



Local.
Reliable.
Accessible.

HealthTeam Advantage PPO I HealthTeam Advantage PPO II 2021 Formulary (List of Covered Drugs)

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

Formulary ID: 21521, Version Number: 12

This formulary was updated on 07/02/2021. For more recent information or other questions, please contact us, HealthTeam Advantage Healthcare Concierge, at 888-965-1965 or, for TTY users, 711, October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit [HealthTeamAdvantage.com](https://www.healthteamadvantage.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.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means HealthTeam Advantage. When it refers to “plan” or “our plan,” it means HealthTeam Advantage PPO I and PPO II.

This document includes list of the drugs (formulary) for our plan which is current as of 07/02/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the HealthTeam Advantage Formulary?

A formulary is a list of covered drugs selected by HealthTeam Advantage 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. HealthTeam Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthTeam Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by HealthTeam Advantage, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the HealthTeam Advantage's Formulary?"

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

The enclosed formulary is current as of 07/02/2021. To get updated information about the drugs covered by HealthTeam Advantage, please contact us. Our contact information appears on the front and back cover pages. In addition, each month the plan posts an updated Comprehensive formulary and a Formulary Addendum that has all the changes on the website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthTeam Advantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from HealthTeam Advantage before you fill your prescriptions. If you don't get approval, HealthTeam Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthTeam Advantage limits the amount of the drug that HealthTeam Advantage will cover. For example, HealthTeam Advantage provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthTeam Advantage 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, HealthTeam Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthTeam Advantage 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains 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 HealthTeam Advantage 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 HealthTeam Advantage's 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 Member Services and ask if your drug is covered.

If you learn that HealthTeam Advantage does not cover your drug, you have two options:

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

How do I request an exception to the HealthTeam Advantage Formulary?

You can ask HealthTeam Advantage 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 cover a formulary drug at a lower cost-sharing level [if this drug is not on the specialty tier]. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthTeam Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may

need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. Such transitions include:

- If you are discharged from a hospital or skilled nursing facility to a home setting
- If you are admitted to a hospital or skilled nursing facility from a home setting
- If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy
- If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and now you need to use your Part D plan benefit
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage

For more information

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

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

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

HealthTeam Advantage's Formulary

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

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

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

Every drug on HealthTeam Advantage's Drug List is in one of five cost-sharing tiers. The second column of the Drug List contains the tier for each drug.

- **Tier 1 – Preferred Generics:** Generic drugs that are available at the lowest cost-share for this plan.
- **Tier 2 – Generics:** Generics that are available at a higher cost to you than drugs in Tier 1.
- **Tier 3 – Preferred Brands:** Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4.
- **Tier 4 – Non-Preferred Drugs:** Generic or brand drugs that are available at a higher cost to you than drugs that are in Tier 3.
- **Tier 5 – Specialty Drugs:** This is the highest cost tier. Includes some injectables and other high-cost drugs.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Below is a summary of your cost-share amount for each drug tier. For additional prescription drug benefit details, please refer to your Evidence of Coverage.

	Standard In-Network Retail or Mail-Order (up to a 30-day supply)	Standard In-Network Retail or Mail-Order (31-90-day supply)
HealthTeam Advantage Plan I (PPO)		
Tier 1 – Preferred Generics	\$5 copay	\$10 copay
Tier 2 – Generics	\$15 copay	\$30 copay
Tier 3 – Preferred Brands	\$45 copay	\$90 copay
Tier 4 – Non-Preferred Drugs	\$90 copay	\$180 copay
Tier 5 – Specialty	33% coinsurance	33% coinsurance
HealthTeam Advantage Plan II (PPO)		
Tier 1 – Preferred Generics	\$0 copay	\$0 copay
Tier 2 – Generics	\$12 copay	\$24 copay
Tier 3 – Preferred Brands	\$40 copay	\$80 copay
Tier 4 – Non-Preferred Drugs	\$80 copay	\$160 copay
Tier 5 – Specialty	33% coinsurance	33% coinsurance

LEGEND

1: Tier 1 - Preferred Generics

2: Tier 2 - Generics

3: Tier 3 - Preferred Brands

4: Tier 4 - Non-Preferred Drugs

5: Tier 5 - Specialty

BD: Part B vs Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

HR: High Risk Medication. These drugs require prior authorization if you are 65 years of age or older. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available. If your doctor feels this high risk drug is right for you, you (or your physician) are required to get prior authorization before you fill your prescription for this drug.

LA: Limited Access - This prescription drug is limited to certain pharmacies.

NMO: Not available through Mail Order.

PA: Prior Authorization. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. If the abbreviation “HR” is also listed, this prior authorization requirement may not apply to you. See the “HR” abbreviation definition located on this page for further details.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

HealthTeam Advantage (List of Covered Drugs)

Drug Name	Tier	Requirements/Limits
ANALGESICS		
ANALGESICS		
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	4	NMO; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	NMO; QL (180 EA per 30 days)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	3	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	GC
<i>diclofenac sodium external gel 1 %</i>	2	NMO
<i>diclofenac sodium external gel 3 %</i>	4	PA; NMO; QL (100 GM per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	4	NMO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	GC
<i>diclofenac sodium transdermal gel 1 %</i>	2	NMO
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	3	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
IBU ORAL TABLET 600 MG, 800 MG	1	GC
<i>ibuprofen oral suspension 100 mg/5ml</i>	3	NMO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>indomethacin er oral capsule extended release 75 mg</i>	4	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	GC
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	4	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	NMO; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	4	NMO; QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	4	NMO; QL (60 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	3	NMO; QL (1800 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	3	NMO; QL (3600 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	NMO; QL (240 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	NMO; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	4	NMO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	NMO; QL (60 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NMO; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	NMO
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NMO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	NMO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	NMO; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	NMO; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	NMO; QL (3600 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	NMO; QL (2700 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	NMO; QL (360 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	NMO; QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	4	NMO; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	4	NMO; QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	4	NMO; QL (360 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	NMO; GC; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NMO; GC; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	4	NMO; QL (360 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine external patch 5 %</i>	4	PA; NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	NMO
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	NMO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	4	NMO; QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg</i>	1	GC
<i>naltrexone hcl oral tablet 50 mg</i>	1	NMO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
OPIOID DEPENDENCE		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	NMO; GC; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	NMO; GC; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	NMO; GC; QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	NMO; GC; QL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	NMO
OPIOID REVERSAL AGENTS		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	3	NMO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	NMO; GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	NMO
NARCAN NASAL LIQUID 4 MG/0.1ML	3	NMO
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	NMO; GC
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	NMO
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	NMO
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	NMO
NICOTROL INHALATION INHALER 10 MG	4	NMO
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	NMO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; NMO
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	4	NMO
<i>gentamicin sulfate external cream 0.1 %</i>	2	NMO
<i>gentamicin sulfate external ointment 0.1 %</i>	2	NMO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	NMO
<i>neomycin sulfate oral tablet 500 mg</i>	2	NMO
<i>paromomycin sulfate oral capsule 250 mg</i>	4	NMO
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	NMO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	NMO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO
ANTIBACTERIALS, OTHER		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	4	NMO
<i>aztreonam injection solution reconstituted 1 gm</i>	4	NMO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	NMO; GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	NMO
<i>clindamycin phosphate external swab 1 %</i>	2	NMO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	NMO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	NMO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	NMO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BD; NMO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	NMO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	NMO
<i>linezolid intravenous solution 600 mg/300ml</i>	5	NMO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	NMO
<i>linezolid oral tablet 600 mg</i>	4	NMO
<i>methenamine hippurate oral tablet 1 gm</i>	2	NMO
<i>metronidazole external cream 0.75 %</i>	4	NMO
<i>metronidazole external gel 0.75 %, 1 %</i>	4	NMO
<i>metronidazole external lotion 0.75 %</i>	4	NMO
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	4	NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	NMO
<i>metronidazole vaginal gel 0.75 %</i>	4	NMO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	NMO
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	NMO
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	NMO
SIVEXTRO ORAL TABLET 200 MG	5	NMO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BD; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	NMO
<i>trimethoprim oral tablet 100 mg</i>	1	NMO; GC
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	4	NMO
<i>vancomycin hcl oral capsule 125 mg</i>	4	NMO
<i>vancomycin hcl oral capsule 250 mg</i>	5	NMO
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	NMO
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	NMO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	NMO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	NMO
<i>cefadroxil oral capsule 500 mg</i>	2	NMO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	NMO
<i>cefadroxil oral tablet 1 gm</i>	2	NMO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	NMO
<i>cefдинир oral capsule 300 mg</i>	2	NMO
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	NMO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefixime oral capsule 400 mg</i>	4	NMO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	NMO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	4	NMO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	NMO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	NMO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	NMO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	4	NMO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	NMO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	4	NMO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	NMO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	NMO
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	NMO
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	4	NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	4	NMO
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	5	NMO
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	NMO; GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NMO; GC
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	NMO; GC
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	NMO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	NMO
<i>ampicillin oral capsule 500 mg</i>	1	NMO; GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	NMO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	NMO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	NMO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	NMO
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	NMO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	NMO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	NMO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	NMO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	NMO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	NMO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	NMO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NMO; GC
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
CARBAPENEMS		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	NMO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	NMO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	NMO
MACROLIDES		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	4	NMO
<i>azithromycin oral packet 1 gm</i>	4	NMO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	NMO; GC
<i>azithromycin oral tablet 600 mg</i>	2	NMO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	NMO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	NMO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	NMO
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	NMO
DIFICID ORAL TABLET 200 MG	5	NMO
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	4	NMO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	NMO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	NMO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	NMO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	NMO
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	NMO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	NMO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
QUINOLONES		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	NMO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	NMO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	NMO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	NMO
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	NMO
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	NMO
SULFONAMIDES		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	NMO
<i>sulfadiazine oral tablet 500 mg</i>	4	NMO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral tablet 400-800 mg, 800-160 mg</i>	1	NMO; GC
TETRACYCLINES		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	NMO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	4	NMO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	NMO
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	NMO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	NMO
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	4	NMO
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	4	NMO
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>felbamate oral suspension 600 mg/5ml</i>	5	NMO
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	4	NMO
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	4	NMO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet dispersible 200 mg, 25 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	4	NMO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	NMO
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	NMO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	4	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	NMO
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	GC
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	NMO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	NMO
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	NMO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	GC
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	NMO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NMO; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	NMO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	NMO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	NMO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	NMO
<i>vigabatrin oral packet 500 mg</i>	5	LA; NMO
<i>vigabatrin oral tablet 500 mg</i>	5	NMO
VIGADRONE ORAL PACKET 500 MG	5	NMO
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG	4	
APTIOM ORAL TABLET 400 MG, 600 MG, 800 MG	5	NMO
BANZEL ORAL SUSPENSION 40 MG/ML	5	NMO
BANZEL ORAL TABLET 200 MG, 400 MG	5	NMO
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	GC
DILANTIN ORAL CAPSULE 30 MG	3	
EPITOL ORAL TABLET 200 MG	2	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	3	
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1	GC
<i>oxcarbazepine oral tablet 600 mg</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO
VIMPAT ORAL SOLUTION 10 MG/ML	4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	NMO
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	3	NMO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	NMO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>donepezil hcl oral tablet 23 mg</i>	3	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	3	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GC
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GC
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NMO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	NMO
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	2	
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	4	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	4	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl oral tablet 10 mg</i>	2	
<i>fluoxetine hcl oral tablet 20 mg, 60 mg</i>	4	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	3	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
<i>paroxetine mesylate oral capsule 7.5 mg</i>	4	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	GC
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	GC
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	4	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	NMO
TRICYCLICS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIEMETICS		
ANTIEMETICS, OTHER		
COMPRO RECTAL SUPPOSITORY 25 MG	4	NMO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	NMO; GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	GC
<i>prochlorperazine rectal suppository 25 mg</i>	4	NMO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	4	NMO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	NMO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	NMO
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	NMO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	4	NMO
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BD; NMO; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BD; NMO; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; NMO; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	4	BD; NMO; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD; NMO; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	BD; NMO; QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BD; NMO; GC; QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD; NMO; QL (90 EA per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	5	BD; NMO
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD; NMO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	BD; NMO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD; NMO
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	5	BD; NMO
<i>ciclopirox olamine external cream 0.77 %</i>	2	NMO
<i>ciclopirox olamine external suspension 0.77 %</i>	3	NMO
<i>clotrimazole external cream 1 %</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>clotrimazole external solution 1 %</i>	2	NMO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	NMO
<i>econazole nitrate external cream 1 %</i>	2	NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	4	NMO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml- %</i>	4	NMO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	NMO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	NMO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	NMO
<i>griseofulvin microsize oral tablet 500 mg</i>	4	NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	NMO
<i>itraconazole oral capsule 100 mg</i>	4	PA; NMO
<i>itraconazole oral solution 10 mg/ml</i>	3	PA; NMO
JUBLIA EXTERNAL SOLUTION 10 %	4	NMO
<i>ketoconazole external cream 2 %</i>	2	NMO
<i>ketoconazole external shampoo 2 %</i>	1	NMO; GC
<i>ketoconazole oral tablet 200 mg</i>	2	NMO
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	5	NMO
<i>miconazole 3 vaginal suppository 200 mg</i>	1	NMO; GC
<i>naftifine hcl external cream 1 %, 2 %</i>	4	NMO
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	NMO
<i>nystatin external cream 100000 unit/gm</i>	2	NMO
<i>nystatin external ointment 100000 unit/gm</i>	2	NMO
<i>nystatin external powder 100000 unit/gm</i>	2	NMO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	NMO; GC
<i>nystatin oral tablet 500000 unit</i>	2	NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ORAVIG BUCCAL TABLET 50 MG	3	NMO
<i>oxiconazole nitrate external cream 1 %</i>	4	NMO
<i>posaconazole oral tablet delayed release 100 mg</i>	4	
<i>terbinafine hcl oral tablet 250 mg</i>	1	NMO; GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	NMO
<i>terconazole vaginal suppository 80 mg</i>	2	NMO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NMO; QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; NMO; QL (120 EA per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
<i>colchicine oral capsule 0.6 mg</i>	2	NMO
<i>colchicine oral tablet 0.6 mg</i>	2	NMO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	
<i>probenecid oral tablet 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	NMO
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	NMO
PROPHYLACTIC		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>propranolol hcl oral tablet 80 mg</i>	1	GC
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	NMO
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	4	NMO; QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	NMO; GC; QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	4	NMO; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	NMO; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	4	NMO; QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	NMO; QL (10 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl oral tablet 125 mg</i>	3	NMO
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	NMO
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	3	NMO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	NMO
ANTIMYCOBACTERIALS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	4	NMO
<i>rifabutin oral capsule 150 mg</i>	4	NMO
ANTITUBERCULARS		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	NMO
<i>isoniazid oral syrup 50 mg/5ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PASER ORAL PACKET 4 GM	4	NMO
<i>pyrazinamide oral tablet 500 mg</i>	4	NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	NMO
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	NMO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	NMO
TRECTOR ORAL TABLET 250 MG	4	NMO
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BD; NMO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	BD; NMO
LEUKERAN ORAL TABLET 2 MG	3	NMO
MATULANE ORAL CAPSULE 50 MG	5	NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	NMO
ANTIANDROGENS		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	NMO; GC; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>	4	NMO
LYSODREN ORAL TABLET 500 MG	3	NMO
<i>nilutamide oral tablet 150 mg</i>	5	NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; NMO; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; NMO; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; NMO; QL (120 EA per 30 days)
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA; NMO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; NMO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE 140 MG	3	NMO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>toremifene citrate oral tablet 60 mg</i>	5	NMO; QL (30 EA per 30 days)
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	1	NMO; GC
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	3	NMO
ANTINEOPLASTICS, OTHER		
IDHIFA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; NMO; QL (60 EA per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	NMO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NMO
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA; NMO
MESNEX ORAL TABLET 400 MG	5	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	NMO
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD; NMO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	5	PA; NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA; NMO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	5	PA; NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
ZOLINZA ORAL CAPSULE 100 MG	5	NMO; QL (120 EA per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	1	GC
<i>exemestane oral tablet 25 mg</i>	4	QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	GC
MOLECULAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	5	PA; NMO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	PA; NMO; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA; NMO
ALUNBRIG ORAL TABLET 180 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; NMO
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NMO
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; NMO; QL (60 EA per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (120 EA per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (90 EA per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
COTELLIC ORAL TABLET 20 MG	5	PA; LA; NMO
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	NMO
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; NMO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NMO
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; NMO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NMO
INLYTA ORAL TABLET 1 MG	5	NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	NMO; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO
IRESSA ORAL TABLET 250 MG	5	PA; NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; NMO
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	NMO; QL (150 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
LORBRENA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; NMO
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; NMO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO
QINLOCK ORAL TABLET 50 MG	5	PA; NMO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; NMO; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; NMO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; NMO
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; NMO
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA; NMO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; NMO; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; NMO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; NMO
TIBSOVO ORAL TABLET 250 MG	5	PA; LA; NMO; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
TURALIO ORAL CAPSULE 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	5	NMO; QL (150 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	5	PA; NMO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; LA; NMO
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; LA; NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; NMO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; NMO
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; LA; NMO
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	NMO; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG	5	NMO; QL (90 EA per 30 days)
ZYDELIG ORAL TABLET 150 MG	5	NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO
RETINOIDS		
<i>bexarotene oral capsule 75 mg</i>	5	NMO
TARGRETIN EXTERNAL GEL 1 %	5	PA; NMO
<i>tretinoin oral capsule 10 mg</i>	5	NMO
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	4	NMO
EMVERM ORAL TABLET CHEWABLE 100 MG	4	NMO
<i>ivermectin oral tablet 3 mg</i>	2	NMO
ANTIPROTOZOALS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	4	NMO; QL (150 ML per 30 days)
ALINIA ORAL TABLET 500 MG	4	NMO; QL (6 EA per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	5	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4	NMO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	4	NMO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	NMO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	NMO
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	NMO; QL (6 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BD; NMO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	NMO
<i>primaquine phosphate oral tablet 26.3 mg</i>	4	NMO
<i>pyrimethamine oral tablet 25 mg</i>	5	NMO
<i>quinine sulfate oral capsule 324 mg</i>	4	NMO
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	GC
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5- 50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
DOPAMINE AGONISTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	LA; NMO; QL (60 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; NMO; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; NMO; QL (30 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
ANTIPSYCHOTICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	4	BD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	NMO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	NMO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	NMO
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	NMO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	NMO; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	5	NMO; QL (60 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	3	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	
CAPLYTA ORAL CAPSULE 42 MG	5	NMO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	NMO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	NMO
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	NMO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	NMO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA; LA; NMO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	NMO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	GC
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	4	QL (60 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	5	NMO; QL (30 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	3	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	GC
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	NMO
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	NMO
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	NMO
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	NMO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	NMO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	NMO
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg</i>	3	NMO; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg, 25 mg</i>	3	NMO; QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg</i>	4	NMO; QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	NMO; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>clozapine oral tablet dispersible 200 mg</i>	5	NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NMO
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	NMO; GC
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	NMO
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	3	NMO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	NMO; GC
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	
<i>valganciclovir hcl oral tablet 450 mg</i>	5	NMO
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NMO
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	NMO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NMO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
<i>lamivudine oral tablet 100 mg</i>	3	QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	NMO
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO
<i>ribavirin oral capsule 200 mg</i>	4	NMO
<i>ribavirin oral tablet 200 mg</i>	4	NMO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	1	NMO; GC
<i>acyclovir oral suspension 200 mg/5ml</i>	3	NMO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	NMO; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	BD; NMO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>trifluridine ophthalmic solution 1 %</i>	3	NMO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	NMO
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET 50-200-25 MG	5	NMO; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NMO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NMO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NMO; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (360 EA per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	5	NMO; QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	5	NMO; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	NMO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>nevirapine oral suspension 50 mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	3	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NMO; QL (30 EA per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	NMO; QL (60 EA per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	5	NMO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO; QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	5	NMO; QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	5	NMO; QL (30 EA per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NMO; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	5	NMO; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	3	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	3	QL (60 EA per 30 days)
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO; QL (60 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	4	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	NMO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	NMO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NMO; QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	4	QL (30 EA per 30 days)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	NMO; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	5	NMO; QL (285 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NMO; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NMO; QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	NMO; QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	QL (150 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; QL (360 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	NMO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	NMO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	4	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NMO; QL (120 EA per 30 days)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	3	NMO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	NMO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	NMO
<i>rimantadine hcl oral tablet 100 mg</i>	4	NMO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	NMO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	NMO
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	NMO; GC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	NMO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	3	NMO; QL (60 EA per 30 days)
BENZODIAZEPINES		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	NMO; QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	4	NMO; QL (300 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	2	NMO; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	NMO; GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	NMO; GC; QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	NMO; GC; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	NMO; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	NMO; GC; QL (150 EA per 30 days)
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	GC
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	GC
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium oral solution 8 meq/5ml</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
CYCLOSET ORAL TABLET 0.8 MG	4	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	GC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	GC; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	GC; QL (90 EA per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	3	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	GC
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	4	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	GC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	
GLYCEMIC AGENTS		
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	NMO
<i>diazoxide oral suspension 50 mg/ml</i>	4	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	NMO
<i>glucagon emergency injection kit 1 mg</i>	3	NMO
KORLYM ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
INSULINS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	NMO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	NMO
<i>cvs gauze sterile pad 2"x2"</i>	2	NMO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	NMO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	3	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	3	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	3	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	3	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	NMO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	NMO
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NMO
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	NMO
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	NMO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	NMO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	GC
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	NMO
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; NMO
<i>tranexamic acid oral tablet 650 mg</i>	3	NMO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NMO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	GC
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NMO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	GC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	NMO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NMO
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GC
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
EDARBI ORAL TABLET 40 MG, 80 MG	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	GC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	GC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone hcl oral tablet 200 mg</i>	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
PACERONE ORAL TABLET 100 MG, 200 MG	1	GC
PACERONE ORAL TABLET 400 MG	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	GC
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GC
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	GC
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	3	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GC
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GC
<i>nimodipine oral capsule 30 mg</i>	4	NMO
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	GC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	GC
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	GC
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	GC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	GC
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
CARDIOVASCULAR AGENTS, OTHER		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	GC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
BIDIL ORAL TABLET 20-37.5 MG	4	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
DEMSEER ORAL CAPSULE 250 MG	5	NMO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	2	
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	GC
<i>digoxin oral solution 0.05 mg/ml</i>	3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	GC
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	GC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	NMO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	GC
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	GC
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
DIURETICS, LOOP		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>bumetanide injection solution 0.25 mg/ml</i>	4	NMO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	4	NMO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GC
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl oral tablet 5 mg</i>	1	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
DIURETICS, THIAZIDE		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC
DIURIL ORAL SUSPENSION 250 MG/5ML	4	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GC
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
NIACOR ORAL TABLET 500 MG	2	NMO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
VASCEPA ORAL CAPSULE 0.5 GM	4	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	4	QL (120 EA per 30 days)
WELCHOL ORAL TABLET 625 MG	3	
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	GC
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
RECTIV RECTAL OINTMENT 0.4 %	4	NMO

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	3	PA
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	4	PA
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	4	PA
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	4	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	PA
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	PA
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	4	PA
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	4	PA
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	4	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	PA
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
FIRDAPSE ORAL TABLET 10 MG	5	PA; NMO
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
<i>riluzole oral tablet 50 mg</i>	4	
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	NMO
FIBROMYALGIA AGENTS		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	
<i>pregabalin oral solution 20 mg/ml</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	NMO
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NMO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; NMO
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	4	PA; NMO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NMO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	5	PA; NMO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO
MAYZENT ORAL TABLET 0.25 MG, 2 MG	5	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	5	PA; NMO
TECFIDERA ORAL 120 & 240 MG	5	PA; NMO
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	5	PA; NMO
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NMO; GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	NMO; GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	NMO
DERMATOLOGICAL AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ACNE AND ROSACEA AGENTS		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	4	NMO
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	NMO
<i>acitretin oral capsule 17.5 mg</i>	5	NMO
<i>adapalene external cream 0.1 %</i>	4	NMO
<i>adapalene external gel 0.1 %, 0.3 %</i>	4	NMO
<i>adapalene external solution 0.1 %</i>	4	NMO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	NMO
<i>azelaic acid external gel 15 %</i>	4	NMO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	NMO
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	4	NMO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	NMO
<i>tazarotene external cream 0.1 %</i>	4	NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	NMO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	NMO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	NMO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	4	NMO
DERMATITIS AND PRUITUS AGENTS		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	NMO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>amcinonide external cream 0.1 %</i>	4	NMO
<i>amcinonide external lotion 0.1 %</i>	4	NMO
<i>amcinonide external ointment 0.1 %</i>	4	NMO
<i>ammonium lactate external cream 12 %</i>	1	NMO; GC
<i>ammonium lactate external lotion 12 %</i>	3	NMO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>betamethasone valerate external cream 0.1 %</i>	3	NMO
<i>betamethasone valerate external lotion 0.1 %</i>	3	NMO
<i>betamethasone valerate external ointment 0.1 %</i>	3	NMO
CAPEX EXTERNAL SHAMPOO 0.01 %	4	NMO
<i>clobetasol propionate e external cream 0.05 %</i>	4	NMO
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	NMO
<i>clobetasol propionate external cream 0.05 %</i>	4	NMO
<i>clobetasol propionate external foam 0.05 %</i>	4	NMO
<i>clobetasol propionate external gel 0.05 %</i>	4	NMO
<i>clobetasol propionate external lotion 0.05 %</i>	4	NMO
<i>clobetasol propionate external ointment 0.05 %</i>	4	NMO
<i>clobetasol propionate external shampoo 0.05 %</i>	4	NMO
<i>clobetasol propionate external solution 0.05 %</i>	2	NMO
<i>desonide external cream 0.05 %</i>	4	NMO
<i>desonide external lotion 0.05 %</i>	4	NMO
<i>desonide external ointment 0.05 %</i>	2	NMO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	NMO
<i>desoximetasone external gel 0.05 %</i>	4	NMO
<i>desoximetasone external liquid 0.25 %</i>	4	NMO
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	NMO
<i>diflorasone diacetate external cream 0.05 %</i>	4	NMO
<i>diflorasone diacetate external ointment 0.05 %</i>	4	NMO
<i>doxepin hcl external cream 5 %</i>	4	NMO; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	4	NMO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external solution 0.01 %</i>	4	NMO
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	4	NMO
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	NMO
<i>fluocinonide external gel 0.05 %</i>	2	NMO
<i>fluocinonide external ointment 0.05 %</i>	2	NMO
<i>fluocinonide external solution 0.05 %</i>	2	NMO
<i>fluticasone propionate external cream 0.05 %</i>	1	NMO; GC
<i>fluticasone propionate external ointment 0.005 %</i>	2	NMO
<i>halcinonide external cream 0.1 %</i>	4	NMO
<i>halobetasol propionate external cream 0.05 %</i>	4	NMO
<i>halobetasol propionate external ointment 0.05 %</i>	4	NMO
HALOG EXTERNAL OINTMENT 0.1 %	4	NMO
HALOG EXTERNAL SOLUTION 0.1 %	4	NMO
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	NMO
<i>hydrocortisone butyrate external lotion 0.1 %</i>	4	NMO
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	NMO
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	NMO
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	NMO; GC
<i>hydrocortisone external lotion 2.5 %</i>	2	NMO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NMO; GC
<i>hydrocortisone valerate external cream 0.2 %</i>	4	NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	4	NMO
<i>mometasone furoate external cream 0.1 %</i>	2	NMO
<i>mometasone furoate external ointment 0.1 %</i>	2	NMO
<i>mometasone furoate external solution 0.1 %</i>	2	NMO
<i>pimecrolimus external cream 1 %</i>	4	NMO
<i>prednicarbate external ointment 0.1 %</i>	4	NMO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTO-PAK EXTERNAL CREAM 1 %	2	NMO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	NMO
<i>selenium sulfide external lotion 2.5 %</i>	2	NMO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	NMO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	NMO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	NMO; GC
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene external cream 0.005 %</i>	4	NMO
<i>calcipotriene external ointment 0.005 %</i>	4	NMO
<i>calcipotriene external solution 0.005 %</i>	4	NMO
<i>calcitriol external ointment 3 mcg/gm</i>	3	NMO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	NMO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	NMO
CONDYLOX EXTERNAL GEL 0.5 %	4	NMO
FLUOROPLEX EXTERNAL CREAM 1 %	4	NMO
<i>fluorouracil external cream 5 %</i>	4	NMO
<i>fluorouracil external solution 2 %, 5 %</i>	2	NMO
<i>global alcohol prep ease pad 70 %</i>	2	NMO
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	NMO
<i>imiquimod external cream 5 %</i>	3	NMO
<i>methoxsalen rapid oral capsule 10 mg</i>	5	NMO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	4	NMO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	4	NMO
PICATO EXTERNAL GEL 0.015 %, 0.05 %	4	NMO
<i>podofilox external solution 0.5 %</i>	2	NMO
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NMO
<i>silver sulfadiazine external cream 1 %</i>	3	NMO
SSD EXTERNAL CREAM 1 %	1	NMO; GC
PEDICULICIDES/SCABICIDES		
<i>malathion external lotion 0.5 %</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>permethrin external cream 5 %</i>	3	NMO
TOPICAL ANTI-INFECTIVES		
<i>acyclovir external cream 5 %</i>	4	NMO
<i>acyclovir external ointment 5 %</i>	4	NMO
<i>ciclopirox external gel 0.77 %</i>	2	NMO
<i>ciclopirox external shampoo 1 %</i>	2	NMO
<i>ciclopirox external solution 8 %</i>	2	NMO
<i>clindamycin phosphate external gel 1 %</i>	2	NMO
<i>clindamycin phosphate external lotion 1 %</i>	2	NMO
<i>clindamycin phosphate external solution 1 %</i>	2	NMO
DENAVIR EXTERNAL CREAM 1 %	4	NMO
<i>ery external pad 2 %</i>	2	NMO
<i>erythromycin external gel 2 %</i>	2	NMO
<i>erythromycin external solution 2 %</i>	2	NMO
<i>mupirocin calcium external cream 2 %</i>	4	NMO
<i>mupirocin external ointment 2 %</i>	1	NMO; GC
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET 200 MG	5	NMO
ISOLYTE-S INTRAVENOUS SOLUTION	4	NMO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	NMO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	4	NMO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	GC
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	NMO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	NMO
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	GC
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	GC
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	4	NMO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4	NMO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	4	NMO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	NMO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	4	NMO
<i>sodium chloride irrigation solution 0.9 %</i>	1	NMO; GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	NMO; GC
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	NMO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET ORAL CAPSULE 100 MG	4	NMO
CLOVIQUE ORAL CAPSULE 250 MG	5	PA; NMO
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; NMO
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA; NMO
<i>deferiprone oral tablet 500 mg</i>	5	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
FERRIPROX ORAL SOLUTION 100 MG/ML	5	NMO
FERRIPROX ORAL TABLET 1000 MG, 500 MG	5	NMO
SAMSCA ORAL TABLET 15 MG, 30 MG	5	PA; NMO
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA; NMO
<i>trientine hcl oral capsule 250 mg</i>	5	PA; NMO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	BD; NMO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	BD; NMO
<i>dextrose intravenous solution 10 %, 5 %</i>	4	BD; NMO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	NMO
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	4	BD; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD; NMO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	BD; NMO
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BD; GC
<i>levocarnitine oral tablet 330 mg</i>	4	BD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD; NMO
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	BD; NMO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
<i>prenatal oral tablet 27-1 mg</i>	1	NMO; GC
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	BD; NMO
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD; NMO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	BD; NMO
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BD; NMO
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	3	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	NMO
<i>sevelamer carbonate oral tablet 800 mg</i>	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG	3	
POTASSIUM BINDERS		
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	NMO
SPS ORAL SUSPENSION 15 GM/60ML	3	NMO
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	NMO; GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	NMO; GC
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	NMO; GC
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	NMO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	NMO; GC
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	NMO
SUTAB ORAL TABLET 1479-225-188 MG	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	NMO; GC
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	NMO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	NMO; GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	NMO
<i>loperamide hcl oral capsule 2 mg</i>	1	NMO; GC
ANTISPASMODICS, GASTROINTESTINAL		
CUVPOSA ORAL SOLUTION 1 MG/5ML	4	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	NMO; GC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	NMO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	NMO; GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	NMO
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	4	NMO
GASTROINTESTINAL AGENTS, OTHER		
<i>amoxicill-clarithro-lansopraz oral</i>	3	NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG- GM -GM/160ML	4	NMO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	NMO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
PYLERA ORAL CAPSULE 140-125-125 MG	4	NMO
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg</i>	2	NMO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>nizatidine oral solution 15 mg/ml</i>	2	
PROTECTANTS		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	1	GC
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	GC
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTADANE ORAL POWDER	5	NMO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	
ENDARI ORAL PACKET 5 GM	4	PA; LA; NMO; QL (180 EA per 30 days)
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA; NMO; QL (15 EA per 30 days)
KUVAN ORAL PACKET 100 MG, 500 MG	5	PA; LA; NMO
KUVAN ORAL TABLET 100 MG	5	PA; LA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	NMO
ORFADIN ORAL CAPSULE 20 MG	5	NMO
ORFADIN ORAL SUSPENSION 4 MG/ML	5	LA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	NMO
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NMO
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	NMO
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	NMO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA; NMO; QL (6 ML per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA; NMO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	4	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>trospium chloride oral tablet 20 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	GC
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	GC
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	GC
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	NMO
ELMIRON ORAL CAPSULE 100 MG	4	NMO
<i>penicillamine oral tablet 250 mg</i>	4	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG	4	PA
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 1 MG, 2 MG, 5 MG	5	PA; NMO
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	NMO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	NMO; GC
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	4	NMO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	GC
HEMADY ORAL TABLET 20 MG	4	PA; NMO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	NMO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	NMO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	NMO
<i>prednisolone oral solution 15 mg/5ml</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	NMO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	4	NMO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	NMO
<i>prednisone oral solution 5 mg/5ml</i>	4	NMO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	NMO; GC
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	NMO; GC
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	4	NMO
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	4	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA; NMO
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
<i>oxandrolone oral tablet 10 mg</i>	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>oxandrolone oral tablet 2.5 mg</i>	4	PA; NMO
ANDROGENS		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	NMO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	NMO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	4	NMO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	4	
<i>testosterone transdermal solution 30 mg/act</i>	4	
ESTROGENS		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	NMO
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	NMO
ESTRING VAGINAL RING 2 MG	4	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
YUVAFEM VAGINAL TABLET 10 MCG	4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
APRI ORAL TABLET 0.15-30 MG-MCG	2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	4	
CAZIENT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	GC
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	2	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	2	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	GC
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	4	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	GC
JASMIEL ORAL TABLET 3-0.02 MG	2	
JINTELI ORAL TABLET 1-5 MG-MCG	4	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	2	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	GC
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	4	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	4	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI ORAL TABLET 3-0.02 MG	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYMYO ORAL TABLET 0.25-35 MG-MCG	2	
OCELLA ORAL TABLET 3-0.03 MG	2	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	2	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	2	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	GC
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	2	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	GC
VESTURA ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
ZARAH ORAL TABLET 3-0.03 MG	2	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	2	
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	GC
DEBLITANE ORAL TABLET 0.35 MG	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	4	NMO
ERRIN ORAL TABLET 0.35 MG	3	
INCASSIA ORAL TABLET 0.35 MG	3	
LYLEQ ORAL TABLET 0.35 MG	3	
LYZA ORAL TABLET 0.35 MG	3	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	4	NMO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	4	NMO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	NMO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	NMO; GC
NORA-BE ORAL TABLET 0.35 MG	3	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	GC
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG	4	
OSPHENA ORAL TABLET 60 MG	3	PA
<i>raloxifene hcl oral tablet 60 mg</i>	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	2	NMO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	BD; NMO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	BD; NMO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	BD; NMO
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA; NMO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA; NMO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA; NMO
ORLISSA ORAL TABLET 150 MG, 200 MG	4	PA; NMO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA; NMO
SYNAREL NASAL SOLUTION 2 MG/ML	5	NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	BD; NMO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NMO
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; LA; NMO
IMMUNOGLOBULINS		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA; NMO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	PA; NMO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA; NMO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA; NMO
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NMO
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NMO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA; NMO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	BD; NMO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	BD; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA; NMO
IMMUNOSUPPRESSANTS		
AZASAN ORAL TABLET 100 MG, 75 MG	3	BD
<i>azathioprine oral tablet 50 mg</i>	1	BD; GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	3	BD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NMO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
<i>everolimus oral tablet 0.25 mg</i>	4	BD
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	5	BD; NMO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	BD
GENGRAF ORAL SOLUTION 100 MG/ML	3	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	NMO
<i>methotrexate oral tablet 2.5 mg</i>	2	BD; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	3	BD; NMO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	3	BD; NMO
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	BD
<i>sirolimus oral solution 1 mg/ml</i>	5	BD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	BD
<i>sirolimus oral tablet 2 mg</i>	5	BD; NMO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	BD
<i>tacrolimus oral capsule 5 mg</i>	4	BD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BD; NMO
ZORTRESS ORAL TABLET 1 MG	5	BD; NMO
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NMO
<i>bcg vaccine injection injectable</i>	3	NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	NMO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NMO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	BD; NMO
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	BD; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	NMO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NMO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	BD; NMO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NMO
IPOL INJECTION INJECTABLE	3	NMO
IXIARO INTRAMUSCULAR SUSPENSION	3	NMO
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	NMO
MENACTRA INTRAMUSCULAR INJECTABLE	3	NMO
MENQUADFI INTRAMUSCULAR INJECTABLE	3	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NMO
PEDIARIX INTRAMUSCULAR SUSPENSION	3	NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NMO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION	3	NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NMO
ROTATEQ ORAL SOLUTION	3	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NMO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BD; NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	BD; NMO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NMO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	5	NMO
YF-VAX SUBCUTANEOUS INJECTABLE	3	NMO
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium oral capsule 750 mg</i>	2	NMO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	3	
<i>mesalamine oral capsule delayed release 400 mg</i>	4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	
<i>mesalamine oral tablet delayed release 800 mg</i>	4	NMO
<i>mesalamine rectal enema 4 gm</i>	4	NMO
<i>sulfasalazine oral tablet 500 mg</i>	1	GC
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	GC
GLUCOCORTICOIDS		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	NMO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	NMO
UCERIS RECTAL FOAM 2 MG/ACT	4	NMO
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	GC
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BD
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	GC
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet hcl oral tablet 30 mg</i>	3	BD; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	BD; NMO; QL (150 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
<i>ibandronate sodium oral tablet 150 mg</i>	2	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NMO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	NMO
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	4	
<i>risedronate sodium oral tablet 30 mg</i>	4	NMO
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; NMO
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO
OPHTHALMIC AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	NMO
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	NMO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	NMO
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	NMO; GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	3	NMO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	NMO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	NMO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NMO; GC
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	NMO
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	NMO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	NMO
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	NMO
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	3	NMO
OPHTHALMIC ANTI-INFECTIVES		
AZASITE OPHTHALMIC SOLUTION 1 %	4	NMO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	NMO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	NMO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	NMO; GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	NMO
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	NMO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	NMO
<i>levofloxacin ophthalmic solution 0.5 %</i>	3	NMO
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	NMO
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	NMO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	NMO
<i>tobramycin ophthalmic solution 0.3 %</i>	2	NMO
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	NMO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	NMO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	NMO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	NMO
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	NMO
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	NMO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	NMO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	NMO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NMO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	NMO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	NMO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	NMO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	NMO
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	GC
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	NMO
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophthalmic solution 0.03 %</i>	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	
OTIC AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	2	NMO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	4	NMO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	NMO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	NMO
<i>fluocinolone acetonide otic oil 0.01 %</i>	4	NMO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	4	NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	NMO
<i>ofloxacin otic solution 0.3 %</i>	4	NMO
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	NMO
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	NMO; GC
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	NMO; GC
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	NMO
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	NMO; GC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	NMO
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	NMO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	3	NMO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	NMO; GC
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	NMO
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	NMO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	NMO
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	NMO; QL (34 GM per 30 days)
ANTILEUKOTRIENES		
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	GC
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	5	NMO
ZYFLO ORAL TABLET 600 MG	5	NMO
BRONCHODILATORS, ANTICHOLINERGIC		
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	4	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	NMO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	NMO
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	BD
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; NMO
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; LA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	BD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	NMO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO
ALYQ ORAL TABLET 20 MG	5	PA; NMO
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NMO
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NMO
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA; NMO
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; LA; NMO
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	5	PA; NMO
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD; NMO
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	BD
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act</i>	3	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BD; GC
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	4	PA; NMO; HR
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	4	PA; NMO; HR
<i>metaxalone oral tablet 800 mg</i>	4	NMO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	PA; NMO; HR
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	PA; NMO; GC; HR
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Drug Name	Tier	Requirements/Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	NMO
<i>estazolam oral tablet 1 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>estazolam oral tablet 2 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	NMO; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule 15 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>flurazepam hcl oral capsule 30 mg</i>	3	NMO; QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	3	NMO; QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	4	NMO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (30 EA per 30 days)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NMO; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 21521, Ver. 12 Last Updated 07/24/2021 Effective Date: 08/01/2021

Alphabetical Listing

A		
abacavir sulfate.....	39	
abacavir sulfate-lamivudine ...	39	
abacavir-lamivudine-zidovudine	39	
ABELCET.....	20	
ABILIFY MAINTENA.....	34	
ABILIFY MYCITE.....	34	
abiraterone acetate.....	24	
acamprosate calcium	5	
acarbose.....	43	
ACCUTANE	59	
acebutolol hcl	50	
acetaminophen-codeine.....	4	
acetaminophen-codeine #3	4	
acetazolamide	90	
acetic acid.....	91	
acetylcysteine	94	
acitretin.....	59	
ACTHIB.....	84	
ACTIMMUNE	82	
acyclovir	37, 63	
acyclovir sodium	37	
ADACEL.....	84	
adapalene.....	59	
adefovir dipivoxil.....	37	
ADEMPAS.....	94	
ADVAIR DISKUS	94	
ADVAIR HFA	94	
AFINITOR	27	
AFINITOR DISPERZ	26, 27	
albendazole.....	31	
albuterol sulfate.....	93	
albuterol sulfate hfa.....	92	
alclometasone dipropionate....	59	
ALECENSA.....	27	
alendronate sodium	87	
alfuzosin hcl er	70	
ALINIA	32	
aliskiren fumarate.....	52	
ALKINDI SPRINKLE	70	
allopurinol	22	
alosetron hcl	67	
ALPHAGAN P.....	90	
alprazolam	42	
alprazolam er	41	
ALPRAZOLAM INTENSOL	41	
ALTAVERA	73	
ALUNBRIG	27	
alyacen 1/35.....	73	
ALYQ.....	94	
amantadine hcl.....	32	
AMBISOME	20	
ambrisentan	94	
amcinonide	59	
amikacin sulfate.....	6	
amiloride hcl.....	54	
amiloride-hydrochlorothiazide	52	
AMINOSYN-PF.....	65	
amiodarone hcl	49	
AMITIZA	66	
amitriptyline hcl	19	
amlodipine besy-benazepril hcl	52	
amlodipine besylate.....	50	
amlodipine besylate-valsartan	52	
amlodipine-atorvastatin	52	
amlodipine-olmesartan	52	
amlodipine-valsartan-hctz	52	
ammonium lactate	59	
AMNESTEEM	59	
amoxapine	19	
amoxicill-clarithro-lansopraz .	67	
amoxicillin.....	9	
amoxicillin-pot clavulanate	9	
amoxicillin-pot clavulanate er ..	9	
amphetamine-dextroamphet er	56	
amphetamine-dextroamphetamine	56	
amphotericin b.....	20	
ampicillin.....	9	
ampicillin sodium.....	10	
ampicillin-sulbactam sodium .	10	
anagrelide hcl	47	
anastrozole.....	26	
ANDRODERM	72	
ANORO ELLIPTA.....	94	
APOKYN	33	
apraclonidine hcl	90	
aprepitant.....	20	
APRI.....	73	
APTIOM.....	15	
APTIVUS	40	
ARANELLE.....	73	
ARCALYST.....	81	
ARIKAYCE	6	
aripiprazole	34, 35	
armodafinil	96	
ARNUIITY ELLIPTA.....	91	
ASCOMP-CODEINE.....	2	
asenapine maleate.....	35	
ASHLYNA.....	73	
ASMANEX (120 METERED DOSES)	91	
ASMANEX (30 METERED DOSES)	91	
ASMANEX (60 METERED DOSES)	92	
ASMANEX HFA	92	
aspirin-dipyridamole er	47	
ASSURE ID INSULIN SAFETY SYR	45	
atazanavir sulfate	40	
atenolol	50	
atenolol-chlorthalidone.....	52	
atomoxetine hcl	56	
atorvastatin calcium.....	54	
atovaquone.....	32	
atovaquone-proguanil hcl	32	
ATRIPLA	39	
atropine sulfate	88	
AUBRA EQ.....	73	
AURYXIA.....	66	
AUSTEDO	57	
AVIANE.....	73	
AVONEX PEN.....	58	
AVONEX PREFILLED	58	
AYVAKIT.....	27	
AZACTAM	6	
AZASAN.....	82	
AZASITE	88	
azathioprine	82	
azelaic acid	59	
azelastine hcl	88, 91	
azithromycin	11	
AZOPT	90	
aztreonam	6	
B		
bacitracin	88	
bacitracin-polymyxin b.....	88	
bacitra-neomycin-polymyxin-hc	88	
baclofen	37	

balsalazide disodium	86	bromfenac sodium (once-daily)	89	CARTIA XT	51
BALVERSA	27	.....	89	carvedilol	50
BALZIVA	73	bromocriptine mesylate	33	carvedilol phosphate er	50
BANZEL	15	BROMSITE	89	caspofungin acetate	20
BAQSIMI TWO PACK	44	BRUKINSA	27	CAYSTON	93
BARACLUDE	37	budesonide	87, 92	CAZIENT	73
bcg vaccine	84	budesonide er	86	cefaclor	8
BELSOMRA	96	budesonide-formoterol fumarate	95	cefaclor er	8
benazepril hcl	49	.....	95	cefadroxil	8
benazepril-hydrochlorothiazide	52	bumetanide	54	cefazolin sodium	8
.....	52	buprenorphine hcl	5	cefdinir	8
BENLYSTA	82	buprenorphine hcl-naloxone hcl	5	cefepime hcl	8
benznidazole	32	.....	5	cefixime	8
benzoyl peroxide-erythromycin	59	bupropion hcl	17	cefotetan disodium	8
.....	59	bupropion hcl er (smoking det)	6	cefoxitin sodium	8
benztropine mesylate	32	bupropion hcl er (sr)	16	cefpodoxime proxetil	8
BESIVANCE	12	bupropion hcl er (xl)	17	cefprozil	8
betamethasone dipropionate ...	60	buspirone hcl	41	ceftazidime	9
betamethasone dipropionate aug	59, 60	butalbital-apap-caff-cod	2	ceftriaxone sodium	9
.....	59, 60	butalbital-apap-caffeine	2	cefuroxime axetil	9
betamethasone valerate	60	butalbital-asa-caff-codeine	2	cefuroxime sodium	9
BETASERON	58	butalbital-aspirin-caffeine	2	celecoxib	2
betaxolol hcl	50, 89	butorphanol tartrate	4	CELONTIN	14
bethanechol chloride	70	BYSTOLIC	50	cephalexin	9
bexarotene	31	C		cetirizine hcl	91
BEXSERO	84	cabergoline	80	cevimeline hcl	58
bicalutamide	24	CABLIVI	48	CHANTIX	6
BICILLIN C-R	10	CABOMETYX	27	CHANTIX CONTINUING	
BICILLIN C-R 900/300	10	calcipotriene	62	MONTH PAK	6
BICILLIN L-A	10	calcitonin (salmon)	87	CHANTIX STARTING	
BIDIL	52	calcitriol	62, 87	MONTH PAK	6
BIKTARVY	38	calcium acetate (phos binder) ..	66	CHEMET	64
bimatoprost	90	CALQUENCE	27	chlordiazepoxide hcl	42
bisoprolol fumarate	50	CAMILA	78	chlorhexidine gluconate	58
bisoprolol-hydrochlorothiazide	52	CAMRESE LO	73	chloroquine phosphate	32
.....	52	candesartan cilexetil	48	chlorpromazine hcl	34
BLEPHAMIDE	88	candesartan cilexetil-hctz	52	chlorthalidone	54
BLEPHAMIDE S.O.P.	88	CAPEX	60	chlorzoxazone	95
BLISOVI 24 FE	73	CAPLYTA	35	cholestyramine	55
BLISOVI FE 1.5/30	73	CAPRELSA	27	cholestyramine light	55
BOOSTRIX	84	captopril	49	ciclopirox	63
bosentan	94	CARBAGLU	63	ciclopirox olamine	20
BOSULIF	27	carbamazepine	15	cilostazol	48
BRAFTOVI	27	carbamazepine er	15	CIMDUO	39
BREO ELLIPTA	95	carbidopa-levodopa	33	cimetidine	67
BREZTRI AEROSPHERE ...	95	carbidopa-levodopa er	33	cimetidine hcl	67
briellyn	73	carbidopa-levodopa-entacapone	32	cinacalcet hcl	87
BRILINTA	48	.....	32	CINRYZE	81
brimonidine tartrate	90	carbinoxamine maleate	91	CIPRODEX	91
BRIVIACT	13	carteolol hcl	89	ciprofloxacin hcl	12, 91

ciprofloxacin in d5w.....	12	COMPRO	19	desmopressin ace spray refrig	71
ciprofloxacin-fluocinolone pf.	91	CONDYLOX.....	62	desmopressin acetate	71
citalopram hydrobromide	17	constulose	66	desogestrel-ethinyl estradiol..	74
CLARAVIS.....	59	COPAXONE	58	desonide.....	60
clarithromycin	11	COPIKTRA	27	desoximetasone.....	60
clarithromycin er	11	CORLANOR.....	52	desvenlafaxine er	17
clemastine fumarate.....	91	COSENTYX (300 MG DOSE)	81	desvenlafaxine succinate er	17
CLENPIQ	67	.....	81	dexamethasone	70
CLIMARA PRO.....	73	COSENTYX SENSOREADY		dexamethasone sodium	
clindamycin hcl	6	(300 MG).....	81	phosphate.....	89
clindamycin palmitate hcl	7	COTELLIC.....	28	DEXILANT	68
clindamycin phos-benzoyl perox		CREON	68	dextroamphetamine sulfate.....	56
.....	59	cromolyn sodium.....	68, 88, 95	dextroamphetamine sulfate er.	56
clindamycin phosphate	7, 63	CRYSELLE-28	73	dextrose.....	65
clindamycin phosphate in d5w.	7	CUVPOSA	67	dextrose-nacl.....	65
CLINISOL SF	65	cvs gauze sterile.....	45	DIACOMIT	13
clobazam.....	14	CYCLAFEM 1/35	73	DIASTAT ACUDIAL	14
clobetasol propionate.....	60	CYCLAFEM 7/7/7	73	DIASTAT PEDIATRIC	14
clobetasol propionate e.....	60	cyclobenzaprine hcl.....	95	diazepam	14, 42
clobetasol propionate emulsion		cyclophosphamide	24	diazoxide.....	44
.....	60	CYCLOSET	43	diclofenac potassium	2
clomipramine hcl.....	19	cyclosporine.....	82	diclofenac sodium.....	2, 89
clonazepam.....	42	cyclosporine modified	82	diclofenac sodium er.....	2
clonidine	48	cyproheptadine hcl	91	diclofenac-misoprostol	2
clonidine hcl	48	CYRED EQ	74	dicloxacillin sodium	10
clonidine hcl er	57	CYSTADANE.....	68	dicyclomine hcl	67
clopidogrel bisulfate.....	48	CYSTADROPS.....	88	DIFICID	11
clorazepate dipotassium	42	CYSTAGON	68	diflorasone diacetate	60
clotrimazole.....	20, 21	CYSTARAN	88	diflunisal	2
clotrimazole-betamethasone...	62	D		DIGITEK.....	52
CLOVIQUE	64	dalfampridine er	58	DIGOX	52
clozapine.....	36, 37	DALIRESP	94	digoxin.....	52
COARTEM	32	danazol.....	72	dihydroergotamine mesylate ..	22
codeine sulfate.....	4	dantrolene sodium	37	DILANTIN.....	15
colchicine	22	dapsone.....	24	diltiazem hcl	51
colchicine-probenecid	22	DAPTACEL	84	diltiazem hcl er	51
colestipol hcl	55	daptomycin	7	diltiazem hcl er beads	51
colistimethate sodium (cba)	7	darifenacin hydrobromide er ..	69	diltiazem hcl er coated beads..	51
COMBIGAN	90	DAURISMO.....	28	dilt-xr	51
COMBIPATCH.....	73	DEBLITANE.....	78	dimethyl fumarate.....	58
COMBIVENT RESPIMAT ...	95	deferasirox	64	dimethyl fumarate starter pack	
COMETRIQ (100 MG DAILY		deferiprone.....	64	.....	58
DOSE)	27	DELSTRIGO.....	39	diphenoxylate-atropine	67
COMETRIQ (140 MG DAILY		DEMSE.....	52	diphtheria-tetanus toxoids dt ..	84
DOSE)	27	DENAVIR.....	63	dipyridamole.....	48
COMETRIQ (60 MG DAILY		DEPO-ESTRADIOL	72	disopyramide phosphate	49
DOSE)	27	DEPO-SUBQ PROVERA 104		disulfiram.....	5
COMFORT ASSIST INSULIN		.....	78	DIURIL.....	54
SYRINGE.....	45	DESCOVY	39	divalproex sodium	42
COMPLERA	38	desipramine hcl.....	19	divalproex sodium er	42

DIVIGEL.....	72	emtricitabine.....	39	ethacrynic acid.....	54
dofetilide.....	49	emtricitabine-tenofovir df.....	39	ethambutol hcl.....	24
DOJOLVI.....	65	EMTRIVA.....	39	ethosuximide.....	14
donepezil hcl.....	16	EMVERM.....	31	ethynodiol diac-eth estradiol ..	74
dorzolamide hcl.....	90	enalapril maleate.....	49	etodolac.....	2
dorzolamide hcl-timolol mal ..	90	enalapril-hydrochlorothiazide	52	etodolac er.....	2
dorzolamide hcl-timolol mal pf	90	ENBREL.....	82, 83	etonogestrel-ethinyl estradiol .	74
DOVATO.....	38	ENBREL MINI.....	82	EUCRISA.....	60
doxazosin mesylate.....	48	ENBREL SURECLICK.....	83	EUTHYROX.....	79
doxepin hcl.....	19, 60	ENDARI.....	68	EVAMIST.....	72
doxercalciferol.....	87	ENERGIX-B.....	84	everolimus.....	28, 83
DOXY 100.....	12	enoxaparin sodium.....	46	EVOTAZ.....	40
doxycycline hyclate.....	12	ENPRESSE-28.....	74	EVRYSDI.....	57
doxycycline monohydrate.....	12	ENSKYCE.....	74	EXEL COMFORT POINT PEN	
DRIZALMA SPRINKLE.....	17	ENSPRYNG.....	83	NEEDLE.....	45
dronabinol.....	20	entacapone.....	32	exemestane.....	26
drosipren-eth estrad-levomefol	74	entecavir.....	37	ezetimibe.....	55
drosiprenone-ethinyl estradiol	74	ENTRESTO.....	53	ezetimibe-simvastatin.....	55
DROXIA.....	25	enulose.....	66	F	
droxidopa.....	48	ENVARUS XR.....	83	FALMINA.....	74
DUAVEE.....	79	EPIDIOLEX.....	13	famciclovir.....	37
duloxetine hcl.....	17	epinephrine.....	93	famotidine.....	67
DUPIXENT.....	81	EPITOL.....	15	FANAPT.....	35
DUREZOL.....	89	EPIVIR HBV.....	37	FANAPT TITRATION PACK	
dutasteride.....	70	eplerenone.....	54	.....	35
dutasteride-tamsulosin hcl.....	70	EQUETRO.....	42	FARYDAK.....	28
E		ERAXIS.....	21	febuxostat.....	22
econazole nitrate.....	21	ERIVEDGE.....	28	felbamate.....	13
EDARBI.....	48	ERLEADA.....	24	felodipine er.....	50
EDARBYCLOR.....	52	erlotinib hcl.....	28	FEMRING.....	72
EDURANT.....	38	ERRIN.....	78	FEMYNOR.....	74
efavirenz.....	38	ertapenem sodium.....	11	fenofibrate.....	54
efavirenz-emtricitab-tenofovir	39	ery.....	63	fenofibrate micronized.....	54
efavirenz-lamivudine-tenofovir	39	ERY-TAB.....	11	fenofibric acid.....	54
eletriptan hydrobromide.....	23	ERYTHROCIN		fentanyl.....	3
ELIGARD.....	80	LACTOBIONATE.....	11	fentanyl citrate.....	4
ELIQUIS.....	46	ERYTHROCIN STEARATE.....	11	FERRIPROX.....	65
ELIQUIS DVT/PE STARTER		erythromycin.....	63, 88	FETZIMA.....	18
PACK.....	46	erythromycin base.....	11	FETZIMA TITRATION.....	18
ELMIRON.....	70	erythromycin ethylsuccinate...	11	FIASP.....	45
ELURYNG.....	74	ESBRIET.....	94	FIASP FLEXTOUCH.....	45
EMCYT.....	25	escitalopram oxalate.....	18	FIASP PENFILL.....	45
EMGALITY.....	22	esomeprazole magnesium.....	68	finasteride.....	70
EMGALITY (300 MG DOSE)	22	ESTARYLLA.....	74	FINTEPLA.....	13
EMOQUETTE.....	74	estazolam.....	96	FIRAZYR.....	81
EMSAM.....	17	estradiol.....	72	FIRDAPSE.....	57
		estradiol valerate.....	72	FIRMAGON.....	80
		estradiol-norethindrone acet...	74	FIRMAGON (240 MG DOSE)	
		ESTRING.....	72	.....	80
		eszopiclone.....	96	FIRVANQ.....	7

FLAREX	89	GARDASIL 9.....	85	HUMIRA.....	83
flecainide acetate	49	gatifloxacin.....	89	HUMIRA PEDIATRIC	
FLOVENT DISKUS	92	GATTEX.....	67	CROHNS START	83
FLOVENT HFA.....	92	GAVILYTE-C.....	66	HUMIRA PEN	83
fluconazole	21	GAVILYTE-G.....	66	HUMIRA PEN-CD/UC/HS	
fluconazole in sodium chloride		GAVILYTE-N WITH FLAVOR		STARTER	83
.....	21	PACK	66	HUMIRA PEN-PEDIATRIC	
flucytosine	21	GAVRETO.....	28	UC START	83
fludrocortisone acetate	70	gemfibrozil	54	HUMIRA PEN-PS/UV/ADOL	
flunisolide.....	92	generlac	66	HS START	83
fluocinolone acetonide60, 61, 91		GENGRAF	83	HUMIRA PEN-PSOR/UEIT	
fluocinolone acetonide scalp ..	61	GENTAK.....	89	STARTER	83
fluocinonide.....	61	gentamicin in saline.....	6	hydralazine hcl.....	55
fluocinonide emulsified base..	61	gentamicin sulfate.....	6, 89	hydrochlorothiazide.....	54
fluorometholone	89	GENVOYA	38	hydrocodone-acetaminophen....	4
FLUOROPLEX.....	62	GILENYA	58	hydrocodone-ibuprofen	4
fluorouracil	62	GILOTRIF.....	28	hydrocortisone	61, 70, 87
fluoxetine hcl.....	18	glatiramer acetate	58	hydrocortisone ace-pramoxine62	
fluoxetine hcl (pmdd)	18	glimepiride.....	43	hydrocortisone butyrate	61
fluphenazine decanoate	34	glipizide	43	hydrocortisone valerate	61
fluphenazine hcl	34	glipizide er.....	43	hydrocortisone-acetic acid.....	91
flurazepam hcl	96	glipizide-metformin hcl	43	hydromorphone hcl.....	4
flurbiprofen.....	2	global alcohol prep ease	62	hydromorphone hcl er.....	3
flurbiprofen sodium.....	89	GLUCAGEN HYPOKIT	44	hydroxychloroquine sulfate	32
flutamide.....	24	glucagon emergency	44	hydroxyurea	25
fluticasone propionate	61, 92	glyburide.....	43	hydroxyzine hcl	41
fluticasone-salmeterol	95	glyburide micronized.....	43	hydroxyzine pamoate.....	41
fluvastatin sodium	54	glyburide-metformin	43	I	
fluvastatin sodium er	54	glycopyrrolate.....	67	ibandronate sodium	87
fluvoxamine maleate	18	GOCOVRI.....	33	IBRANCE.....	28
fluvoxamine maleate er	18	granisetron hcl	20	IBU	2
fondaparinux sodium.....	46	griseofulvin microsize	21	ibuprofen.....	2
fosamprenavir calcium	40	griseofulvin ultramicrosize....	21	ICLEVIA	74
fosinopril sodium.....	49	guanfacine hcl.....	48	ICLUSIG	28
fosinopril sodium-hctz.....	53	guanfacine hcl er	57	IDHIFA.....	25
FOTIVDA	28	guanidine hcl	23	ILEVRO	89
FRAGMIN	47	H		imatinib mesylate.....	28
furosemide.....	54	HAILEY 24 FE	74	IMBRUVICA	28
FUZEON	40	halcinonide	61	imipenem-cilastatin	11
FYAVOLV.....	74	halobetasol propionate.....	61	imipramine hcl.....	19
FYCOMPA	13	HALOG	61	imipramine pamoate	19
G		haloperidol.....	34	imiquimod.....	62
gabapentin	14	haloperidol decanoate.....	34	IMOVAX RABIES	85
GALAFOLD	68	haloperidol lactate	34	IMVEXXY MAINTENANCE	
galantamine hydrobromide....	16	HAVRIX	85	PACK	72
galantamine hydrobromide er.	16	HEMADY	70	IMVEXXY STARTER PACK	
GAMMAGARD.....	81	heparin sodium (porcine).....	47	.....	72
GAMMAGARD S/D LESS IGA		HEPATAMINE	65	INBRIJA.....	33
.....	81	HETLIOZ	96	INCASSIA.....	78
GAMUNEX-C	81	HIBERIX.....	85	INCRELEX	71

indapamide	54	JANUVIA.....	43	lamivudine	37, 39
indomethacin	3	JARDIANCE.....	43	lamivudine-zidovudine	39
indomethacin er	3	JASMIEL.....	74	lamotrigine.....	13
INFANRIX.....	85	JINTELI.....	74	lamotrigine er.....	13
INLYTA	28	JUBLIA	21	lamotrigine starter kit-blue	13
INQOVI.....	25	JULEBER.....	74	lamotrigine starter kit-green ...	13
INREBIC.....	28	JULUCA.....	39	lamotrigine starter kit-orange .	13
insulin asp prot & asp flexpen	45	JUNEL 1.5/30.....	74	LAMPIT	32
insulin aspart	45	JUNEL 1/20.....	74	lansoprazole.....	68
insulin aspart flexpen	45	JUNEL FE 1.5/30	75	LANTUS	45
insulin aspart penfill	45	JUNEL FE 1/20	75	LANTUS SOLOSTAR.....	45
insulin aspart prot & aspart	45	JUNEL FE 24	75	lapatinib ditosylate.....	29
INTELENCE.....	38	JUXTAPID.....	55	LARIN 1.5/30.....	75
INTRALIPID	65	K		LARIN 1/20.....	75
INTRAROSA	74	KALETRA	40	LARIN FE 1.5/30	75
INTRON A.....	82	KALYDECO	93	LARIN FE 1/20	75
INTROVALE.....	74	KARIVA	75	LARISSIA	75
INVEGA SUSTENNA.....	35	KATERZIA	50	latanoprost	90
INVEGA TRINZA.....	35	kcl in dextrose-nacl	63	LATUDA.....	35
INVIRASE	40	kcl-lactated ringers-d5w	63	LEENA	75
INVOKAMET.....	43	KELNOR 1/35.....	75	leflunomide.....	82
INVOKAMET XR	43	KELNOR 1/50.....	75	LENVIMA (10 MG DAILY	
INVOKANA	43	KESIMPTA	58	DOSE)	29
IPOL	85	ketoconazole.....	21	LENVIMA (12 MG DAILY	
ipratropium bromide.....	92	ketoprofen.....	3	DOSE)	29
ipratropium-albuterol	95	ketoprofen er.....	3	LENVIMA (14 MG DAILY	
irbesartan	48	ketorolac tromethamine.....	89	DOSE)	29
irbesartan-hydrochlorothiazide		KINRIX	85	LENVIMA (18 MG DAILY	
.....	53	KISQALI (200 MG DOSE) ...	28	DOSE)	29
IRESSA	28	KISQALI (400 MG DOSE) ...	28	LENVIMA (20 MG DAILY	
ISENTRESS	38	KISQALI (600 MG DOSE) ...	29	DOSE)	29
ISENTRESS HD	38	KISQALI FEMARA (400 MG		LENVIMA (24 MG DAILY	
ISIBLOOM.....	74	DOSE)	25	DOSE)	29
ISOLYTE-P IN D5W.....	65	KISQALI FEMARA (600 MG		LENVIMA (4 MG DAILY	
ISOLYTE-S.....	63	DOSE)	25	DOSE)	29
isoniazid	24	KISQALI FEMARA(200 MG		LENVIMA (8 MG DAILY	
isosorbide dinitrate	56	DOSE)	26	DOSE)	29
isosorbide mononitrate	56	KLOR-CON	64	LESSINA.....	75
isosorbide mononitrate er	56	KLOR-CON 10	63	letrozole	26
isotretinoin.....	59	KLOR-CON M10.....	63	leucovorin calcium	26
isradipine	50	KLOR-CON M15.....	63	LEUKERAN.....	24
ISTURISA.....	80	KLOR-CON M20.....	63	LEUKINE	47
itraconazole	21	KORLYM.....	44	leuprolide acetate.....	80
ivermectin.....	31	KOSELUGO	29	levalbuterol hcl	93
IXIARO	85	KURVELO	75	LEVEMIR	45
J		KUVAN.....	68	LEVEMIR FLEXTOUCH.....	45
JAKAFI	28	L		levetiracetam.....	13, 14
JANTOVEN	47	labetalol hcl	50	levetiracetam er	13
JANUMET	43	lactulose.....	66	levobunolol hcl	90
JANUMET XR.....	43	LAMICTAL XR.....	13	levocarnitine	65

levocetirizine dihydrochloride	91	LUPRON DEPOT (6-MONTH)	80	methyl dopa	48
levofloxacin	12, 89	LUTERA	75	methylphenidate hcl	57
levofloxacin in d5w	12	LYLEQ	78	methylphenidate hcl er	57
LEVONEST	75	LYNPARZA	26	methylphenidate hcl er (cd)	57
levonorgest-eth estrad 91-day	75	LYSODREN	24	methylphenidate hcl er (la)	57
levonorgestrel-ethinyl estrad	75	LYZA	78	methylphenidate hcl er (xr)	57
levonorg-eth estrad triphasic	75	M		methylprednisolone	70
LEVORA 0.15/30 (28)	75	magnesium sulfate	64	metoclopramide hcl	67
LEVO-T	79	malathion	62	metolazone	54
levothyroxine sodium	79	maprotiline hcl	17	metoprolol succinate er	50
LEVOXYL	79	marlissa	75	metoprolol tartrate	50
LEXIVA	40	MARPLAN	17	metoprolol-hydrochlorothiazide	53
LIALDA	86	MATULANE	24	metronidazole	7
lidocaine	5	MATZIM LA	51	metronidazole in nacl	7
lidocaine hcl	5	MAVYRET	37	metyrosine	53
lidocaine viscous hcl	5	MAYZENT	58	mexiletine hcl	49
lidocaine-prilocaine	5	MAYZENT STARTER PACK	58	micafungin sodium	21
linezolid	7	meclizine hcl	19	miconazole 3	21
LINZESS	66	medroxyprogesterone acetate	78	MICROGESTIN 1.5/30	76
liothyronine sodium	79	mefloquine hcl	32	MICROGESTIN 1/20	76
lisinopril	49	megestrol acetate	78	MICROGESTIN FE 1.5/30	76
lisinopril-hydrochlorothiazide	53	MEKINIST	29	MICROGESTIN FE 1/20	76
lithium	42	MEKTOVI	29	midodrine hcl	48
lithium carbonate	42	meloxicam	3	MIGERGOT	22
lithium carbonate er	42	memantine hcl	16	miglitol	43
LIVALO	55	memantine hcl er	16	miglustat	69
LO LOESTRIN FE	75	MENACTRA	85	MILI	76
LOKELMA	66	MENEST	72	minocycline hcl	13
LONSURF	26	MENQUADFI	85	minocycline hcl er	12
loperamide hcl	67	MENVEO	85	minoxidil	56
lopinavir-ritonavir	40	mercaptopurine	83	mirtazapine	17
lorazepam	42	meropenem	11	misoprostol	68
LORAZEPAM INTENSOL	42	mesalamine	86	M-M-R II	85
LORBRENA	29	mesalamine er	86	modafinil	96
LORYNA	75	MESNEX	26	moexipril hcl	49
losartan potassium	48	metaxalone	95	molindone hcl	34
losartan potassium-hctz	53	metformin hcl	43	mometasone furoate	61, 92
loteprednol etabonate	89	metformin hcl er	43	montelukast sodium	92
lovastatin	55	methadone hcl	3	morphine sulfate	4
LOW-OGESTREL	75	methazolamide	90	morphine sulfate (concentrate)	4
loxapine succinate	34	methenamine hippurate	7	morphine sulfate er	3
lubiprostone	66	methimazole	81	morphine sulfate er beads	3
LUMIGAN	90	methocarbamol	95	MOVANTIK	66
LUPKYNIS	83	methotrexate	83	MOXEZA	89
LUPRON DEPOT (1-MONTH)	80	methotrexate sodium	84	moxifloxacin hcl	12, 89
LUPRON DEPOT (3-MONTH)	80	methotrexate sodium (pf)	84	moxifloxacin hcl in nacl	12
LUPRON DEPOT (4-MONTH)	80	methoxsalen rapid	62	MULTAQ	49
		methscopolamine bromide	67	mupirocin	63
				mupirocin calcium	63

mycophenolate mofetil.....	84	nitrofurantoin.....	7	OFEV.....	94
mycophenolate sodium.....	84	nitrofurantoin macrocrystal.....	7	ofloxacin.....	89, 91
MYRBETRIQ.....	69	nitrofurantoin monohyd macro.....	7	olanzapine.....	35
N		nitroglycerin.....	56	olanzapine-fluoxetine hcl.....	17
nabumetone.....	3	nizatidine.....	67, 68	olmesartan medoxomil.....	48
nadolol.....	50	NOC DURNA.....	71	olmesartan medoxomil-hctz...	53
nafticillin sodium.....	10	NORA-BE.....	78	olmesartan-amlodipine-hctz...	53
naftifine hcl.....	21	norethindrone.....	78	olopatadine hcl.....	88
naloxone hcl.....	5, 6	norethindrone acetate.....	78	omega-3-acid ethyl esters.....	55
naltrexone hcl.....	5	norethindrone acet-ethinyl est.....	76	omeprazole.....	68
NAMENDA XR TITRATION		norethindrone-eth estradiol.....	76	OMNITROPE.....	71
PACK.....	16	norgestimate-eth estradiol.....	76	ondansetron.....	20
NAMZARIC.....	16	norgestim-eth estrad triphasic.....	76	ondansetron hcl.....	20
naproxen.....	3	NORTHERA.....	48	ONUREG.....	25
naproxen sodium.....	3	NORTREL 0.5/35 (28).....	76	OPSUMIT.....	94
naratriptan hcl.....	23	NORTREL 1/35 (21).....	76	ORAVIG.....	22
NARCAN.....	6	NORTREL 1/35 (28).....	76	ORFADIN.....	69
NATACYN.....	89	NORTREL 7/7/7.....	76	ORGOVYX.....	26
nateglinide.....	43	nortriptyline hcl.....	19	ORILISSA.....	80
NATPARA.....	87	NORVIR.....	40	ORKAMBI.....	93
NAYZILAM.....	15	NOVOLIN 70/30.....	45	orphenadrine citrate er.....	95
NECON 0.5/35 (28).....	76	NOVOLIN 70/30 FLEXPEN.....	45	ORSYTHIA.....	76
nefazodone hcl.....	18	NOVOLIN N.....	45	oseltamivir phosphate.....	41
neomycin sulfate.....	6	NOVOLIN N FLEXPEN.....	45	OSPHERA.....	79
neomycin-bacitracin zn-		NOVOLIN R.....	46	oxacillin sodium.....	10
polymyx.....	89	NOVOLIN R FLEXPEN.....	45	oxacillin sodium in dextrose...	10
neomycin-polymyxin-dexameth		NOVOLOG.....	46	oxandrolone.....	71, 72
.....	88	NOVOLOG FLEXPEN.....	46	oxaprozin.....	3
neomycin-polymyxin-		NOVOLOG MIX 70/30.....	46	oxazepam.....	41
gramicidin.....	88	NOVOLOG MIX 70/30		oxcarbazepine.....	15
neomycin-polymyxin-hc ..	88, 91	FLEXPEN.....	46	oxiconazole nitrate.....	22
NERLYNX.....	29	NOVOLOG PENFILL.....	46	OXTELLAR XR.....	15
NEUPRO.....	33	NOXAFIL.....	21	oxybutynin chloride.....	69
nevirapine.....	39	NUBEQA.....	24	oxybutynin chloride er.....	69
nevirapine er.....	38	NUCALA.....	95	oxycodone hcl.....	4
NEXAVAR.....	29	NUEDEXTA.....	57	oxycodone hcl er.....	3
niacin er (antihyperlipidemic).....	55	NUPLAZID.....	35	oxycodone-acetaminophen.....	4
NIACOR.....	55	NUTRILIPID.....	65	oxycodone-aspirin.....	4
nicardipine hcl.....	51	NYAMYC.....	21	oxymorphone hcl.....	5
NICOTROL.....	6	NYLIA 7/7/7.....	76	oxymorphone hcl er.....	4
nifedipine er.....	51	NYMYO.....	76	OZEMPIC (0.25 OR 0.5	
nifedipine er osmotic release..	51	nystatin.....	21	MG/DOSE).....	44
NIKKI.....	76	nystatin-triamcinolone.....	62	OZEMPIC (1 MG/DOSE).....	44
nilutamide.....	24	NYSTOP.....	21	P	
nimodipine.....	51	O		PACERONE.....	49
NINLARO.....	26	OCELLA.....	76	paliperidone er.....	35
nisoldipine er.....	51	OCTAGAM.....	81	pantoprazole sodium.....	68
nitazoxanide.....	32	octreotide acetate.....	80	paricalcitol.....	87
nitisinone.....	69	ODEFSEY.....	39	paromomycin sulfate.....	6
NITRO-BID.....	56	ODOMZO.....	29	paroxetine hcl.....	18

paroxetine hcl er	18	PLENAMINE	65	PROCTOZONE-HC	61
paroxetine mesylate	18	podofilox	62	progesterone	78
PASER	24	polymyxin b-trimethoprim	88	PROGRAF	84
PAXIL	18	POMALYST	25	PROLASTIN-C	69
PEDIARIX	85	PORTIA-28	76	PROLIA	87
PEDVAX HIB	85	posaconazole	22	PROMACTA	47
peg 3350-kcl-na bicarb-nacl	66	potassium chloride	64	promethazine hcl	19
peg-3350/electrolytes	66	potassium chloride crys er	64	promethazine-phenylephrine	91
PEGASYS	82	potassium chloride er	64	propafenone hcl	49
PEMAZYRE	29	potassium chloride in dextrose	64	propafenone hcl er	49
penicillamine	70	potassium chloride in nacl	64	proparacaine hcl	88
penicillin g pot in dextrose	10	potassium citrate er	64	propranolol hcl	23, 50
penicillin g potassium	10	pramipexole dihydrochloride	33	propranolol hcl er	22, 50
penicillin g procaine	10	pramipexole dihydrochloride er	33	propranolol-hctz	53
penicillin g sodium	10	prasugrel hcl	48	propylthiouracil	81
penicillin v potassium	10	pravastatin sodium	55	PROQUAD	85
pentamidine isethionate	32	prazosin hcl	48	PROSOL	65
pentoxifylline er	53	prednicarbate	61	protriptyline hcl	19
perindopril erbumine	49	prednisolone	70	PULMOZYME	93
PERIOGARD	58	prednisolone acetate	89	PURIXAN	25
permethrin	63	prednisolone sodium phosphate	71, 89	PYLERA	67
perphenazine	34	prednisone	71	pyrazinamide	24
perphenazine-amitriptyline	17	PREDNISON INTENSOL	71	pyridostigmine bromide	23
PERSERIS	35	preferred plus insulin syringe	46	pyridostigmine bromide er	23
phenelzine sulfate	17	PREFEST	76	pyrimethamine	32
phenobarbital	14	pregabalin	57	Q	
phenytoin	15	PREMARIN	73	QINLOCK	30
phenytoin sodium extended	16	PREMASOL	65	QUADRACEL	85
PICATO	62	PREMPHASE	77	quetiapine fumarate	36
PIFELTRO	39	PREMPRO	77	quetiapine fumarate er	36
pilocarpine hcl	58, 90	prenatal	65	quinapril hcl	49
pimecrolimus	61	PREVIFEM	77	quinapril-hydrochlorothiazide	53
pimozide	34	PREZCOBIX	40	quinidine gluconate er	49
PIMTREA	76	PREZISTA	40, 41	quinidine sulfate	50
pindolol	50	PRIFTIN	24	quinine sulfate	32
pioglitazone hcl	44	primaquine phosphate	32	R	
pioglitazone hcl-glimepiride	44	primidone	14	RABAVERT	85
pioglitazone hcl-metformin hcl	44	PRIVIGEN	81	rabeprazole sodium	68
piperacillin sod-tazobactam sol	10	PROAIR HFA	93	raloxifene hcl	79
PIQRAY (200 MG DAILY DOSE)	29	PROAIR RESPICLICK	93	ramipril	49
PIQRAY (250 MG DAILY DOSE)	29	probenecid	22	ranolazine er	53
PIQRAY (300 MG DAILY DOSE)	30	PROCALAMINE	65	rasagiline mesylate	33
PIRMELLA 1/35	76	prochlorperazine	19	RAVICTI	69
piroxicam	3	prochlorperazine maleate	19	RECLIPSEN	77
PLASMA-LYTE 148	64	PROCTO-MED HC	61	RECOMBIVAX HB	85
PLASMA-LYTE A	64	PROCTO-PAK	61	RECTIV	56
		PROCTOSOL HC	61	REGRANEX	62
				RELENZA DISKHALER	41
				RELI-ON INSULIN SYRINGE	46

repaglinide.....	44	SELZENTRY	40	sulindac.....	3
REPATHA	55	SEREVENT DISKUS	93	sumatriptan	23
REPATHA PUSHTRONEX		sertraline hcl	18	sumatriptan succinate	23
SYSTEM.....	55	SETLAKIN	77	sumatriptan succinate refill.....	23
REPATHA SURECLICK	55	sevelamer carbonate	66	SUNOSI.....	96
RESTASIS	88	SHAROBEL.....	78	SUPRAX	9
RETACRIT	47	SHINGRIX.....	86	SUPREP BOWEL PREP KIT	64
RETEVMO.....	30	SIGNIFOR.....	80	SUTAB.....	66
REVLIMID	25	sildenafil citrate	94	SUTENT.....	30
REXULTI.....	36	silodosin.....	70	SYEDA.....	77
REYATAZ	41	silver sulfadiazine.....	62	SYMBICORT.....	95
RHOPRESSA.....	90	SIMBRINZA	90	SYMDEKO	93
ribavirin	37	simvastatin.....	55	SYMFI.....	39
rifabutin	24	sirolimus	84	SYMFI LO.....	39
rifampin	24	SIRTURO	24	SYMLINPEN 120	44
riluzole.....	57	SIVEXTRO	7	SYMLINPEN 60	44
rimantadine hcl.....	41	sodium chloride.....	64	SYMPAZAN	15
risedronate sodium	87	sodium fluoride.....	64	SYMTUZA.....	38
RISPERDAL CONSTA	36	sodium phenylbutyrate	69	SYNAREL.....	80
risperidone.....	36	sodium polystyrene sulfonate.....	66	SYNJARDY	44
ritonavir	41	sofosbuvir-velpatasvir	37	SYNJARDY XR.....	44
rivastigmine.....	16	solifenacin succinate.....	69	SYNRIBO.....	26
rivastigmine tartrate.....	16	SOLQUA	46	SYNTHROID	79
rizatriptan benzoate	23	SOLTAMOX.....	25	T	
ROCKLATAN	90	SOMAVERT	80	TABLOID.....	25
ropinirole hcl	33	sotalol hcl	50	TABRECTA.....	30
ropinirole hcl er	33	sotalol hcl (af).....	50	tacrolimus	61, 84
rosuvastatin calcium.....	55	SPIRIVA HANDIHALER	92	TAFINLAR	30
ROTARIX	85	SPIRIVA RESPIMAT.....	92	TAGRISSO.....	30
ROTATEQ	85	spironolactone	54	TAKHZYRO	81
ROZLYTREK	30	spironolactone-hctz	53	TALZENNA.....	30
RUBRACA.....	30	SPRINTEC 28	77	tamoxifen citrate	25
rufinamide	16	SPRITAM.....	14	tamsulosin hcl.....	70
RUKOBIA.....	40	SPRYCEL	30	TAPERDEX 12-DAY	71
RYBELSUS	44	SPS	66	TAPERDEX 7-DAY	71
RYDAPT.....	30	SRONYX.....	77	TARGRETIN	31
RYTARY	33	SSD.....	62	TARINA 24 FE	77
S		STELARA.....	82	TARINA FE 1/20 EQ.....	77
SAMSCA	65	STIVARGA.....	30	TASIGNA.....	30
SANDIMMUNE	84	streptomycin sulfate	6	tazarotene.....	59
SANTYL	62	STRIBILD	38	TAZICEF.....	9
SAPHRIS	36	SUBOXONE	5	TAZORAC	59
sapropterin dihydrochloride ...	69	sucralfate	68	TAZTIA XT	51
SAVELLA.....	58	sulfacetamide sodium.....	89	TAZVERIK	30
SAVELLA TITRATION PACK		sulfacetamide sodium (acne) ..	12	TDVAX	86
.....	58	sulfacetamide-prednisolone....	88	TECFIDERA	58
scopolamine.....	19	sulfadiazine.....	12	TEFLARO	9
SECUADO	36	sulfamethoxazole-trimethoprim		TEGSEDI	69
selegiline hcl.....	33	.....	12	TEKTURN HCT.....	53
selenium sulfide.....	61	sulfasalazine	86	telmisartan	48

VIRACEPT	41
VIREAD.....	40
VITRAKVI.....	31
VIVITROL	5
VIZIMPRO.....	31
voriconazole	22
VOSEVI	37
VOTRIENT	31
VRAYLAR.....	36
VYFEMLA.....	78
VYLIBRA	78
VYNDAMAX	69
VYVANSE.....	56
W	
warfarin sodium.....	47
WELCHOL	55
X	
XALKORI.....	31
XARELTO	47
XARELTO STARTER PACK	47
XATMEP	26
XCOPRI	14
XCOPRI (250 MG DAILY DOSE)	14
XCOPRI (350 MG DAILY DOSE)	14
XELJANZ	82
XELJANZ XR.....	82
XGEVA	87

XIFAXAN	8
XOFLUZA (40 MG DOSE)...	41
XOFLUZA (80 MG DOSE)...	41
XOLAIR.....	82
XOSPATA.....	31
XPOVIO (100 MG ONCE WEEKLY).....	26
XPOVIO (40 MG ONCE WEEKLY).....	26
XPOVIO (40 MG TWICE WEEKLY).....	26
XPOVIO (60 MG ONCE WEEKLY).....	26
XPOVIO (60 MG TWICE WEEKLY).....	26
XPOVIO (80 MG ONCE WEEKLY).....	26
XPOVIO (80 MG TWICE WEEKLY).....	26
XTANDI.....	24, 25
XULANE.....	78
XULTOPHY	44
XURIDEN	69
XYREM.....	96
XYWAV	96
Y	
YF-VAX.....	86
YONSA	25
YUVAFEM	73

Z	
zafirlukast	92
zaleplon.....	96
ZARAH	78
ZARXIO	47
ZEJULA	31
ZELBORAF	31
ZEMDRI.....	6
ZENPEP	69
ZERBAXA	9
zidovudine	40
ZIEXTENZO	47
zileuton er	92
ziprasidone hcl.....	36
ziprasidone mesylate	36
ZIRGAN	37
ZOLINZA.....	26
zolmitriptan.....	23
zolpidem tartrate	96
zolpidem tartrate er	96
zonisamide.....	14
ZORTRESS	84
ZOVIA 1/35E (28)	78
ZYDELIG.....	31
ZYFLO	92
ZYKADIA.....	31
ZYPITAMAG.....	55
ZYPREXA RELPREVV	36
ZYTIGA	25

Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. HealthTeam Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HealthTeam Advantage:

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

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

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

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact your Healthcare Concierge at 888-965-1965 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage
Attn: Appeals and Grievances
7800 McCloud Road, Suite 100
Greensboro, NC 27409
888-965-1965, (TTY 711), or via fax at 800-845-4104.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances 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 <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by email OCRMail@hhs.gov, by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Get Help in Other Languages

If you need help or speak a non-English language, call 888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

Non-Discrimination Notice

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-965-1965 TTY: 711.

French: **ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le 1-888-965-1965 ATS: 711.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen

Verfügung. Rufnummer: 1-888-965-1965 TTY: 711.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-965-1965 телетайп: 711.

Gujarati: સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-965-1965 TTY711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-965-1965 TTY711.

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-965-1965 TTY: 711.。

Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1-888-965-1965 TTY: 711. まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 888-965-1965 TTY: 711 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-965-1965 TTY: 711.

Hindi: ध्यान दें:यदि आप हिंदी बोलते हैं तो आपके लिए मफ़्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-965-1965 TTY: 711 पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ວ່າ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອແມ່ນ ນຳ ພ້ອມໃຫ້ ທ່ານ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ ານພາສາ, ໂດຍບໍ່ເສຍ ງ່າ າ,

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-965-1965 TTY: 711.

Cambodian: ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, បេសវាជំនួយអ្នកនិយាយភាសា បណ្តាញមិនគិតថ្លៃបង្កើន គឺអាចមានសំណើប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

(Arabic):

1-888-965-1965 ت ك ذك ا ن ا ج م ل ا ب . ل ص ت ا م ق ر ب ا ذ ا ن
ظ و ح ل م : ا ذ ا ن

1965 (711: TTY)

HealthTeam Advantage Health Plan Contact Information

WEB ADDRESS

Visit HealthTeam Advantage at HealthTeamAdvantage.com.

HEALTHCARE CONCIERGE

Current HealthTeam Advantage members call your Healthcare Concierge toll-free at 888-965-1965 for questions related to your HealthTeam Advantage Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION

Prospective members call toll-free 877-905-9216 for questions related to HealthTeam Advantage Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

TTY USERS

TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT

Current HealthTeam Advantage members call toll-free 888-965-1965 for questions related to your HealthTeam Advantage Part D Prescription Drug Benefit. Prospective members call toll-free 877-905-9216 for questions related to the HealthTeam Advantage Part D Prescription Drug Benefit.

MEDICARE INFORMATION

For more information about Medicare, 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, seven days a week or visit medicare.gov.

Formulary ID: 21521, Version Number: 12

This formulary was updated on 07/02/2021. HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal. YMULTI-PLAN_21_03_C