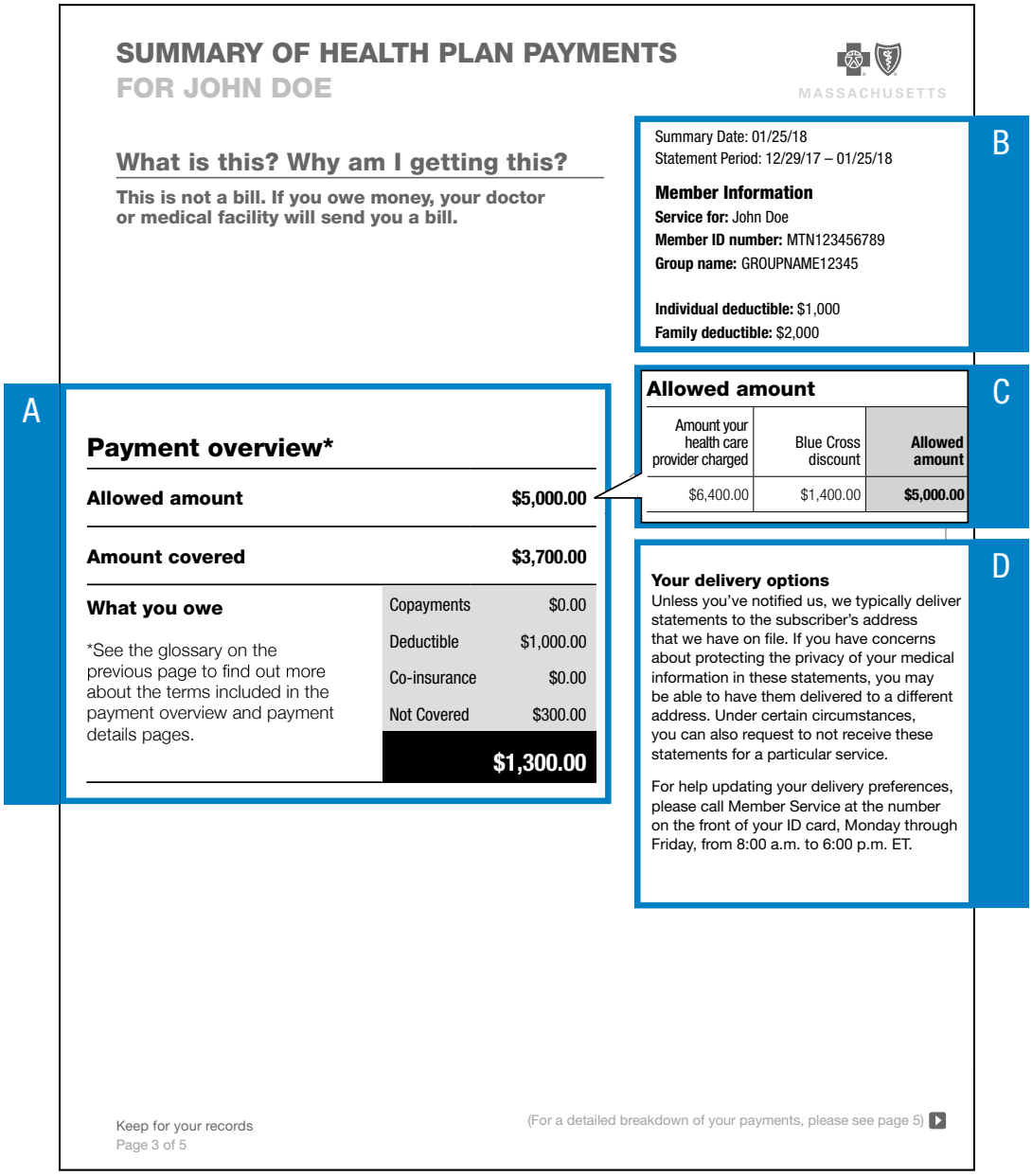
1. Medex members receive statements called Explanation of Benefits.
2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.

MASSACHUSETTS

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

Your Summary of Health Plan Payments

Payment Overview Page



A The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).

B Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.

C This section shows how the allowed amount was calculated.

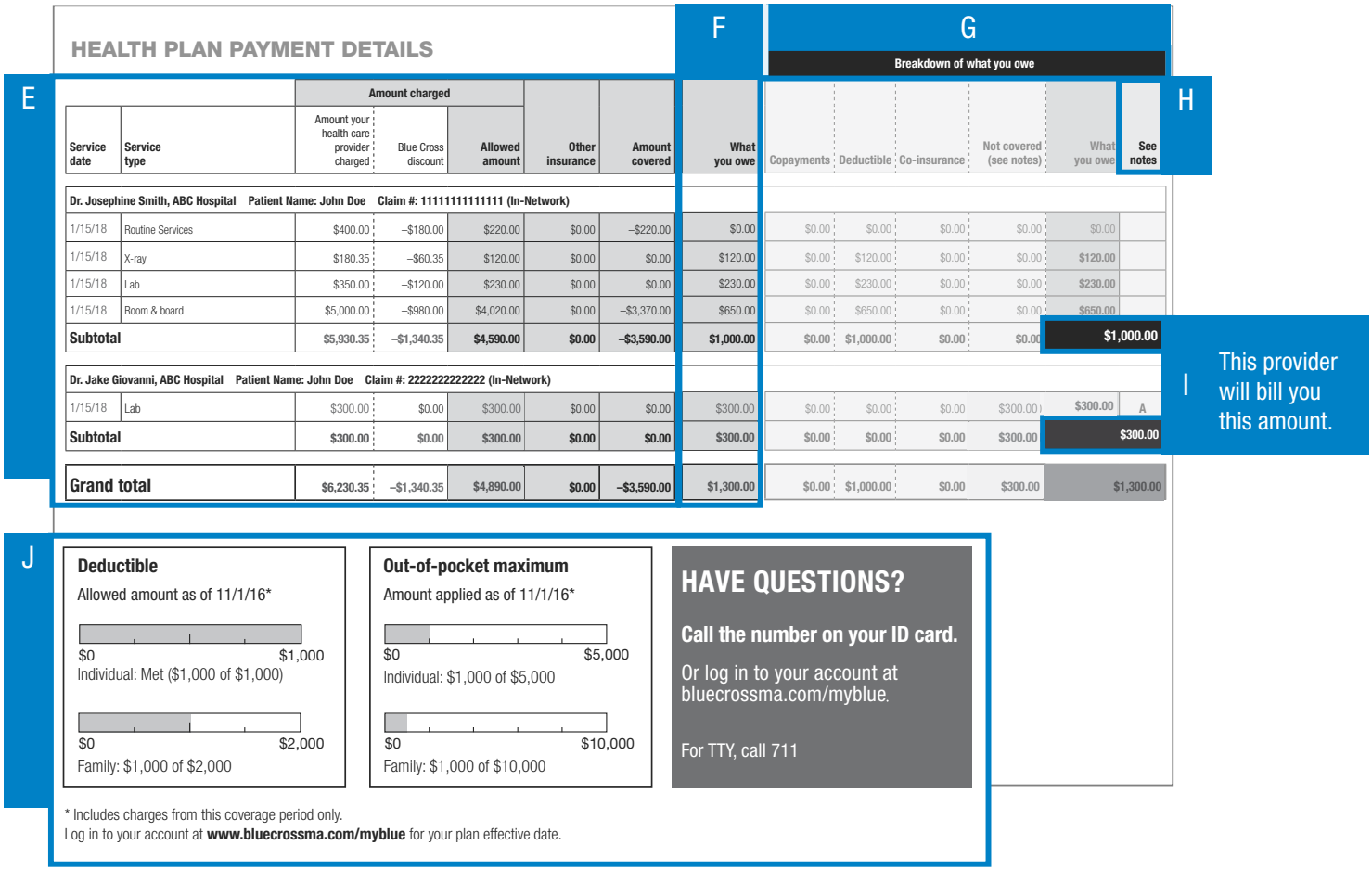
D Your delivery options describes how these statements are delivered and how you can update your preferences.

MASSACHUSETTS

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

Your Summary of Health Plan Payments

Payment Details Page



HEALTH PLAN PAYMENT DETAILS

F

G

Breakdown of what you owe

E

H

Service date	Service type	Amount charged: Amount your health care provider charged	Amount charged: Blue Cross discount	Amount charged: Allowed amount	Other insurance	Amount covered	What you owe	Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	See notes
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111 (In-Network)													
1/15/18	Routine Services	$400.00	–$180.00	$220.00	$0.00	–$220.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
1/15/18	X-ray	$180.35	–$60.35	$120.00	$0.00	$0.00	$120.00	$0.00	$120.00	$0.00	$0.00	$120.00	
1/15/18	Lab	$350.00	–$120.00	$230.00	$0.00	$0.00	$230.00	$0.00	$230.00	$0.00	$0.00	$230.00	
1/15/18	Room & board	$5,000.00	–$980.00	$4,020.00	$0.00	–$3,370.00	$650.00	$0.00	$650.00	$0.00	$0.00	$650.00	
Subtotal		$5,930.35	–$1,340.35	$4,590.00	$0.00	–$3,590.00	$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$1,000.00	
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 2222222222222 (In-Network)													
1/15/18	Lab	$300.00	$0.00	$300.00	$0.00	$0.00	$300.00	$0.00	$0.00	$0.00	$300.00	$300.00	A
Subtotal		$300.00	$0.00	$300.00	$0.00	$0.00	$300.00	$0.00	$0.00	$0.00	$300.00	$300.00	
Grand total		$6,230.35	–$1,340.35	$4,890.00	$0.00	–$3,590.00	$1,300.00	$0.00	$1,000.00	$0.00	$300.00	$1,300.00	

I This provider will bill you this amount.

J

Deductible

Allowed amount as of 11/1/16*

$0 $1,000

Individual: Met ($1,000 of $1,000)

$0 $2,000

Family: $1,000 of $2,000

Out-of-pocket maximum

Amount applied as of 11/1/16*

$0 $5,000

Individual: $1,000 of $5,000

$0 $10,000

Family: $1,000 of $10,000

HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at bluecrossma.com/myblue.

For TTY, call 711

* Includes charges from this coverage period only.
Log in to your account at **www.bluecrossma.com/myblue** for your plan effective date.

E Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.

F The amount you owe for each service.

G How we determined what you owe, including copayments, deductible, and co-insurance.

H Additional information on how we processed your claims.

I The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.

J A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at **bluecrossma.com/myblue.**

Questions?

Call us at the number on your ID card or log in to your account at **bluecrossma.com/myblue**, click **Contact Us**, then enter your question using the **secure inquiry form** in the Member Service section.

MASSACHUSETTS

® Registered Marks of the Blue Cross and Blue Shield Association. © 2018 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

184294M

55-1305 (04/18)

Left Blank Intentionally

MASSACHUSETTS

GETTING MORE. NOW THERE'S A PLAN.



Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

The MyBlue App is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.

UNLOCK THE POWER OF YOUR PLAN

The MyBlue App gives you an instant snapshot of your plan, including:

- COVERAGE AND BENEFITS
- CLAIMS AND BALANCES
- FITNESS AND WEIGHT-LOSS REIMBURSEMENT
- MEDICATION LOOKUP
- VIDEO DOCTOR VISITS USING WELL CONNECTION

Get the App

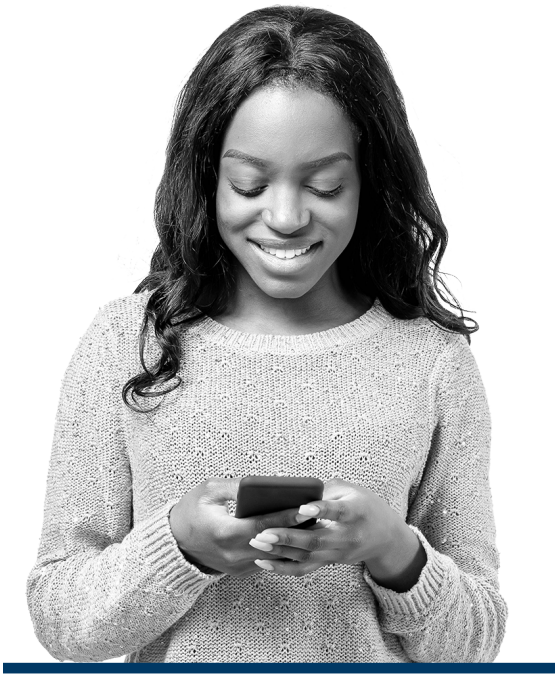
Download the app from the App Store®✓ or Google Play™.

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

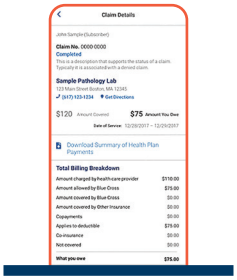
STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

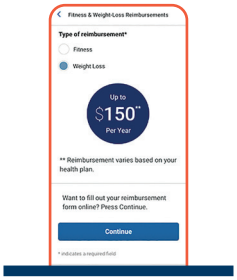
YOUR PLAN IN YOUR HAND



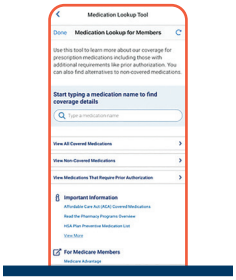
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place.
Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



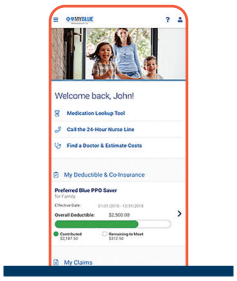
Track claims and benefits
Keep up to date on benefits and coverage.



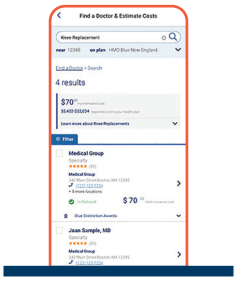
Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.



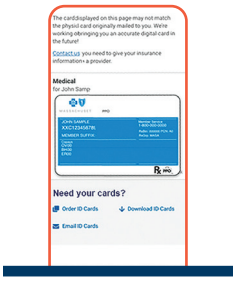
Your medications at a glance
Their names, costs, and prescriptions at your fingertips.



Check deductible balances
End the guesswork and know for sure every time.



Find a Doctor
Or a specialist, dentist, or facility. On your phone and on the fly.



Need your cards
Access your ID cards without opening your wallet.

GET THE MYBLUE APP

You can download the MyBlue App from the App Store®✓ or Google Play™.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ®✓ Registered Marks and TM Trademarks are the property of their respective owners. © 2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

99-001093204 (4/22)

001093204

Left Blank Intentionally

MASSACHUSETTS

QUESTIONS ABOUT YOUR PLAN?



Call Member Service:

1-800-262-BLUE (2583)

GET MORE FROM YOUR PLAN

Understanding your benefits is the best way to get the most from your plan.
Call Member Service when you have questions about:

- Coverage
- Claims
- Deductibles
- Copays
- Pharmacy benefits
- Medications
- Prior Authorization
- MyBlue
- ID card replacement
- Fitness and weight-loss reimbursements
- Billing
- Coverage when traveling
- Pre-existing conditions
- Care management

Questions?

Give Us a Call - Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

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



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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

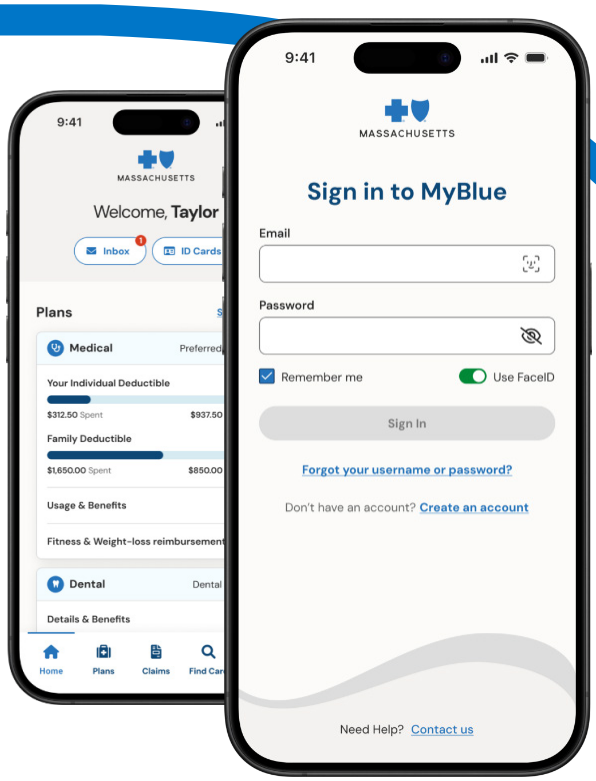
® Registered Marks of the Blue Cross and Blue Shield Association. ®✓ Registered Marks and ™ Trademarks are the property of their respective owners.
© 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
000455378 55-000389666 (5/20)

Left Blank Intentionally

MASSACHUSETTS

EASILY ACCESS YOUR HEALTH PLAN WITH MYBLUE

MyBlue is your personalized online member account that makes understanding and using your health plan simple.



DISCOVER THE POWER OF MYBLUE

Stay on top of your health from anywhere, at any time with access to:

COVERAGE AND BENEFITS INFORMATION

YOUR CLAIMS AND BALANCES

VIDEO DOCTOR VISITS USING WELL CONNECTION

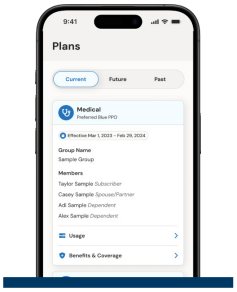
Get started

Create an account at **bluecrossma.org** or download the app from the App Store®✓ or Google Play™. If you have questions, call Member Service at **1-800-832-3871**.

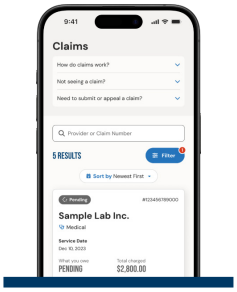
Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

YOUR HEALTH PLAN IN YOUR POCKET

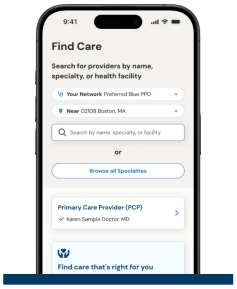
The MyBlue app makes it easy to:



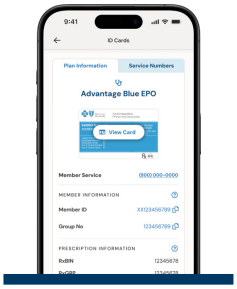
Find, understand, and use your benefits



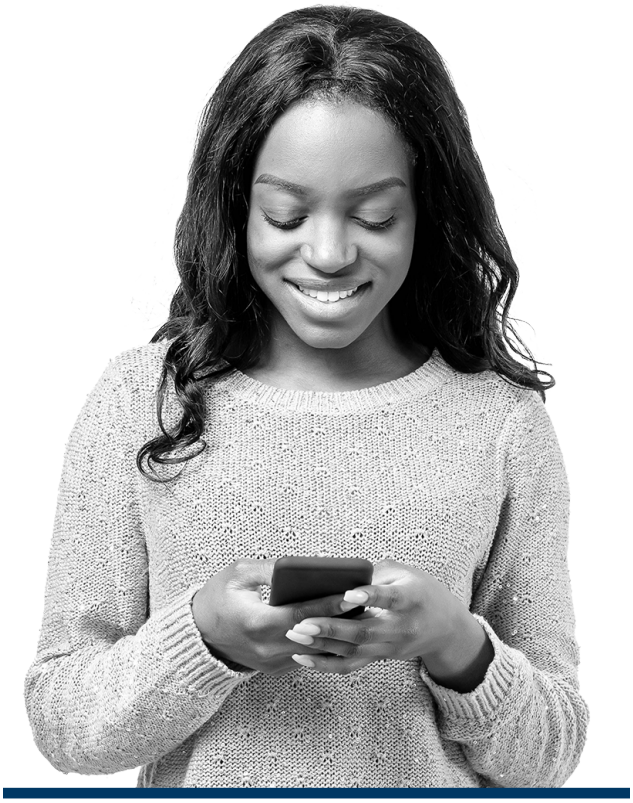
Review your claim details with guidance on next steps



Get personalized care options that fit your unique needs



Instantly access your digital member ID cards, and add them to your wallet



Download the MyBlue app and see your covered benefits and services by clicking on Benefits & Coverage under Plans.

GET THE MYBLUE APP

You can download the MyBlue app from the App Store®℠ or Google Play™.

Download on the App Store

GET IT ON Google Play

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ®℠ Registered Marks and TM Trademarks are the property of their respective owners. © 2024 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

003038058 (8/24)

Left Blank Intentionally

MASSACHUSETTS

CALL TEAM BLUE
Let us know if you have more than one plan by calling us at **1-888-799-1888**.

COORDINATION OF BENEFITS ENSURES YOUR BEST COVERAGE

If you're covered by more than one medical or dental insurance plan, you must inform us which ones you have so we can coordinate your benefits. This will help us work with your other plans, to make sure you get the best coverage when you receive medical or dental services. It will also ensure that your claims are processed correctly.

HOW TO KNOW WHEN COORDINATION OF BENEFITS IS NEEDED

When you have more than one insurance plan, one plan is designated as your primary plan and will pay your claims first. The other plan(s) will pay toward the remaining cost. Federal and state rules will usually determine which plan is primary. You may need coordination of benefits if:

- You and your spouse each have separate insurance plans through your employers
- Your child has one insurance plan through school and another through you or an employer
- Your child has multiple plans as the result of a divorce or custody arrangement
- You or a family member also have Medicare coverage

WHAT TO DO IF YOU HAVE MORE THAN ONE MEDICAL OR DENTAL PLAN

- Call each insurer to let them know. Each insurer can tell you which plan is primary and which is secondary. When calling, be sure you have your member ID cards ready.
- When you visit a doctor, dentist, or hospital, present each insurance card to the office on the day of your visit. This information is needed to determine which company should be billed as a primary insurer, and which should be billed as a secondary insurer.
- If one of your insurance plans is canceled, you'll need to inform the other plan(s).

IF YOU'RE TURNING 65 YEARS OLD AND THINKING ABOUT MEDICARE

Call Medicare directly at **1-800-MEDICARE** (**1-800-633-4227**).

If you sign up for Medicare, call us at **1-888-799-1888** to submit your new plan information. If you don't call us, your claims could be delayed or processed incorrectly.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks of the Blue Cross and Blue Shield Association. ®✓ Registered Marks are the property of their respective owners. © 2026 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

004813686 (5/26)

Left Blank Intentionally

MASSACHUSETTS

PERSONALIZED SUPPORT FOR YOUR CARE JOURNEY

Get support from Team Blue Care Managers at no additional cost.

If you're dealing with new, ongoing, or worsening health concerns, our team of registered nurses, mental health specialists, and other health care professionals can help you understand your diagnosis and treatment plan, coordinate your care, and help you stay on track with your health.

IS CARE MANAGEMENT RIGHT FOR ME?

We're here when you need extra support, including if you're:

- Managing a chronic or complex condition like diabetes or cancer
- Recently discharged from the hospital or recovering from surgery
- In need of mental health support
- Pregnant or you recently gave birth

EXPERT SUPPORT THAT'S PERSONAL

Your Care Manager can:

- **Help you set and meet health goals**
- **Answer questions about your care, medications, and treatment plan**
- **Guide you to helpful resources and support**
- **Coordinate your care with your providers**

The support you need, just a phone call away

Talk to a Team Blue Care Manager today. Call **1-800-392-0098** and select option **1**,
Monday through Thursday from 8:30 a.m. to 8:00 p.m. ET, and Friday from 8:30 a.m. to 4:30 p.m. ET.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks of the Blue Cross and Blue Shield Association. © 2026 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

55-1417 004646901 (04/26)

Left Blank Intentionally

MASSACHUSETTS

NONDISCRIMINATION NOTICE

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

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscoordinator@bcbsma.com**.

If you need help filing a grievance, the 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, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

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

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks of the Blue Cross and Blue Shield Association.
© 2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
000489593

55-1487 (6/21)

Left Blank Intentionally

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Chinese/简体中文: 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：**711**）。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantitifkasyon w lan (Sèvis pou Malantandan TTY: **711**).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

Arabic/ةيبر:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هُويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: **711**)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : **711**).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: **711**).

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

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: **711**).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: **711**).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કૉલ કરો (TTY: **711**).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: **711**).

Japanese/日本語: お知らせ：日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください（TTY: **711**）。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: **711**).

Persian/پارسیان:
توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'dééʼ nóomba biká'ígíiji' béésh bee hodíílnih (TTY: **711**).

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks of the Blue Cross and Blue Shield Association.
© 2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
000489691

55-1493 (6/21)