



**Network Health Medicare Advantage Plans
NetworkCares Pharmacy (PPO SNP)
Network Health Medicare *Explore* (HMO)
2020 Formulary
(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 20196, 25

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Network Health Medicare Advantage Plans customer service at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit networkhealth.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 Network Health Insurance Corporation. When it refers to “plan” or “our plan,” it means Network Health Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Network Health Medicare Advantage Plans Formulary?

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

Can the Formulary (drug list) change?

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

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

- **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 Network Health Medicare Advantage Plans 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 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 Network Health Medicare Advantage Plans Formulary?”

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

The enclosed formulary is current as of 12/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Network Health Medicare Advantage Plans will update the printed formulary document with mid-year, non-maintenance changes on a quarterly basis. However, these types of changes will be available on our website at

www.networkhealth.com 60 days prior to the change. Additionally, if you are taking a medication that is affected by one of these changes you will receive notification in your monthly Part D Explanation of Benefits (EOB) and a separate letter will be mailed to you notifying you of the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. 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, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on page number 150. 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 150. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Network Health Medicare Advantage Plans 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:** Network Health Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Health Medicare Advantage Plans limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Network Health Medicare Advantage Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Network Health Medicare Advantage Plans 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 Network Health Medicare Advantage Plans' formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Network Health Medicare Advantage Plans does not cover your drug, you have two options:

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

How do I request an exception to the Network Health Medicare Advantage Plans' Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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, Network Health Medicare Advantage Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can get an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

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

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

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

If you are covered under Wisconsin Medicaid in addition to Medicare, there may be differences as to which drugs are covered between the two plan's formularies. To find out which drugs are covered under Wisconsin Medicaid please call Wisconsin Medicaid at 800-362-3002, Monday through Friday, 8:00 AM to 6:00 PM.

Network Health Medicare Advantage Plans' Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 150 .

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

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

Legend

PA	Prior Authorization
STEP	Step Therapy
QL	Quantity Limit
B/D PA	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call customer service at 800-316-3107, 24 hours a day/seven days a week. TTY users should call 800-899-2114.

NetworkCares

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost-share may be less. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1*	\$0, \$1.30, \$3.60, \$4, 15%	\$0, \$1.30, \$3.60, \$10, 15%	\$0, \$1.30, \$3.60, \$6, 15%	\$0, \$1.30, \$3.60, \$15, 15%
Tier 2*	\$0, \$1.30, \$3.60, \$9, 15%	\$0, \$1.30, \$3.60, \$23, 15%	\$0, \$1.30, \$3.60, \$15, 15%	\$0, \$1.30, \$3.60, \$38, 15%
Tier 3*	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$42, 15%	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$105, 15%	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$47, 15%	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$118, 15%
Tier 4*	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$94, 15%	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$235, 15%	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$100, 15%	\$0, \$1.30, \$3.60, \$3.90, \$8.95, \$250, 15%
Tier 5*	\$0, \$1.30, \$3.60, \$3.90, \$8.95, 15%, 25%	N/A	\$0, \$1.30, \$3.60, \$3.90, \$8.95, 15%, 25%	N/A
*During the deductible stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$420 for your drugs. Depending on your income level, your actual deductible and cost-share amounts may be less.				

Network Health Medicare *Explorer*

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, you will pay the following cost-share. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	28%	N/A	28%	N/A

*During the deductible stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$260 for your drugs. Depending on your income level, your actual deductible and cost-share amounts may be less.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	PA B vs D
AMBISOME	5	PA B vs D
<i>amphotericin b 50 mg vial</i>	4	PA B vs D
<i>caspofungin acetate</i>	5	PA B vs D
<i>clotrimazole 10 mg troche</i>	2	
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	5	
ERAXIS(WATER DIL) 100 MG VIAL	5	
ERAXIS(WATER DIL) 50 MG VIAL	4	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>fluconazole in dextrose, iso-osmotic</i>	2	
<i>fluconazole in sodium chloride, iso-osmotic (200mg/0.1l pggybk btl, 200mg/0.1l piggyback, 400mg/0.2l pggybk btl, 400mg/0.2l piggyback)</i>	2	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	
<i>griseofulvin ultramicrosize</i>	4	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	2	
<i>itraconazole 100 mg capsule</i>	2	PA
<i>itraconazole 10 mg/ml solution</i>	5	PA
<i>ketoconazole 200 mg tablet</i>	2	
<i>micafungin sodium</i>	5	
MYCAMINE	5	
NOXAFIL 40 MG/ML SUSPENSION	5	QL (600 PER 30 DAYS)
NOXAFIL DR 100 MG TABLET	5	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystatin (500k unit tablet, 100000/ml oral susp)</i>	2	
ORAVIG	4	
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	5	
<i>terbinafine hcl 250 mg tablet</i>	2	
TOLSURA	5	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>	5	
<i>voriconazole 200 mg vial</i>	2	

ANTIVIRALS

<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	2	
<i>acyclovir sodium 50 mg/ml vial</i>	2	PA B vs D
<i>acyclovir sodium 500 mg vial</i>	2	
<i>adefovir dipivoxil</i>	5	
<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	2	
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	
<i>atazanavir sulfate</i>	5	
ATRIPLA	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
BIKTARVY	5	
<i>cidofovir 75 mg/ml vial</i>	5	
CIMDUO	5	
COMPLERA	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CRIXIVAN	3	
DAKLINZA	5	PA, QL (28 PER 28 DAYS)
DELSTRIGO	5	
DESCOVY	5	
<i>didanosine</i>	2	
DOVATO	5	
EDURANT	5	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	2	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
<i>entecavir</i>	4	
EPIVIR HBV 25 MG/5 ML SOLN	3	
EVOTAZ	5	
<i>famciclovir 125 mg tablet</i>	2	QL (10 PER 5 DAYS)
<i>famciclovir 250 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>famciclovir 500 mg tablet</i>	2	QL (30 PER 10 DAYS)
<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)
FUZEON 90 MG VIAL	5	
<i>ganciclovir sodium (500mg/10ml vial, 500 mg vial)</i>	2	
GENVOYA	5	
HARVONI (45-200 MG TABLET, 45-200 MG PELLETT PACKT)	5	PA, QL (56 PER 28 DAYS)
HARVONI 33.75-150 MG PELLETT PK	5	PA, QL (28 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	
INTELENCE 25 MG TABLET	3	
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	5	
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD	5	
JULUCA	5	
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	
<i>lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2	
<i>lamivudine/zidovudine</i>	2	
<i>ledipasvir/sofosbuvir</i>	5	PA, QL (28 PER 28 DAYS)
LEXIVA 50 MG/ML SUSPENSION	3	
<i>lopinavir/ritonavir</i>	5	
MAVYRET	5	PA, QL (84 PER 28 DAYS)
MODERIBA (200-400 MG, 600-400 MG)	4	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tablet 24h, 200 mg tablet)</i>	2	
<i>nevirapine 400 mg tablet 24h</i>	4	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	4	
ODEFSEY	5	
<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	2	
PIFELTRO	5	
PREVYMIS (240 MG/12 ML VIAL, 240 MG TABLET, 480 MG TABLET, 480 MG/24 ML VIAL)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZCOBIX	5	
PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	5	
PREZISTA (75 MG TABLET, 150 MG TABLET)	4	
RELENZA	4	
RETROVIR 200 MG/20 ML VIAL	3	
REYATAZ 50 MG POWDER PACKET	5	
RIBASPHERE	4	
RIBASPHERE RIBAPAK	5	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
<i>ribavirin 6 g vial-neb</i>	5	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	
SELZENTRY 25 MG TABLET	4	
<i>sofosbuvir/velpatasvir</i>	5	PA, QL (28 PER 28 DAYS)
SOVALDI (150 MG PELLET PACKET, 400 MG TABLET)	5	PA, QL (28 PER 28 DAYS)
SOVALDI (200 MG PELLET PACKET, 200 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
<i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNAGIS	5	LA
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	
TIVICAY 10 MG TABLET	4	
TIVICAY PD	5	
TRIUMEQ	5	
TROGARZO	5	
TRUVADA	5	
TYBOST	3	
<i>valacyclovir hcl 1000 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>valacyclovir hcl 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>valganciclovir hcl 50 mg/ml soln recon</i>	5	QL (1080 PER 30 DAYS)
<i>valganciclovir hcl 450 mg tablet</i>	5	QL (120 PER 30 DAYS)
VEMLIDY	5	QL (30 PER 30 DAYS)
VIEKIRA PAK	5	PA
VIEKIRA XR	5	
VIRACEPT	5	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	
VOSEVI	5	PA, QL (28 PER 28 DAYS)
XOFLUZA	3	
ZEPATIER	5	PA
ZERIT 1 MG/ML SOLUTION	4	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	2	
CEPHALOSPORINS		
AVYCAZ	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefaclor (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 375 mg/5ml susp recon, 500 mg tab er 12h, 500 mg capsule)</i>	2	
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	2	
<i>cefazolin sodium (1 g vial, 1 g vial port, 10 g vial, 20 g vial, 100 g bulkbaginj, 300g bulkbaginj, 500 mg vial)</i>	3	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml froz.piggy, sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 2 g/50 ml piggyback)</i>	3	
<i>cefazolin sodium/dextrose,iso 2 g/100 ml froz.piggy</i>	4	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	2	
<i>cefepime hcl 100 g bulkbaginj</i>	3	
<i>cefepime hcl (1 g vial, 2 g vial)</i>	2	
<i>cefepime hcl in dextrose 5 % in water</i>	2	
<i>cefepime hcl in iso-osmotic dextrose</i>	2	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	2	
<i>cefotaxime sodium</i>	3	
<i>cefotetan disodium</i>	2	
<i>cefotetan disodium in iso-osmotic dextrose</i>	2	
<i>cefoxitin sodium</i>	3	
<i>cefoxitin sodium/dextrose, iso-osmotic</i>	3	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	2	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	2	
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ceftazidime in dextrose 5% and water</i>	3	
<i>ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial)</i>	3	
<i>ceftriaxone sodium in iso-osmotic dextrose (1 g/50 ml piggyback, 1 g/50 ml froz.piggy, 2 g/50 ml piggyback, 2 g/50 ml froz.piggy)</i>	3	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	3	
<i>cephalexin (125 mg/5ml susp recon, 250 mg tablet, 250 mg capsule, 250 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 750 mg capsule)</i>	2	
FETROJA	5	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	4	
TAZICEF (1 GRAM VIAL, 1 GM ADD-VANTAGE VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	4	
TEFLARO	5	
ZERBAXA	5	

ERYTHROMYCINS / OTHER MACROLIDES

<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	2	
<i>azithromycin (500 mg vial port, 500 mg vial)</i>	3	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet)</i>	2	
DIFICID	5	PA, QL (20 PER 10 DAYS)
ERY-TAB DR 250 MG TABLET	4	
ERY-TAB DR 333 MG TABLET	2	
ERY-TAB DR 500 MG TABLET	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	
ERYTHROCIN STEARATE	2	
<i>erythromycin base (250 mg capsule dr, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	2	
<i>erythromycin base 250 mg tablet</i>	4	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	
<i>albendazole 200 mg tablet</i>	5	QL (120 PER 30 DAYS)
ALINIA 100 MG/5 ML SUSPENSION	3	
ALINIA 500 MG TABLET	5	
<i>amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)</i>	3	
ARIKAYCE	5	LA
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
AZACTAM-ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam</i>	3	
BACIIM	2	
<i>bacitracin 50000 unit vial</i>	2	
<i>benznidazole</i>	3	
BETHKIS	5	PA B vs D, QL (224 PER 28 DAYS)
CAPASTAT SULFATE	4	
CAYSTON	5	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	2	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate (150 mg/ml vial, 300 mg/2ml vial port, 600 mg/4ml vial port, 900mg/6ml vial port)</i>	3	
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	3	
<i>clindamycin phosphate/dextrose 5 % in water</i>	3	
COARTEM	3	
<i>colistin (colistimethate na) 150 mg vial</i>	2	
<i>cycloserine 250 mg capsule</i>	4	
DALVANCE	5	
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>daptomycin</i>	5	
DARAPRIM	5	
EMVERM	5	
<i>ertapenem sodium</i>	3	
<i>ethambutol hcl</i>	2	
<i>gentamicin sulfate 40 mg/ml vial</i>	3	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (60 mg/50ml piggyback, 80 mg/50ml piggyback, 80mg/100ml piggyback, 100mg/0.1l piggyback, 100mg/50ml piggyback, 120mg/0.1l piggyback)</i>	3	
<i>gentamicin sulfate/pf 20 mg/2 ml vial</i>	3	
<i>hydroxychloroquine sulfate 200 mg tablet</i>	2	
<i>imipenem/cilastatin sodium</i>	3	
<i>isoniazid (50 mg/5 ml solution, 100 mg/ml vial, 100 mg tablet, 300 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ivermectin 3 mg tablet</i>	2	
KITABIS PAK	5	
KRINTAFEL	4	
LAMPIT 120 MG TABLET	4	QL (270 PER 30 DAYS)
LAMPIT 30 MG TABLET	4	QL (360 PER 30 DAYS)
LINCOCIN	4	
<i>lincomycin hcl 300 mg/ml vial</i>	2	
<i>linezolid 100 mg/5ml susp recon</i>	5	
<i>linezolid 600 mg tablet</i>	4	
<i>linezolid in 0.9 % sodium chloride</i>	5	
<i>linezolid in dextrose 5 % in water</i>	5	
<i>mefloquine hcl</i>	2	
<i>meropenem</i>	4	
<i>meropenem in 0.9 % sodium chloride</i>	4	
METRO IV	4	
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	2	
<i>metronidazole in sodium chloride</i>	4	
NEBUPENT	4	PA B vs D
<i>neomycin sulfate 500 mg tablet</i>	2	
ORBACTIV	5	
<i>paromomycin sulfate 250 mg capsule</i>	4	
PASER	4	
PENTAM 300	4	
<i>pentamidine isethionate 300 mg vial</i>	3	
<i>pentamidine isethionate 300 mg vial-neb</i>	3	PA B vs D
<i>polymyxin b sulfate</i>	2	
<i>praziquantel 600 mg tablet</i>	3	
<i>pretomanid</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRIFTIN	3	
<i>primaquine phosphate</i>	4	
<i>pyrazinamide 500 mg tablet</i>	2	
<i>pyrimethamine 25 mg tablet</i>	5	
<i>quinine sulfate 324 mg capsule</i>	2	
RECARBRIO	5	
<i>rifabutin</i>	4	
<i>rifampin (150 mg capsule, 300 mg capsule, 600 mg vial)</i>	2	
SIRTURO	5	LA
SIVEXTRO (200 MG VIAL, 200 MG TABLET)	5	
SOLOSEC	4	
<i>streptomycin sulfate 1 g vial</i>	4	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	2	
TOBI PODHALER	5	QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/4ml ampul-neb</i>	5	PA B vs D, QL (224 PER 28 DAYS)
<i>tobramycin in 0.225 % sodium chloride</i>	5	PA B vs D, QL (280 PER 28 DAYS)
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	4	
TRECATOR	4	
VABOMERE	4	
XENLETA 600 MG TABLET	5	
XIFAXAN 200 MG TABLET	3	QL (9 PER 3 DAYS)
XIFAXAN 550 MG TABLET	5	QL (60 PER 30 DAYS)
ZEMDRI	5	
ZYVOX 600 MG/300 ML-D5W	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENICILLINS		
<i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	2	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	2	
<i>ampicillin sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	3	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial port, sodium/sulbactam 1.5 g vial, sodium/sulbactam 3 g vial, sodium/sulbactam 3 g vial port, sodium/sulbactam 15 g vial)</i>	3	
<i>ampicillin trihydrate (250 mg capsule, 500 mg capsule)</i>	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin in dextrose, iso-osmotic</i>	4	
<i>nafcillin sodium 10 g vial</i>	5	
<i>nafcillin sodium (1 g vial port, 1 g vial, 2 g vial port, 2 g vial)</i>	4	
<i>oxacillin sodium 10 g vial</i>	5	
<i>oxacillin sodium (1 g vial, 2 g vial port, 2 g vial)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxacillin sodium in iso-osmotic dextrose</i>	4	
<i>penicillin g potassium</i>	3	
<i>penicillin g potassium/dextrose-water</i>	3	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	2	
PFIZERPEN	3	
<i>piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 g vial port, sodium/tazobactam 2.25 g vial, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 13.5 g vial, sodium/tazobactam 40.5 g vial)</i>	3	

QUINOLONES

AVELOX ABC PACK	4	
AVELOX IV	4	
BAXDELA (300 MG VIAL, 450 MG TABLET)	5	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>ciprofloxacin lactate</i>	3	
<i>ciprofloxacin lactate/dextrose 5 % in water</i>	3	
<i>levofloxacin (250mg/10ml solution, 250 mg tablet, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>	2	
<i>levofloxacin 25 mg/ml vial</i>	3	
<i>levofloxacin/dextrose 5 % in water</i>	3	
<i>moxifloxacin hcl 400 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	4	
<i>moxifloxacin hcl in sodium chloride, iso-osmotic</i>	4	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	2	

SULFA'S / RELATED AGENTS

<i>sulfadiazine 500 mg tablet</i>	4	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 80-16mg/ml vial, sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>	2	
SULFATRIM	2	

TETRACYCLINES

<i>demeclocycline hcl</i>	4	
DOXY 100	2	
<i>doxycycline hyclate (20 mg tablet, 50 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg vial)</i>	2	
<i>doxycycline hyclate (50 mg tablet dr, 200 mg tablet dr)</i>	3	
<i>doxycycline hyclate (75 mg tablet dr, 100 mg tablet dr, 150 mg tablet dr)</i>	4	
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet, 150 mg capsule)</i>	2	
<i>doxycycline monohydrate 75 mg capsule</i>	4	
<i>minocycline hcl (50 mg tablet, 50 mg capsule, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MONDOXYNE NL	2	
NUZYRA (100 MG VIAL, 150 MG TABLET)	5	
OKEBO 75 MG CAPSULE	4	
ORACEA	4	
<i>tetracycline hcl 250 mg capsule</i>	2	
<i>tetracycline hcl 500 mg capsule</i>	4	
VIBRAMYCIN 50 MG/5 ML SYRUP	4	
XERAVA 50 MG VIAL	5	

URINARY TRACT AGENTS

<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate (1 g tablet, 500 mg tablet)</i>	2	
MONUROL	4	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	2	
<i>nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
PRIMSOL	3	
<i>trimethoprim 100 mg tablet</i>	2	

VANCOMYCIN

<i>vancomycin hcl (1.25 g vial, 125 mg capsule, 250 mg vial)</i>	4	
<i>vancomycin hcl 250 mg capsule</i>	5	
<i>vancomycin hcl (1 g vial, 1 g vial port, 1.5 g vial, 5 g vial, 10 g vial, 50 mg/ml soln recon, 100 g bulkbaginj, 500 mg vial, 500 mg vial port, 750 mg vial port, 750 mg vial)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin hcl in water for injection (peg-400, nada) (vancomycin/water inj (peg) 1.25 g/250 piggyback, vancomycin/water inj (peg) 1.75 g/350 piggyback, vancomycin/water inj (peg) 750mg/.15l piggyback)</i>	4	
<i>vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 750mg/.15l froz.piggy, vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 500mg/0.1l froz.piggy)</i>	3	
<i>vancomycin/0.9 % sod chloride 750 mg/250 plast. bag</i>	4	
<i>vancomycin in 5 % dextrose in water (5 % 750mg/.15l froz.piggy, 5 % 1g/200ml froz.piggy, 5 % 500mg/0.1l froz.piggy)</i>	3	
<i>vancomycin hcl in 5 % dextrose 1.25 g/250 plast. bag</i>	4	
VIBATIV	4	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl</i>	5	
ELITEK	5	
KEPIVANCE	5	
KHAPZORY	5	
<i>leucovorin calcium (5 mg tablet, 10 mg/ml vial, 10 mg tablet, 15 mg tablet, 25 mg tablet, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	2	
<i>levoleucovorin calcium (10 mg/ml vial, 50 mg vial)</i>	5	
<i>mesna</i>	2	
MESNEX 400 MG TABLET	5	
TOTECT	5	
XGEVA	5	PA B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZINECARD 250 MG VIAL	5	
<i>abiraterone acetate</i>	5	QL (120 PER 30 DAYS)
ABRAXANE	5	
ADAKVEO	5	
ADRIAMYCIN (10 MG VIAL, 10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG/25 ML VIAL, 200 MG/100 ML VIAL)	2	
ADRUCIL	2	
AFINITOR	5	PA - FOR NEW STARTS ONLY
AFINITOR DISPERZ	5	PA - FOR NEW STARTS ONLY
ALECENSA	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
ALIMTA	5	
ALIQOPA	5	LA
ALKERAN 2 MG TABLET	4	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
<i>anastrozole 1 mg tablet</i>	2	
ARRANON	5	
<i>arsenic trioxide 12 mg/6 ml vial</i>	5	
ASTAGRAF XL	4	PA B vs D
AVASTIN	5	
AYVAKIT	5	PA - FOR NEW STARTS ONLY
<i>azacitidine</i>	5	
AZASAN	3	PA B vs D
<i>azathioprine 50 mg tablet</i>	2	PA B vs D
<i>azathioprine sodium</i>	2	
BALVERSA	5	PA - FOR NEW STARTS ONLY, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BAVENCIO	5	
BELEODAQ	5	
<i>bexarotene</i>	5	
<i>bicalutamide</i>	2	
BICNU	5	
BLENREP	5	PA - FOR NEW STARTS ONLY
<i>bleomycin sulfate</i>	2	
<i>bortezomib</i>	5	
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
BOSULIF 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
BRAFTOVI	5	PA - FOR NEW STARTS ONLY
BRUKINSA	5	PA - FOR NEW STARTS ONLY
<i>busulfan</i>	5	
BUSULFEX	5	
BYNFEZIA	5	
CABOMETYX (20 MG TABLET, 60 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
CABOMETYX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
CALQUENCE	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
CAPRELSA	5	LA
<i>carboplatin (10 mg/ml vial, 150 mg vial)</i>	2	
<i>carmustine</i>	5	
<i>cisplatin 1 mg/ml vial</i>	2	
<i>cladribine</i>	5	
<i>clofarabine</i>	5	
COMETRIQ	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPIKTRA	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
COSMEGEN	5	
COTELLIC	5	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 21 DAYS)
<i>cyclophosphamide (25 mg capsule, 50 mg capsule, 200 mg/ml vial)</i>	4	PA B vs D
<i>cyclophosphamide (1 g vial, 2 g vial, 500 mg vial)</i>	2	
<i>cyclosporine 250 mg/5ml ampul</i>	2	
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	2	PA B vs D
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule)</i>	2	PA B vs D
CYRAMZA	5	
<i>cytarabine</i>	2	
<i>cytarabine/pf</i>	2	
<i>dacarbazine</i>	2	
<i>dactinomycin</i>	5	
DARZALEX	5	LA
DARZALEX FASPRO	5	PA B vs D
<i>daunorubicin hcl (5 mg/ml vial, 20 mg vial)</i>	2	
DAURISMO 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>decitabine</i>	5	
<i>docetaxel (20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8ml vial, 160mg/16ml vial, 200mg/10ml vial)</i>	5	
<i>doxorubicin hcl (2 mg/ml vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg vial, 50 mg/25ml vial)</i>	2	
<i>doxorubicin hcl pegylated liposomal</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DROXIA	3	
ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT)	3	
ELLENCE	5	
EMCYT	3	
EMPLICITI	5	
ENHERTU	5	
ENSPRYNG	5	PA
ENVARUSUS XR	4	PA B vs D
<i>epirubicin hcl 200mg/0.1l vial</i>	2	
ERBITUX 100 MG/50 ML VIAL	5	
ERIVEDGE	5	QL (28 PER 28 DAYS)
ERLEADA	5	PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
ERWINAZE	5	
ETOPOPHOS	3	
<i>etoposide 20 mg/ml vial</i>	2	
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	5	PA B vs D
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY
<i>exemestane</i>	2	
FARYDAK	5	
FASLODEX	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRMAGON	4	PA B vs D
<i>floxuridine 500 mg vial</i>	2	
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	2	
<i>fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)</i>	2	
<i>flutamide</i>	2	
FOLOTYN	5	
<i>fulvestrant</i>	5	
GAVRETO	5	PA - FOR NEW STARTS ONLY, LA
<i>gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 200 mg vial, 200mg/5.26 vial)</i>	5	
GENGRAF 25 MG CAPSULE	2	PA B vs D
GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)	4	PA B vs D
GILOTRIF	5	PA - FOR NEW STARTS ONLY
GLEOSTINE (40 MG CAPSULE, 100 MG CAPSULE)	5	
GLEOSTINE 10 MG CAPSULE	4	
HALAVEN	5	
HERCEPTIN	5	
HERCEPTIN HYLECTA	5	
HERZUMA	5	PA B vs D
HEXALEN	5	
<i>hydroxyurea 500 mg capsule</i>	2	
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE)	5	QL (30 PER 30 DAYS)
ICLUSIG	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>idarubicin hcl</i>	2	
IDHIFA	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
<i>ifosfamide (1 g/20 ml vial, 1 g vial, 3 g/60 ml vial, 3 g vial)</i>	2	
<i>imatinib mesylate</i>	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	5	QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE	5	QL (240 PER 30 DAYS)
IMBRUVICA (420 MG TABLET, 560 MG TABLET)	5	QL (30 PER 30 DAYS)
IMBRUVICA 280 MG TABLET	5	QL (60 PER 30 DAYS)
IMFINZI	5	LA
INFUGEM	5	
INLYTA	5	QL (120 PER 30 DAYS)
INQOVI	5	PA - FOR NEW STARTS ONLY
INREBIC	5	
IRESSA	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>irinotecan hcl</i>	2	
ISTODAX	5	
IXEMPRA	5	
JAKAFI	5	QL (60 PER 30 DAYS)
JEVTANA	5	
KADCYLA	5	
KANJINTI	5	
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	
KISQALI	5	QL (90 PER 30 DAYS)
KISQALI FEMARA CO-PACK	5	QL (91 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KOSELUGO	5	PA
KYPROLIS	5	
<i>lapatinib ditosylate</i>	5	
LARTRUVO	5	LA
LENVIMA	5	
<i>letrozole 2.5 mg tablet</i>	2	
LEUKERAN	3	
<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial)</i>	2	
LIBTAYO	5	
LONSURF 15 MG-6.14 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (300 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
LUMOXITI	5	PA
LUPRON DEPOT	5	
LUPRON DEPOT (LUPANETA)	5	
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	5	
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
LYSODREN	3	
MARQIBO	4	
MATULANE	5	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp, 625mg/5ml oral susp)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MEKINIST	5	PA - FOR NEW STARTS ONLY
MEKTOVI	5	PA - FOR NEW STARTS ONLY, LA
<i>melphalan</i>	3	
<i>melphalan hcl</i>	5	
<i>mercaptopurine 50 mg tablet</i>	2	
<i>methotrexate 250 mg/10ml - 1946772</i>	2	PA B vs D
<i>methotrexate sodium 2.5 mg tablet</i>	2	PA B vs D
<i>methotrexate sodium/pf 1 g vial</i>	2	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	2	PA B vs D
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	2	
<i>mitoxantrone hcl</i>	2	
MONJUVI	5	
MVASI	5	
MYCAPSSA	5	PA
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	PA B vs D
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	2	PA B vs D
<i>mycophenolate mofetil hcl</i>	2	
<i>mycophenolate sodium</i>	2	PA B vs D
MYLOTARG	5	
NERLYNX	5	PA - FOR NEW STARTS ONLY, LA, QL (240 PER 30 DAYS)
NEXAVAR	5	PA - FOR NEW STARTS ONLY, LA
<i>nilutamide</i>	5	
NINLARO	5	QL (3 PER 28 DAYS)
NIPENT	5	
NUBEQA	5	PA - FOR NEW STARTS ONLY
NULOJIX	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>octreotide acetate (50 mcg/ml vial, 50 mcg/ml ampul, 50 mcg/ml syringe, 100 mcg/ml ampul, 100 mcg/ml vial, 100 mcg/ml syringe, 200 mcg/ml vial)</i>	2	
<i>octreotide acetate (500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	5	
ODOMZO	5	LA, QL (30 PER 30 DAYS)
OGIVRI	5	
ONCASPAR	5	
ONIVYDE	4	
ONTRUZANT	5	PA B vs D
ONUREG	5	
OPDIVO	5	
<i>oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial)</i>	3	
<i>paclitaxel</i>	2	
PADCEV	5	
PEMAZYRE	5	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 DAYS)
PERJETA	5	
PHESGO	5	PA - FOR NEW STARTS ONLY
PIQRAY	5	PA - FOR NEW STARTS ONLY
POLIVY 140 MG VIAL	5	PA - FOR NEW STARTS ONLY
POLIVY 30 MG VIAL	5	
POMALYST	5	QL (90 PER 30 DAYS)
POTELIGEO	5	PA - FOR NEW STARTS ONLY
PROGRAF 5 MG/ML AMPULE	4	
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	4	PA B vs D
PURIXAN	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QINLOCK	5	PA - FOR NEW STARTS ONLY, LA
RETEVMO	5	PA - FOR NEW STARTS ONLY, LA
REVLIMID	5	LA, QL (28 PER 28 DAYS)
RITUXAN	5	
RITUXAN HYCELA	5	
<i>romidepsin (10 mg/2 ml vial, 27.5/5.5ml vial)</i>	5	
ROZLYTREK	5	PA - FOR NEW STARTS ONLY
RUBRACA	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
RUXIENCE	5	PA B vs D
RYDAPT	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	4	PA B vs D
SANDOSTATIN LAR DEPOT	5	
SARCLISA	5	PA - FOR NEW STARTS ONLY, LA
SIGNIFOR	5	
SIGNIFOR LAR	5	
SIKLOS	5	
SIMULECT 20 MG VIAL	3	
<i>sirolimus 1 mg/ml solution</i>	4	PA B vs D
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	PA B vs D
SOLTAMOX	3	
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	5	
SPRYCEL (20 MG TABLET, 50 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
SPRYCEL (70 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRYCEL 80 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
STIVARGA	5	PA - FOR NEW STARTS ONLY, QL (112 PER 28 DAYS)
SUPPRELIN LA	4	
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE)	5	QL (28 PER 28 DAYS)
SUTENT 37.5 MG CAPSULE	5	QL (56 PER 28 DAYS)
SYLVANT	5	
SYNRIBO	5	PA B vs D
TABLOID	3	
TABRECTA	5	PA - FOR NEW STARTS ONLY
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	2	PA B vs D
TAFINLAR	5	PA - FOR NEW STARTS ONLY
TAGRISSE	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
TALZENNA 1 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2	
TARGRETIN 1% GEL	5	
TASIGNA	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
TAZVERIK	5	LA
TECENTRIQ	5	LA
<i>temsirolimus</i>	5	
THALOMID	5	
<i>thiotepa 100 mg vial</i>	5	PA B vs D
<i>thiotepa 15 mg vial</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIBSOVO	5	PA - FOR NEW STARTS ONLY
TOPOSAR	2	
<i>topotecan hcl (4 mg/4 ml vial, 4 mg vial)</i>	5	
<i>toremifene citrate</i>	5	
TORISEL	5	
TRAZIMERA	5	PA B vs D
TREANDA (25 MG VIAL, 100 MG VIAL)	5	
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	PA B vs D
<i>tretinoin 10 mg capsule</i>	5	
TREXALL	3	PA B vs D
TRIPTODUR	5	PA
TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	5	
TRODELVY	5	PA - FOR NEW STARTS ONLY, LA
TRUXIMA	5	
TUKYSA	5	PA - FOR NEW STARTS ONLY, LA
TURALIO	5	PA
TYKERB	5	PA - FOR NEW STARTS ONLY, LA
<i>valrubicin</i>	3	
VECTIBIX 100 MG/5 ML VIAL	5	
VELCADE	5	
VENCLEXTA (10 MG TABLET, 10 MG TAB (10MG X 2))	4	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA STARTING PACK	5	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
VERZENIO	5	LA, QL (60 PER 30 DAYS)
<i>vinblastine sulfate</i>	2	
VINCASAR PFS 1 MG/ML VIAL	2	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	
VITRAKVI 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, LA, QL (300 PER 30 DAYS)
VIZIMPRO	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
VOTRIENT	5	QL (120 PER 30 DAYS)
VYXEOS	5	
XALKORI	5	PA - FOR NEW STARTS ONLY
XATMEP	4	PA B vs D
XERMELO	5	
XOSPATA	5	PA - FOR NEW STARTS ONLY, LA
XPOVIO	5	LA
XTANDI	5	QL (120 PER 30 DAYS)
YERVOY	5	
YONDELIS	5	
YONSA	5	
ZALTRAP	5	
ZANOSAR	3	
ZEJULA	5	PA - FOR NEW STARTS ONLY, LA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZELBORAF	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
ZEPZELCA	5	
ZIRABEV	5	
ZOLADEX	4	
ZOLINZA	5	
ZORTRESS	5	PA B vs D
ZYDELIG	5	QL (60 PER 30 DAYS)
ZYKADIA	5	PA - FOR NEW STARTS ONLY, QL (150 PER 30 DAYS)
ZYTIGA 500 MG TABLET	5	QL (120 PER 30 DAYS)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30 DAYS), STEP
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30 DAYS), STEP
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	STEP
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS), STEP
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS), STEP
BRIVIACT 50 MG/5 ML VIAL	4	
<i>carbamazepine (100 mg tab er 12h, 100 mg cpm 12hr, 100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet, 200 mg tab er 12h, 200 mg cpm 12hr, 300 mg cpm 12hr, 400 mg tab er 12h)</i>	2	
CELONTIN	3	STEP
<i>clobazam 2.5 mg/ml oral susp</i>	3	QL (480 PER 30 DAYS)
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis)</i>	3	
DIASTAT	4	
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	3	
DILANTIN 30 MG CAPSULE	3	STEP
<i>divalproex sodium (125 mg tablet dr, 125 mg cap dr spr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tablet dr, 500 mg tab er 24h)</i>	2	
EPIDIOLEX	5	PA - FOR NEW STARTS ONLY, LA
EPITOL	2	
EQUETRO	4	STEP
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	2	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	4	
FINTEPLA	5	PA - FOR NEW STARTS ONLY
<i>fosphenytoin sodium</i>	2	
FYCOMPA 0.5 MG/ML ORAL SUSP	5	STEP
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	STEP
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg/6ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	2	
GRALISE	4	
LAMICTAL XR (BLUE)	4	STEP
LAMICTAL XR (GREEN)	4	STEP
LAMICTAL XR (ORANGE)	4	STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine (25 mg tab er 24, 25 mg tab rapdis, 50 mg tab rapdis, 50 mg tab er 24, 100 mg tab er 24, 100 mg tab rapdis, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24)</i>	4	
<i>lamotrigine (5 mg tb chw dsp, 25(84)-100 tab ds pk, 25 mg tablet, 25(42)-100 tab ds pk, 25mg (35) tab ds pk, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet, 300 mg tab er 24)</i>	2	
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg/5ml solution, 500 mg tablet, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	2	
<i>levetiracetam in sodium chloride, iso-osmotic</i>	4	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (120 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
LYRICA CR	4	PA, QL (30 PER 30 DAYS)
NAYZILAM	5	STEP
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	2	
OXTELLAR XR	4	STEP
PEGANONE	3	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	3	
<i>phenobarbital sodium (65 mg/ml vial, 130mg/ml vial)</i>	3	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	2	
<i>phenytoin sodium 50 mg/ml vial</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytoin sodium extended</i>	2	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	2	QL (120 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
QUDEXY XR	4	PA - FOR NEW STARTS ONLY
ROWEEPRA	2	
ROWEEPRA XR	2	
SPRITAM	4	STEP
SYMPAZAN	5	QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	3	
<i>topiramate (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)</i>	4	PA - FOR NEW STARTS ONLY
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	PA - FOR NEW STARTS ONLY
TROKENDI XR	4	PA - FOR NEW STARTS ONLY
<i>valproic acid 250 mg capsule</i>	2	
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500 mg/5ml vial, salt) 500mg/10ml solution)</i>	2	
VALTOCO	5	
<i>vigabatrin 500 mg powd pack</i>	5	LA, QL (180 PER 30 DAYS)
<i>vigabatrin 500 mg tablet</i>	5	LA
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	STEP
VIMPAT 150 MG TABLET	3	STEP
VIMPAT 200 MG/20 ML VIAL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI 12.5-25 MG TITRATION PK	4	STEP
XCOPRI (50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150-200 MG TITRATION PK, 150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	5	STEP
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	PA - FOR NEW STARTS ONLY
ANTIPARKINSONISM AGENTS		
APOKYN	5	LA
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg/2 ml vial, 2 mg/2 ml ampul, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate 5 mg capsule</i>	4	
<i>bromocriptine mesylate 2.5 mg tablet</i>	2	
<i>carbidopa 25 mg tablet</i>	4	
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 25mg-100mg tablet)</i>	1	
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 50mg-200mg tablet er)</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
DUOPA	4	PA B vs D
<i>entacapone</i>	2	
GOCOVRI ER 137 MG CAPSULE	5	QL (60 PER 30 DAYS)
GOCOVRI ER 68.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
INBRIJA	5	
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEUPRO	4	
NOURIANZ	5	LA
ONGENTYS	4	
OSMOLEX ER	4	
<i>pramipexole di-hcl 1.5 mg tab er 24h</i>	4	
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.375 mg tab er 24h, 0.5 mg tablet, 0.75 mg tab er 24h, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	2	
<i>rasagiline mesylate (0.5 mg tablet, 1 mg tablet)</i>	3	
<i>ropinirole hcl 12 mg tab er 24h</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tablet, 4 mg tab er 24h, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h)</i>	2	
RYTARY	4	
<i>selegiline hcl (5 mg tablet, 5 mg capsule)</i>	2	
<i>tolcapone</i>	5	
XADAGO	5	
ZELAPAR	5	

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA, QL (2 PER 30 DAYS)
AJOVY AUTOINJECTOR	4	PA, QL (1.5 PER 30 DAYS)
AJOVY SYRINGE	4	PA, QL (1.5 PER 30 DAYS)
<i>almotriptan malate</i>	2	QL (9 PER 30 DAYS)
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	2	
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	5	QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>eletriptan hydrobromide</i>	2	QL (9 PER 30 DAYS)
EMGALITY PEN	4	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	4	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	4	PA, QL (3 PER 30 DAYS)
ERGOMAR	4	
<i>ergotamine tartrate/caffeine</i>	2	
<i>frovatriptan succinate</i>	2	QL (27 PER 28 DAYS)
MIGERGOT	2	
<i>naratriptan hcl</i>	2	QL (9 PER 30 DAYS)
NURTEC ODT	5	QL (8 PER 30 DAYS)
ONZETRA XSAIL	4	QL (32 PER 28 DAYS), STEP
REYVOW	4	QL (8 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	2	QL (36 PER 28 DAYS)
<i>sumatriptan 20 mg spray</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan 5 mg spray</i>	4	QL (36 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml pen injctr, 4 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial)</i>	3	QL (8 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (9 PER 30 DAYS)
<i>sumatriptan succinate/naproxen sodium</i>	2	QL (18 PER 30 DAYS)
TOSYMRA	4	QL (24 PER 28 DAYS), STEP
UBRELVY	5	QL (10 PER 30 DAYS)
VYEPTI	5	PA
ZEMBRACE SYMTOUCH	5	STEP
<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	2	QL (9 PER 30 DAYS)
ZOMIG (2.5 MG SPRAY, 5 MG SPRAY)	4	QL (18 PER 28 DAYS), STEP

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	5	PA, QL (30 PER 30 DAYS)
AUSTEDO	5	PA, LA
BAFIERTAM	5	QL (120 PER 30 DAYS)
<i>dalfampridine 10 mg tab er 12h</i>	5	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate</i>	5	
<i>donepezil hcl 23 mg tablet</i>	4	STEP
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)</i>	1	
EVRYSDI	5	PA, LA
EXONDYS-51	5	PA
FIRDAPSE	5	PA
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	2	
GILENYA 0.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
<i>glatiramer acetate</i>	5	
GLATOPA	5	
HORIZANT	4	STEP
INGREZZA	5	LA, QL (30 PER 30 DAYS)
INGREZZA INITIATION PACK	5	LA, QL (28 PER 28 DAYS)
KESIMPTA PEN	5	
KEVEYIS	5	
LUCEMYRA	5	PA
MAVENCLAD	5	PA, LA
MAYZENT (0.25 MG TABLET, 2 MG TABLET)	5	PA
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 7 mg cap spr 24, 10 mg tablet, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	4	PA
NAMENDA XR TITRATION PACK	4	PA
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	4	PA
NUDEXTA	5	PA
OCREVUS	5	PA, LA
ONPATTRO	5	PA, LA
RADICAVA	5	
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
RUZURGI	5	PA
TECFIDERA	5	
TEGSEDI	5	PA, LA
<i>tetrabenazine 12.5 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
TYSABRI	5	PA, LA
VILTEPSO	5	PA
VUMERITY	5	
VYONDYS-53	5	PA
ZEPOSIA 0.23-0.46 MG START PCK	5	QL (7 PER 30 DAYS)
ZEPOSIA 0.23-0.46-0.92 MG KIT	5	QL (37 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	5	QL (30 PER 30 DAYS)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen (10 mg tablet, 20 mg tablet)</i>	2	
<i>baclofen (5 mg tablet, 20k mcg/20 vial, 10000/20ml vial, 40000/20ml vial)</i>	4	
<i>chlorzoxazone (375 mg tablet, 500 mg tablet, 750 mg tablet)</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	3	
<i>dantrolene sodium (20 mg vial, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
LIORESAL INTRATHECAL	4	
MESTINON 60 MG/5 ML SOLUTION	5	
<i>orphenadrine citrate 100 mg tablet er</i>	3	PA
<i>orphenadrine citrate (30 mg/ml ampul, 30 mg/ml vial)</i>	3	
<i>pyridostigmine bromide 60 mg/5 ml solution</i>	5	
<i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>	2	
<i>pyridostigmine bromide 30 mg tablet</i>	4	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	

NARCOTIC ANALGESICS

<i>acetaminophen with codeine 120-12mg/5 solution</i>	2	QL (4500 PER 30 OVER TIME)
<i>acetaminophen with codeine 300mg/12.5 solution</i>	2	QL (4500 PER 30 DAYS)
<i>acetaminophen with codeine 300mg-60mg tablet</i>	2	QL (180 PER 30 OVER TIME)
<i>acetaminophen with codeine phosphate (300mg-30mg tablet, 300mg-15mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	2	QL (300 PER 30 OVER TIME)
ALLZITAL	4	QL (360 PER 30 DAYS)
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM)	4	QL (60 PER 30 OVER TIME)
BELBUCA (750 MCG FILM, 900 MCG FILM)	3	QL (60 PER 30 OVER TIME)
BUPRENEX	4	QL (266 PER 30 OVER TIME)
<i>buprenorphine (5 mcg/hr patch tdwk, 10 mcg/hr patch tdwk, 15 mcg/hr patch tdwk, 20 mcg/hr patch tdwk)</i>	3	QL (4 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine 7.5 mcg/hr patch tdwk</i>	3	QL (4 PER 28 DAYS)
<i>buprenorphine hcl (0.3 mg/ml cartridge, 0.3 mg/ml vial)</i>	2	QL (266 PER 30 OVER TIME)
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	2	
<i>codeine sulfate</i>	2	QL (180 PER 30 OVER TIME)
ENDOCET	2	QL (360 PER 30 OVER TIME)
<i>fentanyl (12 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	2	QL (10 PER 30 OVER TIME)
<i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72)</i>	4	QL (10 PER 30 OVER TIME)
<i>fentanyl 25 mcg/hr patch td72</i>	2	QL (10 PER 30 DAYS)
<i>fentanyl 87.5mcg/hr patch td72</i>	5	QL (10 PER 30 OVER TIME)
<i>fentanyl citrate (100 mcg tablet eff, 200 mcg lozenge hd, 200 mcg tablet eff, 400 mcg lozenge hd, 400 mcg tablet eff, 600 mcg tablet eff, 600 mcg lozenge hd, 800 mcg tablet eff, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	5	PA, QL (120 PER 30 OVER TIME)
<i>fentanyl citrate/pf (citrate/pf 50 mcg/ml ampul, citrate/pf 50 mcg/ml vial, citrate/pf 100mcg/2ml cartridge, citrate/pf 100mcg/2ml syringe)</i>	2	QL (400 PER 30 OVER TIME)
FENTORA	5	PA, QL (120 PER 30 OVER TIME)
<i>hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)</i>	4	QL (90 PER 30 OVER TIME)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10-325/15 solution)</i>	2	QL (5550 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet)</i>	2	QL (390 PER 30 OVER TIME)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>hydrocodone/ibuprofen</i>	2	QL (50 PER 30 OVER TIME)
<i>hydromorphone hcl (1 mg/ml syringe, 1 mg/ml cartridge, 1 mg/ml ampul)</i>	2	QL (300 PER 30 OVER TIME)
<i>hydromorphone hcl (4 mg/ml cartridge, 4 mg/ml ampul)</i>	2	QL (75 PER 30 OVER TIME)
<i>hydromorphone hcl 1 mg/ml liquid</i>	2	QL (2400 PER 30 OVER TIME)
<i>hydromorphone hcl 0.5mg/.5ml syringe</i>	4	QL (300 PER 30 OVER TIME)
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h)</i>	2	QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl 16 mg tab er 24h</i>	4	QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl 32 mg tab er 24h</i>	5	QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg/ml ampul, 2 mg/ml vial)</i>	2	QL (150 PER 30 OVER TIME)
<i>hydromorphone hcl/pf (hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial)</i>	2	QL (150 PER 30 OVER TIME)
<i>hydromorphone hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	2	QL (240 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 1 mg/ml vial</i>	4	QL (2400 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 4 mg/ml vial</i>	2	QL (75 PER 30 OVER TIME)
HYSINGLA ER (ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	4	QL (60 PER 30 OVER TIME)
HYSINGLA ER (ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	5	QL (60 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYSINGLA ER 20 MG TABLET	4	QL (150 PER 30 OVER TIME)
KADIAN ER 200 MG CAPSULE	4	QL (90 PER 30 OVER TIME)
<i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i>	5	QL (120 PER 30 OVER TIME)
LORTAB	4	QL (6000 PER 30 OVER TIME)
<i>methadone hcl 10 mg/5 ml solution</i>	2	QL (600 PER 30 OVER TIME)
<i>methadone hcl 5 mg/5 ml solution</i>	2	QL (1200 PER 30 OVER TIME)
<i>methadone hcl 10 mg/ml syringe</i>	2	QL (160 PER 30 DAYS)
<i>methadone hcl (10 mg/ml oral conc, 10 mg tablet)</i>	2	QL (120 PER 30 OVER TIME)
<i>methadone hcl 5 mg tablet</i>	2	QL (240 PER 30 OVER TIME)
<i>methadone hcl 10 mg/ml vial</i>	2	QL (150 PER 30 OVER TIME)
METHADONE INTENSOL	2	QL (120 PER 30 OVER TIME)
METHADOSE 10 MG/ML ORAL CONC	2	QL (120 PER 30 OVER TIME)
<i>morphine sulfate (10 mg cap er pel, 20 mg cap er pel, 30 mg cap er pel, 50 mg cap er pel, 60 mg cap er pel, 80 mg cap er pel, 100 mg cap er pel)</i>	2	QL (90 PER 30 OVER TIME)
<i>morphine sulfate 40 mg cap er pel</i>	3	QL (90 PER 30 OVER TIME)
<i>morphine sulfate 10 mg/ml cartridge</i>	4	QL (200 PER 30 OVER TIME)
<i>morphine sulfate 2 mg/ml cartridge</i>	2	QL (1000 PER 30 OVER TIME)
<i>morphine sulfate 4 mg/ml cartridge</i>	2	QL (500 PER 30 OVER TIME)
<i>morphine sulfate (30 mg cpm 24hr, 90 mg cpm 24hr, 100 mg tablet er, 120 mg cpm 24hr)</i>	2	QL (60 PER 30 OVER TIME)
<i>morphine sulfate (45 mg cpm 24hr, 60 mg cpm 24hr, 75 mg cpm 24hr)</i>	4	QL (60 PER 30 OVER TIME)
<i>morphine sulfate (10 mg/5 ml solution, 20 mg/5 ml solution, 100 mg/5ml solution)</i>	2	QL (900 PER 30 OVER TIME)
<i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 200 mg tablet er)</i>	2	QL (120 PER 30 OVER TIME)
<i>morphine sulfate 10 mg/ml vial</i>	2	QL (200 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate 2 mg/ml vial</i>	4	QL (1000 PER 30 OVER TIME)
<i>morphine sulfate/0.9% nacl/pf 5 mg/ml plast. bag</i>	4	
<i>morphine sulfate/pf 150mg/30ml pca vial</i>	2	QL (400 PER 30 OVER TIME)
<i>morphine sulfate/pf (sulfate/pf 1 mg/ml vial, sulfate/pf 30 mg/30ml pca vial)</i>	2	QL (2000 PER 30 OVER TIME)
<i>morphine sulfate/pf 0.5 mg/ml vial</i>	2	QL (4000 PER 30 OVER TIME)
<i>nalbuphine hcl (10 mg/ml vial, 10 mg/ml ampul)</i>	2	QL (200 PER 30 OVER TIME)
<i>nalbuphine hcl (20 mg/ml vial, 20 mg/ml ampul)</i>	2	QL (100 PER 30 OVER TIME)
<i>oxycodone hcl 5 mg/5 ml solution</i>	4	QL (1200 PER 30 OVER TIME)
<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h)</i>	3	QL (90 PER 30 OVER TIME)
<i>oxycodone hcl 80 mg tab er 12h</i>	3	QL (60 PER 30 OVER TIME)
<i>oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg/ml oral conc, 20 mg tablet, 30 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
<i>oxycodone hcl (5 mg capsule, 5 mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>oxycodone hcl/acetaminophen 2.5-300 mg tablet</i>	2	QL (390 PER 30 OVER TIME)
<i>oxycodone hcl/aspirin</i>	2	QL (360 PER 30 OVER TIME)
OXYCONTIN (ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	4	QL (90 PER 30 OVER TIME)
OXYCONTIN ER 80 MG TABLET	4	QL (60 PER 30 OVER TIME)
<i>oxymorphone hcl (15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h)</i>	4	QL (90 PER 30 OVER TIME)
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 40 mg tab er 12h)</i>	2	QL (90 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxymorphone hcl 10 mg tablet</i>	4	QL (360 PER 30 OVER TIME)
<i>oxymorphone hcl 5 mg tablet</i>	2	QL (180 PER 30 OVER TIME)
PRIMLEV	4	QL (360 PER 30 OVER TIME)
REPREXAIN 2.5-200 MG TABLET	2	QL (50 PER 30 DAYS)
ROXYBOND (15 MG TABLET, 30 MG TABLET)	4	QL (180 PER 30 OVER TIME)
ROXYBOND 5 MG TABLET	4	QL (360 PER 30 OVER TIME)
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY)	5	PA, QL (120 PER 30 OVER TIME)
SUBSYS 1,200 MCG SPRAY	5	QL (56 PER 30 OVER TIME)
SUBSYS 1,600 MCG SPRAY	5	QL (42 PER 30 OVER TIME)
TREZIX	4	QL (300 PER 30 OVER TIME)
XTAMPZA ER	4	QL (90 PER 30 OVER TIME)
ZOXYDRO ER	4	QL (90 PER 30 OVER TIME)

NON-NARCOTIC ANALGESICS

BUNAVAIL (4.2-0.7 MG FILM, 6.3-1 MG FILM)	4	QL (60 PER 30 OVER TIME)
BUNAVAIL 2.1-0.3 MG FILM	4	QL (30 PER 30 OVER TIME)
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 film, /naloxone 2 tab sub)</i>	2	QL (360 PER 30 OVER TIME)
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	2	QL (60 PER 30 OVER TIME)
<i>buprenorphine hcl/naloxone hcl (/naloxone 4mg-1mg film, /naloxone 8 mg-2 mg tab sub, /naloxone 8 mg-2 mg film)</i>	2	QL (90 PER 30 OVER TIME)
<i>butorphanol tartrate 10 mg/ml spray</i>	2	QL (5 PER 28 OVER TIME)
<i>butorphanol tartrate 1 mg/ml vial</i>	2	QL (857 PER 30 OVER TIME)
<i>butorphanol tartrate 2 mg/ml vial</i>	2	QL (428 PER 30 OVER TIME)
CALDOLOR 800 MG/200 ML BAG	4	
CAMBIA	4	QL (9 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2	
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	QL (30 PER 30 OVER TIME)
<i>diclofenac epolamine</i>	4	PA
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium 1.5 % drops</i>	4	QL (300 PER 28 DAYS)
<i>diclofenac sodium (1 % gel (gram), 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal 500 mg tablet</i>	2	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tablet, 500 mg tab er 24h, 600 mg tab er 24h)</i>	2	
<i>fenoprofen calcium 400 mg capsule</i>	4	
<i>fenoprofen calcium 600 mg tablet</i>	3	
<i>flurbiprofen 100 mg tablet</i>	2	
IBU	2	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	2	
INDOCIN 25 MG/5 ML SUSPENSION	4	PA
INDOCIN 50 MG SUPPOSITORY	4	
<i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule, 200 mg cap24h pel)</i>	2	
<i>ketorolac tromethamine 15.75 mg spray</i>	4	
<i>meclofenamate sodium 100 mg capsule</i>	4	
<i>meclofenamate sodium 50 mg capsule</i>	2	
<i>mefenamic acid 250 mg capsule</i>	2	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NALFON 400 MG CAPSULE	4	
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)</i>	2	
<i>naltrexone hcl 50 mg tablet</i>	2	
NAPRELAN CR 750 MG TABLET	4	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet dr, 500 mg tablet)</i>	2	
<i>naproxen sodium (275 mg tablet, 375 mg tbmp 24hr, 500 mg tbmp 24hr, 550 mg tablet)</i>	2	
NARCAN	3	
NUCYNTA 100 MG TABLET	4	QL (181 PER 30 OVER TIME)
NUCYNTA 50 MG TABLET	4	QL (362 PER 30 OVER TIME)
NUCYNTA 75 MG TABLET	4	QL (242 PER 30 OVER TIME)
NUCYNTA ER	4	QL (60 PER 30 OVER TIME)
<i>oxaprozin</i>	2	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	2	
<i>salsalate (500 mg tablet, 750 mg tablet)</i>	2	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM)	4	QL (90 PER 30 OVER TIME)
SUBOXONE 12 MG-3 MG SL FILM	4	QL (60 PER 30 OVER TIME)
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (360 PER 30 OVER TIME)
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	
TIVORBEX	4	PA
<i>tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)</i>	2	
<i>tramadol hcl (100 mg cpbp 25-75, 200 mg cpbp 25-75, 300 mg cpbp 17-83)</i>	4	QL (30 PER 30 OVER TIME)
<i>tramadol hcl (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tbmp 24hr)</i>	2	QL (30 PER 30 OVER TIME)
<i>tramadol hcl (100 mg tbmp 24hr, 200 mg tbmp 24hr, 300 mg tab er 24h)</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tramadol hcl 100 mg tablet</i>	4	QL (120 PER 30 OVER TIME)
<i>tramadol hcl 50 mg tablet</i>	2	QL (240 PER 30 OVER TIME)
<i>tramadol hcl/acetaminophen</i>	2	QL (240 PER 30 OVER TIME)
VIMOVO	4	
VIVITROL	5	
VIVLODEX	4	
ZIPSOR	4	
ZORVOLEX	4	
ZUBSOLV (0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET)	4	QL (30 PER 30 OVER TIME)
ZUBSOLV (1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET)	4	QL (90 PER 30 OVER TIME)
ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30 OVER TIME)

PSYCHOTHERAPEUTIC DRUGS

ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG VL, ER 400 MG SYR)	5	
ABILIFY MYCITE	5	QL (30 PER 30 DAYS)
ADASUVE	4	
ADZENYS ER	4	
ADZENYS XR-ODT	4	
<i>alprazolam (0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tab er 24h, 1 mg tab rapdis, 1 mg tab er 24h, 2 mg tab rapdis, 2 mg tab er 24h, 3 mg tab er 24h)</i>	3	
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
ALPRAZOLAM INTENSOL	3	
<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
<i>amoxapine</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphetamine</i>	4	
<i>amphetamine sulfate</i>	3	PA
APTENSIO XR	4	
<i>aripiprazole 1 mg/ml solution</i>	2	QL (750 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	2	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
<i>armodafinil</i>	3	PA
<i>atomoxetine hcl</i>	2	
BELSOMRA	4	
<i>bupropion hcl (75 mg tablet, 100 mg tablet, 150 mg tab er 24h, 150 mg tab er 12h, 300 mg tab er 24h)</i>	2	
<i>bupropion hcl (100 mg tab sr 12h, 150 mg tab sr 12h, 200 mg tab sr 12h)</i>	1	
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
CAPLYTA	5	STEP
<i>chlorpromazine hcl (25 mg/ml ampul, 100 mg tablet)</i>	4	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 200 mg tablet)</i>	2	
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	2	
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule)</i>	3	
<i>clomipramine hcl 75 mg capsule</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine hcl 0.1 mg tab er 12h</i>	2	
<i>clorazepate dipotassium</i>	3	
<i>clozapine (12.5 mg tab rapdis, 25 mg tablet, 25 mg tab rapdis, 50 mg tablet, 100 mg tablet, 100 mg tab rapdis, 200 mg tablet)</i>	2	
<i>clozapine (150 mg tab rapdis, 200 mg tab rapdis)</i>	4	
COTEMPLA XR-ODT	4	
DAYTRANA	4	
DAYVIGO	4	QL (30 PER 30 DAYS)
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	2	
<i>desvenlafaxine (50 mg tab er 24h, 50 mg tab er 24, 100 mg tab er 24h, 100 mg tab er 24)</i>	4	
<i>desvenlafaxine succinate</i>	2	
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	2	
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 20 mg cpbp 50-50)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet, dextroamphetamine/amphetamine 30 mg cap er 24h)</i>	2	
<i>dextroamphetamine sulfate (10 mg capsule er, 15 mg capsule er)</i>	4	
<i>dextroamphetamine sulfate (5 mg/5 ml solution, 5 mg tablet, 5 mg capsule er, 10 mg tablet)</i>	2	
<i>diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg/ml cartridge, 5 mg/ml syringe, 5 mg tablet, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet)</i>	3	
<i>doxepin hcl (3 mg tablet, 6 mg tablet, 10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 40 mg capsule dr, 60 mg capsule dr)</i>	2	
DYANAVEL XR	4	
EDLUAR	4	
EMSAM	5	QL (30 PER 30 DAYS)
<i>ergoloid mesylates 1 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>escitalopram oxalate 5 mg/5 ml solution</i>	2	
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>eszopiclone</i>	3	
EVEKEO ODT	4	PA
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK)	4	STEP
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	STEP
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl (20 mg/5 ml solution, 90 mg capsule dr)</i>	2	
<i>fluoxetine hcl 60 mg tablet</i>	4	
<i>fluphenazine decanoate 25 mg/ml vial</i>	2	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg/5ml elixir, 2.5 mg tablet, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	2	
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	4	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
GEODON 20 MG/ML VIAL	4	
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	3	
<i>guanidine hcl</i>	2	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>haloperidol decanoate (50 mg/ml vial, 50 mg/ml ampul, 100 mg/ml ampul, 100 mg/ml vial)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial, 5 mg/ml ampul)</i>	2	
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	
<i>imipramine pamoate</i>	4	
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA TRINZA	5	
LATUDA	5	QL (30 PER 30 DAYS), STEP
<i>lithium carbonate (150 mg capsule, 300 mg tablet er, 300 mg tablet, 300 mg capsule, 450 mg tablet er, 600 mg capsule)</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	2	
<i>lorazepam (2 mg/ml syringe, 2 mg/ml vial, 2 mg/ml cartridge, 2 mg/ml oral conc, 2 mg tablet, 4 mg/ml cartridge, 4 mg/ml vial)</i>	3	
LORAZEPAM INTENSOL	3	
<i>loxapine succinate</i>	2	
<i>maprotiline hcl</i>	2	
MARPLAN	3	
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24)</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate hcl 36 mg tab er 24</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg cpbp 30-70, 10 mg tab chew, 10 mg cpbp 50-50, 20 mg cpbp 30-70, 20 mg tablet, 20 mg cpbp 50-50, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	2	
<i>methylphenidate hcl (10 mg tablet er, 10 mg/5 ml solution, 20 mg tablet er, 72 mg tab er 24)</i>	4	
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	1	
<i>mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)</i>	2	
<i>modafinil</i>	3	PA
<i>molindone hcl</i>	2	
MYDAYIS	4	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>nortriptyline hcl 10 mg/5 ml solution</i>	2	
<i>nortriptyline hcl 20 mg/10ml solution</i>	4	
NUPLAZID 34 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
NUPLAZID 17 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olanzapine/fluoxetine hcl (olanzapine/fluoxetine 3 mg-25 mg capsule, olanzapine/fluoxetine 12mg-25mg capsule)</i>	2	STEP
<i>olanzapine/fluoxetine hcl (olanzapine/fluoxetine 6mg-50mg capsule, olanzapine/fluoxetine 6mg-25mg capsule, olanzapine/fluoxetine 12mg-50mg capsule)</i>	4	STEP
<i>oxazepam</i>	3	
<i>paliperidone (3 mg tab er 24, 9 mg tab er 24)</i>	4	QL (30 PER 30 DAYS), STEP
<i>paliperidone 1.5 mg tab er 24</i>	4	STEP
<i>paliperidone 6 mg tab er 24</i>	4	QL (60 PER 30 DAYS), STEP
<i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	2	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>paroxetine mesylate</i>	2	
PAXIL 10 MG/5 ML SUSPENSION	4	
<i>pentobarbital sodium 50 mg/ml vial</i>	2	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	2	
PERSERIS	5	STEP
PEXEVA	4	
<i>phenelzine sulfate 15 mg tablet</i>	2	
<i>pimozide</i>	2	
PROCENTRA	2	
<i>protriptyline hcl</i>	2	
<i>quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)</i>	2	QL (30 PER 30 DAYS), STEP
<i>quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	2	QL (60 PER 30 DAYS), STEP
<i>quetiapine fumarate (300 mg tablet, 400 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quetiapine fumarate 25 mg tablet</i>	2	QL (120 PER 30 DAYS)
QUILLICHEW ER	4	
QUILLIVANT XR	4	
<i>ramelteon</i>	3	
REXULTI	5	QL (30 PER 30 DAYS), STEP
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL)	3	
RISPERDAL CONSTA (37.5 MG VIAL, 50 MG VIAL)	5	
<i>risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 1 mg tablet, 2 mg tablet, 2 mg tab rapdis, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone (3 mg tab rapdis, 4 mg tab rapdis)</i>	4	
ROZEREM	4	
SAPHRIS	5	STEP
SECONAL SODIUM	3	
SECUADO	5	QL (30 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	2	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
SILENOR	4	
SUNOSI	4	PA, QL (30 PER 30 DAYS)
<i>temazepam</i>	3	
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>thiothixene</i>	2	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	
<i>trifluoperazine hcl</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trimipramine maleate</i>	3	
TRINTELLIX	4	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	2	
<i>venlafaxine hcl (37.5 mg tab er 24, 75 mg tab er 24, 150 mg tab er 24)</i>	4	
VERSACLOZ	5	STEP
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	3	
VRAYLAR 1.5 MG-3 MG PACK	4	STEP
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS), STEP
VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CAPSULE, 20 MG CHEWABLE TABLET, 30 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CHEWABLE TABLET, 40 MG CAPSULE, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)	3	
WAKIX	5	PA, LA
XYREM	5	PA, LA, QL (540 PER 30 DAYS)
XYWAV	5	PA, LA, QL (540 PER 30 DAYS)
<i>zaleplon</i>	3	
ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	
ZENZEDI (5 MG TABLET, 10 MG TABLET)	2	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)	3	
zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)	3	PA, QL (20 PER 30 DAYS)
ZYPREXA RELPREVV (300 MG VL KIT, 405 MG VL KIT)	5	
ZYPREXA RELPREVV 210 MG VL KIT	3	

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

adenosine (3 mg/ml syringe, 3 mg/ml vial)	2	
amiodarone hcl (50 mg/ml vial, 100 mg tablet, 150 mg/3ml syringe, 200 mg tablet, 400 mg tablet)	2	
dofetilide	2	
flecainide acetate	2	
ibutilide fumarate	2	
lidocaine hcl in dextrose 5% in water/pf	2	
lidocaine hcl/pf (hcl/pf 20 mg/ml ampul, hcl/pf 20 mg/ml vial, hcl/pf 50 mg/5 ml syringe, hcl/pf 100 mg/5ml syringe)	2	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	2	
MULTAQ	3	
NEXTERONE	4	
NORPACE CR	4	
PACERONE	2	
procainamide hcl (100 mg/ml vial, 500 mg/ml vial)	2	
propafenone hcl 225 mg cap er 12h	4	
propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinidine gluconate (80 mg/ml vial, 324 mg tablet er)</i>	2	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	2	
SORINE	2	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
SOTYLIZE	4	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	2	
ALDACTAZIDE 50-50 TABLET	4	STEP
<i>aliskiren hemifumarate</i>	4	
<i>amiloride hcl 5 mg tablet</i>	2	
<i>amiloride hcl/hydrochlorothiazide</i>	2	
<i>amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	2	
<i>amlodipine besylate/olmesartan medoxomil</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiiazid 10mg-160mg tablet, amlodipine/valsartan/hcthiiazid 10-320-25 tablet, amlodipine/valsartan/hcthiiazid 10-160-25 tablet)</i>	4	
<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiiazid 5-160-25mg tablet, amlodipine/valsartan/hcthiiazid 5-160-12.5 tablet)</i>	2	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>atenolol/chlorthalidone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>benazepril hcl/hydrochlorothiazide (benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10-12.5mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet)</i>	2	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2	
BIDIL	3	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
BYSTOLIC	4	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril (12.5 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>captopril 25 mg tablet</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	4	
CARDIZEM LA 120 MG TABLET	4	
CARDURA XL	4	
CAROSPIR	4	STEP
CARTIA XT	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk)</i>	2	
<i>clonidine 0.3mg/24hr patch tdwk</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
DEMSER	5	
DILT-XR	2	
<i>diltiazem hcl (5 mg/ml vial, 30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 100 mg vial port, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg tab er 24h, 180 mg cap sa 24h, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)</i>	2	
DIURIL	4	
<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	
DUTOPROL	4	
DYRENIUM 100 MG CAPSULE	3	
DYRENIUM 50 MG CAPSULE	4	
EDARBI	4	
EDARBYCLOR	4	
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>enalapril maleate/hydrochlorothiazide (enalapril/hydrochlorothiazide 5mg-12.5mg tablet, enalapril/hydrochlorothiazide 10 mg-25mg tablet)</i>	2	
<i>enalaprilat dihydrate</i>	2	
EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>eplerenone</i>	2	STEP
<i>esmolol hcl in sodium chloride, iso-osmotic</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid</i>	4	
<i>felodipine</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (10 mg/ml syringe, 10 mg/ml solution, 10 mg/ml vial, 40mg/5ml solution)</i>	2	
<i>hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>indapamide</i>	2	
INNOPRAN XL	3	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isradipine</i>	2	
KATERZIA	4	
<i>labetalol hcl (5 mg/ml vial, 20 mg/4 ml syringe, 20 mg/4 ml cartridge, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>mannitol (20 % iv soln, 25 % vial)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MATZIM LA	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml cartridge, 5 mg/5 ml vial, 37.5 mg tablet, 75 mg tablet)</i>	2	
<i>metoprolol tartrate/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	
<i>moexipril hcl</i>	1	
<i>moexipril hcl/hydrochlorothiazide</i>	2	
<i>nadolol (20 mg tablet, 40 mg tablet)</i>	2	
<i>nadolol 80 mg tablet</i>	4	
<i>nadolol/bendroflumethiazide</i>	2	
<i>nicardipine hcl (20 mg capsule, 25 mg/10ml vial, 25 mg/10ml ampul, 30 mg capsule)</i>	2	
<i>nicardipine in sodium chloride, iso-osmotic</i>	4	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	2	
<i>nimodipine</i>	5	
<i>nisoldipine (8.5mg tab er 24h, 17 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	2	
<i>nisoldipine 20 mg tab er 24h</i>	4	
<i>nitroprusside sodium</i>	2	
NYMALIZE	5	
<i>olmesartan medoxomil</i>	1	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5	
ORENITRAM ER 0.125 MG TABLET	4	
OSMITROL (15% IV SOLUTION, 20% IV SOLUTION)	2	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl 10 mg capsule</i>	5	
<i>pindolol</i>	2	
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	2	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg/5 ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg tablet, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	2	
<i>propranolol hcl/hydrochlorothiazide</i>	2	
QBRELIS	4	
<i>quinapril hcl</i>	1	
<i>quinapril hcl/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	5	LA
RESECTISOL	4	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
TAZTIA XT	2	
TEKTURNA HCT	4	
<i>telmisartan (40 mg tablet, 80 mg tablet)</i>	1	
<i>telmisartan 20 mg tablet</i>	2	
<i>telmisartan/amlodipine besylate</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>terazosin hcl</i>	2	
TIADYLT ER	2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>torseamide</i>	2	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl</i>	2	
<i>treprostinil sodium</i>	5	LA
<i>triamterene (50 mg capsule, 100 mg capsule)</i>	3	
<i>triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 50 mg-25mg capsule, triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	2	
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	LA
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	
<i>valsartan 320 mg tablet</i>	2	
<i>valsartan/hydrochlorothiazide</i>	2	
VELETRI	2	
<i>verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml vial, 2.5 mg/ml syringe, 40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARDIAC GLYCOSIDES		
DIGITEK	2	
DIGOX	2	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg/ml ampul, 250 mcg tablet, 250 mcg/ml syringe)</i>	2	
LANOXIN 62.5 MCG TABLET	3	
LANOXIN 500 MCG/2 ML VIAL	4	
LANOXIN PEDIATRIC (100 MCG/ML VIAL, 100 MCG/ML AMPUL)	3	
COAGULATION THERAPY		
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET)	3	
AMICAR 1,000 MG TABLET	4	
<i>aminocaproic acid (250 mg/ml vial, 250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	2	
ANDEXXA 200 MG VIAL	5	
<i>argatroban</i>	5	
<i>argatroban in 0.9 % sodium chloride (0.9 % 50 mg/50ml vial, 0.9 % 125 mg/125 vial)</i>	5	
<i>argatroban in sodium chloride, iso-osmotic</i>	5	
<i>aspirin/dipyridamole</i>	3	
BRILINTA	3	
CABLIVI 11 MG KIT	5	PA
CABLIVI 11 MG VIAL	5	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 300 mg tablet</i>	2	
<i>clopidogrel bisulfate 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	2	
DOPTELET	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	3	
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	4	
<i>fondaparinux sodium (5mg/0.4ml syringe, 7.5mg/0.6 syringe, 10mg/0.8ml syringe)</i>	5	
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	2	QL (15 PER 30 DAYS)
FRAGMIN (10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	5	
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	4	QL (6 PER 30 DAYS)
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL (9 PER 30 DAYS)
<i>heparin sodium,porcine (1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>	2	
<i>heparin sodium,porcine in 0.45 % sodium chloride (25000/500 iv soln, 25000/250 iv soln)</i>	2	
<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	2	
<i>heparin sodium,porcine/dextrose 5 % in water</i>	2	
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml vial, sodium,porcine/pf 5000/0.5ml cartridge)</i>	2	
JANTOVEN	1	
MULPLETA	5	PA
NPLATE 125 MCG VIAL	5	
<i>pentoxifylline 400 mg tablet er</i>	2	
PRADAXA	4	PA
<i>prasugrel hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)	5	PA, LA
SAVAYSA	4	PA
TAVALISSE	5	PA, LA, QL (60 PER 30 DAYS)
<i>ticlopidine hcl</i>	2	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	3	
ZONTIVITY	4	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	4	
ANDEXXA 100 MG VIAL	5	
ANTARA	4	
<i>atorvastatin calcium</i>	1	
<i>cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powd pack)</i>	2	
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	2	
<i>colesevelam hcl (3.75 g powd pack, 625 mg tablet)</i>	3	
<i>colestipol hcl (1 g tablet, 5 g packet, 5 g granules)</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet, 150 mg capsule)</i>	4	
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibrate nanocrystallized (48 mg tablet, 145mg tablet, 145 mg tablet)</i>	2	
<i>fenofibrate, micronized</i>	2	
<i>fenofibric acid (choline)</i>	2	
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule, 80 mg tab er 24h)</i>	2	
<i>gemfibrozil 600 mg tablet</i>	2	
JUXTAPID	5	PA, LA
LIPOFEN	4	
LIVALO	4	
<i>lovastatin</i>	1	
NEXLETOL	4	QL (30 PER 30 DAYS)
NEXLIZET	4	QL (30 PER 30 DAYS)
<i>niacin (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	2	
NIACOR	4	
<i>omega-3 acid ethyl esters</i>	4	
PRALUENT 150 MG/ML PEN	4	PA, QL (2 PER 28 DAYS)
PRALUENT 75 MG/ML PEN	4	PA, QL (4 PER 28 DAYS)
<i>pravastatin sodium</i>	1	
PREVALITE (PACKET, POWDER)	2	
REPATHA PUSHTRONEX	4	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	4	PA, QL (3 PER 30 DAYS)
REPATHA SYRINGE	4	PA, QL (3 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
TRIGLIDE	4	
VASCEPA	3	
ZYPITAMAG	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR 5 MG/5 ML ORAL SOLN	4	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	4	QL (60 PER 30 DAYS)
<i>dobutamine hcl</i>	2	
<i>dobutamine hcl in dextrose 5 % in water</i>	2	
<i>dopamine hcl (200 mg/5ml vial, 400mg/10ml vial)</i>	2	
<i>dopamine hcl in dextrose 5 % in water</i>	2	
ENTRESTO	3	
<i>milrinone lactate</i>	2	
<i>norepinephrine bitartrate (1 mg/ml ampul, 1 mg/ml vial)</i>	2	
<i>ranolazine</i>	3	
VECAMYL	5	
VYNDAMAX	5	PA
VYNDAQEL	5	PA
NITRATES		
DILATRATE-SR	4	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	2	
MINITRAN	4	
NITRO-BID	2	
NITRO-DUR	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 50 mg/10ml vial, 400mcg/spr spray)</i>	2	
<i>nitroglycerin in 5 % dextrose in water (5 % 50mg/250ml infus. btl, 5 % 100mg/250 infus. btl, 5 % 25mg/250ml infus. btl)</i>	2	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin (10 mg capsule, 25 mg capsule)</i>	4	
<i>acitretin 17.5 mg capsule</i>	5	
<i>calcipotriene 0.005 % cream (g)</i>	4	
<i>calcipotriene (0.005 % oint. (g), 0.005 % solution)</i>	2	
<i>calcipotriene/betamethasone 0.005-.064 oint. (g)</i>	3	
<i>calcipotriene/betamethasone 0.005-.064 suspension</i>	4	
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
COSENTYX (2 SYRINGES)	5	PA
COSENTYX PEN	5	PA
COSENTYX PEN (2 PENS)	5	PA
COSENTYX SYRINGE	5	PA
DUPIXENT PEN	5	PA
DUPIXENT 300 MG/2 ML SYRINGE	5	PA
ENSTILAR	5	
EPIFOAM	4	
ILUMYA	5	PA
PRAMOSONE (1%-1% CREAM, 1% LOTION, 2.5%-1% LOTION)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>selenium sulfide 2.5 % lotion</i>	2	
SILIQ	5	PA
SKYRIZI (2 SYRINGES) KIT	5	PA - FOR NEW STARTS ONLY, QL (1 PER 28 DAYS)
SORILUX	4	
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	5	PA
TACLONEX 0.005%-0.064% SUSPENS	4	
TALTZ AUTOINJECTOR	5	PA
TALTZ AUTOINJECTOR (2 PACK)	5	PA
TALTZ AUTOINJECTOR (3 PACK)	5	PA
TALTZ SYRINGE	5	PA
TALTZ SYRINGE (2 PACK)	5	PA
TALTZ SYRINGE (3 PACK)	5	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	5	PA

MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate (12 % lotion, 12 % cream (g))</i>	2	
CONDYLOX 0.5% GEL	4	
<i>diclofenac sodium 3 % gel (gram)</i>	4	PA, QL (100 PER 30 DAYS)
<i>doxepin hcl 5 % cream (g)</i>	5	PA
EUCRISA	4	
FLUORIDEX SENSITIVITY RELIEF	4	
<i>fluorouracil 0.5 % cream (g)</i>	5	
<i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i>	2	
<i>imiquimod 5 % cream pack</i>	3	
<i>imiquimod 3.75 % crm md pmp</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methoxsalen 10 mg cap lq rap</i>	5	
PANRETIN	5	PA - FOR NEW STARTS ONLY
PICATO	5	
<i>pimecrolimus</i>	2	
<i>podofilox 0.5 % solution</i>	2	
PRUDOXIN	4	PA
QBREXZA	4	
REGRANEX	5	
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	2	
TOLAK	4	
UVADEX	3	
VALCHLOR	5	
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM PUMP, 3.75% CREAM)	5	

THERAPY FOR ACNE

<i>adapalene (0.1 % gel (gram), 0.1 % cream (g))</i>	2	PA
<i>adapalene (0.3 % gel (gram), 0.3 % gel w/pump)</i>	4	PA
<i>adapalene 0.1 % med. swab</i>	3	PA
<i>adapalene 0.1 % solution</i>	5	PA
<i>adapalene/benzoyl peroxide</i>	3	PA
AKLIEF	4	PA
ALTRENO	4	PA
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE)	4	
AMNESTEEM 40 MG CAPSULE	2	
AVITA 0.025% CREAM	2	PA
AVITA 0.025% GEL	4	PA
<i>azelaic acid 15 % gel (gram)</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZELEX	4	
CLARAVIS (10 MG CAPSULE, 30 MG CAPSULE)	2	
CLARAVIS (20 MG CAPSULE, 40 MG CAPSULE)	4	
CLINDACIN ETZ 1% PLEDGET	4	
CLINDACIN P	4	
CLINDAGEL	4	QL (120 PER 30 DAYS)
<i>clindamycin phosphate 1 % foam</i>	4	
<i>clindamycin phosphate 1 % gel (gram)</i>	2	QL (120 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel daily</i>	4	QL (120 PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % med. swab, 1 % solution)</i>	2	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 % gel (gram), phos/benzoyl 1 % gel w/pump)</i>	4	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1.2(1)%-5% gel (gram), phos/benzoyl 1.2%-2.5% gel w/pump)</i>	2	
<i>clindamycin phosphate/tretinoin</i>	2	PA
CLINDESSE	4	
<i>dapsone (5 % gel (gram), 7.5 % gel w/pump)</i>	4	
DIFFERIN 0.1% LOTION	4	PA
EPIDUO FORTE	4	PA
ERY	2	
ERYGEL	2	
<i>erythromycin base in ethanol (2 % solution, 2 % gel (gram), 2 % med. swab)</i>	2	
<i>erythromycin base/benzoyl peroxide</i>	2	
FABIOR	4	PA
FINACEA 15% FOAM	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isotretinoin (20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2	
<i>isotretinoin 10 mg capsule</i>	4	
<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel w/pump, 1 % gel (gram))</i>	2	
MIRVASO (GEL, GEL PUMP)	4	PA
MYORISAN	2	
NEUAC GEL	2	
NORITATE	4	
ONEXTON 1.2%-3.75% GEL	4	
RETIN-A MICRO PUMP (PUMP 0.06% GEL, PUMP 0.08% GEL)	4	PA
RHOFADE	4	PA
ROSADAN (CREAM, GEL)	2	
SOOLANTRA	4	
<i>tazarotene 0.1 % cream (g)</i>	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))</i>	2	PA
<i>tretinoin microspheres (0.04 % gel w/pump, 0.04 % gel (gram), 0.1 % gel (gram), 0.1 % gel w/pump)</i>	4	PA
ZENATANE (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	2	
ZENATANE 10 MG CAPSULE	4	
TOPICAL ANESTHETICS		
GLYDO	2	
<i>lidocaine 5 % adh. patch</i>	2	PA
<i>lidocaine 5 % oint. (g)</i>	4	QL (110 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine hcl (2 % jelly(ml), 2 % solution, 2 % jel/pf app, 4 % solution, 5 mg/ml vial, 10 mg/ml vial, 20 mg/ml vial, 40 mg/ml solution)</i>	2	
<i>lidocaine hcl/epinephrine</i>	2	
<i>lidocaine hcl/epinephrine/pf (hcl/epinephrine/pf 1.5-1:200k vial, hcl/epinephrine/pf 1.5-1:200k ampul, hcl/epinephrine/pf 2%-1:200k vial)</i>	2	
<i>lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul, hcl/pf 15 mg/ml ampul, hcl/pf 40 mg/ml ampul)</i>	2	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	2	
PLIAGLIS	4	
XYLOCAINE 2%-EPI 1:100,000	2	
ZTLIDO	4	PA

TOPICAL ANTIBACTERIALS

ALTABAX	4	
AMZEEQ	4	
CENTANY	4	
CORTISPORIN (CREAM, OINTMENT)	4	
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	2	
<i>mafenide acetate</i>	4	
<i>mupirocin 2 % oint. (g)</i>	2	
<i>mupirocin calcium</i>	2	
NEO-SYNALAR 0.5%-0.025% CREAM	4	
<i>silver sulfadiazine 1 % cream (g)</i>	2	
SSD	2	
<i>sulfacetamide sodium 10 % suspension</i>	2	
XEPI	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL ANTIFUNGALS		
CICLODAN 8% SOLUTION	2	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	2	
<i>clotrimazole (1 % cream (g), 1 % solution)</i>	2	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % lotion, clotrimazole/betamethasone 1 % cream (g))</i>	2	
<i>econazole nitrate 1 % cream (g)</i>	4	
ERTACZO	4	
JUBLIA	4	
KERYDIN	4	
<i>ketconazole (2 % cream (g), 2 % foam, 2 % shampoo)</i>	2	
KETODAN	3	
<i>luliconazole</i>	4	
MENTAX	4	
<i>naftifine hcl 1 % cream (g)</i>	4	
<i>naftifine hcl 2 % cream (g)</i>	2	
NAFTIN (1% GEL, 2% GEL)	4	
NYAMYC	2	
<i>nystatin (100000/g powder, 100000/g cream (g), 100000/g oint. (g))</i>	2	
<i>nystatin/triamcinolone acetanide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g))</i>	2	
NYSTOP	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT 1% LOTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL ANTIVIRALS		
<i>acyclovir 5 % cream (g)</i>	4	QL (5 PER 30 DAYS)
<i>acyclovir 5 % oint. (g)</i>	4	QL (30 PER 30 DAYS)
DENAVIR	5	QL (5 PER 30 DAYS)
XERESE	4	
TOPICAL CORTICOSTEROIDS		
ALA-CORT	2	
<i>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</i>	2	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	4	
APEXICON E	2	QL (120 PER 30 DAYS)
BESER	4	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	2	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % lotion)</i>	2	
<i>betamethasone valerate 0.12 % foam</i>	4	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	2	
BRYHALI	4	
CAPEX SHAMPOO	4	
<i>clobetasol propionate (0.05 % solution, 0.05 % spray, 0.05 % cream (g), 0.05 % gel (gram))</i>	2	
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo, 0.05 % foam, 0.05 % oint. (g))</i>	4	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	2	
<i>clobetasol propionate/emoll 0.05 % foam</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clocortolone pivalate</i>	4	
CLODAN 0.05% SHAMPOO	4	
CLODERM 0.1% CREAM PUMP	4	
CORDRAN (4 MCG/SQ CM TAPE LARGE, 4 MCG/SQ CM TAPE SMALL)	4	
DESONATE	4	
<i>desonide (0.05 % gel (gram), 0.05 % lotion, 0.05 % cream (g))</i>	4	
<i>desonide 0.05 % oint. (g)</i>	2	
<i>desoximetasone (0.05 % gel (gram), 0.25 % spray, 0.25 % cream (g))</i>	2	
<i>desoximetasone (0.05 % cream (g), 0.05 % oint. (g), 0.25 % oint. (g))</i>	4	
<i>diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</i>	4	QL (120 PER 30 DAYS)
DUOBRII	4	PA
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))</i>	3	
<i>fluocinolone acetonide/shower cap</i>	3	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g), 0.1 % cream (g))</i>	2	
<i>fluocinonide/emollient base</i>	2	
<i>flurandrenolide 0.05 % cream (g)</i>	2	
<i>flurandrenolide 0.05 % lotion</i>	2	QL (120 PER 30 DAYS)
<i>flurandrenolide 0.05 % oint. (g)</i>	3	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	2	
<i>fluticasone propionate 0.05 % lotion</i>	4	
<i>halcinonide</i>	3	
<i>halobetasol propionate (0.05 % foam, 0.05 % oint. (g), 0.05 % cream (g))</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HALOG (CREAM, OINTMENT, SOLUTION)	4	
<i>hydrocortisone (1 % oint. (g), 1 % cream (g), 2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g))</i>	2	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	4	
<i>hydrocortisone butyrate 0.1 % lotion</i>	3	
<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution)</i>	2	
<i>hydrocortisone butyrate/emollient base</i>	4	
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	2	
<i>hydrocortisone/mineral oil/petrolatum, white</i>	2	
IMPOYZ	4	
LEXETTE	5	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	2	
NOLIX 0.05% CREAM	5	QL (120 PER 30 DAYS)
NOLIX 0.05% LOTION	2	QL (120 PER 30 DAYS)
PANDEL	4	
<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	2	
TEXACORT	4	
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	2	QL (126 PER 28 DAYS)
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.05 % oint. (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	2	
TRIANEX	2	
TRIDERM	2	
TOPICAL ENZYMES		
SANTYL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN	5	
<i>lindane 1 % shampoo</i>	2	
<i>malathion</i>	2	
<i>permethrin 5 % cream (g)</i>	2	
SKLICE	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
XENICAL	4	PA
IRRIGATING SOLUTIONS		
<i>mannitol/sorbitol solution</i>	4	
<i>neomycin sulfate/polymyxin b sulfate (/polymyxin 40-200k/ml ampul, /polymyxin 40-200k/ml vial)</i>	2	
<i>ringer's solution irrig soln</i>	2	
<i>ringer's solution,lactated irrig soln</i>	2	
TIS-U-SOL PENTALYTE	2	
MISCELLANEOUS AGENTS		
<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggbyk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt)</i>	2	
<i>acamprosate calcium</i>	2	
<i>acetic acid 0.25 % irrig soln</i>	2	
ADAGEN	5	
<i>anagrelide hcl</i>	2	
ARALAST NP	5	LA
AURYXIA	5	PA
BESPONSA	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>caffeine citrate (60 mg/3 ml vial, 60 mg/3 ml solution)</i>	2	
CARBAGLU	5	LA
CETYLEV 2.5 GM EFF TABLET	5	
CETYLEV 500 MG EFF TABLET	4	
<i>cevimeline hcl</i>	2	
CHEMET	3	
CLINIMIX 4.25%-5% SOLUTION	3	PA B vs D
CLINIMIX E 2.75%-5% SOLUTION	3	PA B vs D
CLINIMIX N9G20E	4	
<i>deferasirox (90 mg tablet, 90 mg gran pack, 125 mg tab disper, 180 mg tablet, 180 mg gran pack, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper)</i>	5	
<i>deferiprone</i>	5	
<i>dextrose 10 % and 0.2 % sodium chloride</i>	2	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	2	
<i>dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)</i>	2	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	2	
<i>dextrose 5 % and 0.2 % sodium chloride</i>	2	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	2	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	2	
<i>dextrose 5 % in lactated ringers</i>	2	
<i>dextrose 5 % in water (5 % in 5 % iv soln, 5 % in pgyl prt, 5 % in pggybk prt, 5 % in 5 % vial)</i>	2	
<i>dextrose 50 % in water (50 % in 50 % iv soln, 50 % in 50 % vial, 50 % in 50 % syringe)</i>	2	
<i>dextrose 70 % in water</i>	2	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELOCTATE (4,000, 5,000, 6,000)	4	
ENDARI	5	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	5	
FERRIPROX (2 TIMES A DAY)	5	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	5	
GALAFOLD	5	PA, LA
GIVLAARI	5	LA
GLASSIA	5	LA
INCRELEX	5	LA
ISTURISA	5	PA, LA
JADENU	5	
JADENU SPRINKLE	5	
KIONEX 15 GM/60 ML SUSPENSION	2	
<i>lanthanum carbonate</i>	3	
<i>levocarnitine (100 mg/ml solution, 330 mg tablet)</i>	2	
<i>levocarnitine (with sugar)</i>	2	
LITHOSTAT	4	
LOKELMA	5	
<i>midodrine hcl</i>	2	
<i>nitisinone</i>	5	
NITYR	5	
NOC DURNA	4	QL (30 PER 30 DAYS)
NORTHERA (200 MG CAPSULE, 300 MG CAPSULE)	5	QL (180 PER 30 DAYS)
NORTHERA 100 MG CAPSULE	5	QL (90 PER 30 DAYS)
NUTRESTORE	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OXBRYTA	5	
PALYNZIQ	5	PA, LA
PANHEMATIN	5	
PARSABIV	5	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2	
PROLASTIN C	5	LA
RAVICTI	5	QL (525 PER 30 DAYS)
REVCovi	5	PA
<i>riluzole</i>	3	PA
<i>risedronate sodium 30 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	5	
<i>sevelamer carbonate 800 mg tablet</i>	2	
<i>sevelamer hcl</i>	3	
<i>sodium benzoate/sodium phenylacetate</i>	3	
<i>sodium chloride irrigating solution</i>	2	
<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	5	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	2	
SOLIRIS	5	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	2	
TEPEZZA	5	LA
THIOLA	5	
THIOLA EC	5	
THROMBIN-JMI 5,000 UNIT EPIST	4	
TIGLUTIK	5	PA
<i>trientine hcl</i>	5	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ULTOMIRIS	5	
VELPHORO	5	
VELTASSA	3	
<i>water for irrigation,sterile</i>	2	
XURIDEN	5	
ZEMAIRA	5	LA
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pgggybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	2	

SMOKING DETERRENTS

CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	3	
NICOTROL	3	
NICOTROL NS	3	

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	2	QL (60 PER 30 DAYS)
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	2	
DENTA 5000 PLUS	2	
DENTAGEL	2	
<i>fluoride (sodium) ((sodium) 1.1 % paste (ml), (sodium) 1.1 % gel (gram))</i>	2	
FLUORIDEX	4	
<i>ipratropium bromide 21 mcg spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium bromide 42 mcg spray</i>	2	QL (45 PER 30 DAYS)
<i>olopatadine hcl 0.6 % spray/pump</i>	2	QL (30.5 PER 30 DAYS)
PAROEX	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PERIOGARD	2	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
<i>sodium fluoride/potassium nitrate</i>	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	2	
XHANCE	4	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid 2 % solution</i>	2	
<i>ciprofloxacin hcl 0.2 % dropperette</i>	2	
FLAC OTIC OIL	2	
FLOXIN	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>ofloxacin 0.3 % drops</i>	2	

OTIC STEROID / ANTIBIOTIC

CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin hcl/dexamethasone</i>	2	
<i>ciprofloxacin hcl/fluocinolone acetonide</i>	4	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	2	
OTOVEL	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA
<i>cortisone acetate 25 mg tablet</i>	2	
DECADRON 0.5 MG/5 ML ELIXIR	2	
DELTASONE	2	
DEPO-MEDROL	4	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)</i>	2	
<i>dexamethasone sodium phosp/pf 10 mg/ml syringe</i>	4	
<i>dexamethasone sodium phosp/pf 10 mg/ml vial</i>	2	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5	PA
<i>fludrocortisone acetate 0.1 mg tablet</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
KENALOG-10	4	
KENALOG-40	4	
KENALOG-80	4	
MEDROL 2 MG TABLET	4	
<i>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sodium succinate (40 mg vial, 125 mg vial, 500 mg vial, 1000 mg vial)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MILLIPRED 5 MG TABLET	4	
MILLIPRED DP 5 MG DOSE PACK TB	2	
<i>prednisolone 15 mg/5 ml solution</i>	2	
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg/5 ml solution, 15 mg/5 ml solution, 15 mg tab rapdis, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i>	2	
<i>prednisolone sodium phosphate 10 mg tab rapdis</i>	4	
<i>prednisone (5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tab ds pk)</i>	2	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF (100 MG, 250 MG)	4	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 2,000 MG VIAL)	4	
<i>triamcinolone acetonide (10 mg/ml vial, 40 mg/ml vial)</i>	2	
ZILRETTA	4	

ANTITHYROID AGENTS

<i>methimazole (5 mg tablet, 10 mg tablet)</i>	2	
<i>propylthiouracil 50 mg tablet</i>	2	

DIABETES THERAPY

<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ADLYXIN	4	QL (6 PER 28 DAYS), STEP
ADMELOG	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADMELOG SOLOSTAR	4	PA
AFREZZA (4 /8 /12, 4 CARTRIDGE, 8 CARTRIDGE, 12 CARTRIDGE, 60-8 / 30-12, 90-4 / 90-8, 90-8 / 90-12)	4	
<i>alogliptin benzoate</i>	4	QL (30 PER 30 DAYS), STEP
<i>alogliptin benzoate/metformin hcl</i>	4	QL (60 PER 30 DAYS), STEP
<i>alogliptin benzoate/pioglitazone hcl</i>	4	QL (30 PER 30 DAYS), STEP
APIDRA 100 UNITS/ML VIAL	4	PA
APIDRA SOLOSTAR	4	PA
AVANDIA (2 MG TABLET, 4 MG TABLET)	4	QL (60 PER 30 DAYS)
BAQSIMI	3	
BASAGLAR KWIKPEN U-100	4	STEP
BYDUREON BCISE	3	QL (4 PER 28 DAYS), STEP
BYDUREON PEN	3	QL (4 PER 28 DAYS), STEP
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 PER 30 DAYS), STEP
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 PER 30 DAYS), STEP
CYCLOSET	4	QL (180 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	3	
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
<i>gauze pads & dressings - pads 2x2</i>	3	
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tab er 24</i>	1	QL (60 PER 30 DAYS)
<i>glipizide (2.5 mg tab er 24, 5 mg tablet)</i>	1	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide (5 mg tab er 24, 10 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL (240 PER 30 DAYS)
GLUCAGEN	3	
GLUCAGON EMERGENCY KIT	3	
GLYXAMBI	4	QL (30 PER 30 DAYS), STEP
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE PFS 1-PACK SYRINGE	4	
GVOKE PFS 2-PACK SYRINGE	4	
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	4	PA
HUMALOG JUNIOR KWIKPEN	4	PA
HUMALOG KWIKPEN U-100	4	PA
HUMALOG KWIKPEN U-200	4	PA
HUMALOG MIX 50-50	4	PA
HUMALOG MIX 50-50 KWIKPEN	4	PA
HUMALOG MIX 75-25	4	PA
HUMALOG MIX 75-25 KWIKPEN	4	PA
HUMULIN 70-30	4	PA
HUMULIN 70/30 KWIKPEN	4	PA
HUMULIN N	4	PA
HUMULIN N KWIKPEN	4	PA
HUMULIN R	4	PA
HUMULIN R U-500	3	PA
HUMULIN R U-500 KWIKPEN	3	PA
<i>insulin admin. supplies</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>insulin aspart (100/ml cartridge, 100/ml vial, 100/ml (3) insuln pen)</i>	3	
<i>insulin aspart protamine human/insulin aspart (art prot/insuln 70-30/ml vial, art prot/insuln 70-30/ml insuln pen)</i>	3	
<i>insulin lispro (100/ml insuln pen, 100/ml vial, 100/ml ins pen hf)</i>	4	
<i>insulin lispro protamine and insulin lispro</i>	4	
<i>insulin pen needle</i>	3	
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
<i>insulin syringe (disp) u-100 1 ml</i>	3	
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKANA 100 MG TABLET	3	QL (90 PER 30 DAYS)
INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	4	QL (60 PER 30 DAYS), STEP
JENTADUETO XR 2.5 MG-1,000 MG	4	QL (60 PER 30 DAYS), STEP
JENTADUETO XR 5 MG-1,000 MG TB	4	QL (30 PER 30 DAYS), STEP
KAZANO	4	QL (60 PER 30 DAYS), STEP

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30 DAYS)
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	4	STEP
LEVEMIR FLEXTOUCH	4	STEP
LYUMJEV	4	PA
LYUMJEV KWIKPEN U-100	4	PA
LYUMJEV KWIKPEN U-200	4	PA
<i>metformin er 500 mg (generic glucophage xr 500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl 500 mg/5ml solution</i>	3	QL (765 PER 30 DAYS)
<i>metformin hcl (750 mg tab er 24h, 1000 mg tablet)</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>miglitol 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>miglitol 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>miglitol 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
MYXREDLIN	4	
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	
NESINA	4	QL (30 PER 30 DAYS), STEP
NOVOLIN 70-30	3	
NOVOLIN 70-30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70-30	3	
NOVOLOG MIX 70-30 FLEXPEN	3	
OMNIPOD PACK	4	PA
OMNIPOD STARTER KIT	4	PA
ONGLYZA	3	QL (30 PER 30 DAYS)
OSENI	4	QL (30 PER 30 DAYS), STEP
OZEMPIC 0.25-0.5 MG DOSE PEN	3	QL (1.5 PER 30 DAYS), STEP
OZEMPIC 1 MG DOSE PEN	3	QL (3 PER 30 DAYS), STEP
<i>pioglitazone hcl</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone hcl/glimepiride</i>	4	QL (30 PER 30 DAYS)
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 PER 30 DAYS)
PROGLYCEM	3	
QTERN	3	QL (30 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	2	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	2	QL (240 PER 30 DAYS)
RIOMET	4	QL (765 PER 30 DAYS)
RIOMET ER	4	QL (765 PER 30 DAYS)
RYBELSUS	5	QL (30 PER 30 DAYS), STEP
SEGLUROMET (2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SEMGLEE	4	STEP
SEMGLEE PEN	4	STEP

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLIQUA 100-33	3	QL (15 PER 25 DAYS)
STEGLATRO 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
STEGLATRO 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
STEGLUJAN	4	PA, QL (30 PER 30 DAYS)
<i>sub-q insulin delivery device, 20 unit, disposable</i>	4	
<i>sub-q insulin delivery device, 30 unit, disposable</i>	4	
<i>sub-q insulin delivery device, 40 unit, disposable</i>	4	
SYMLINPEN 120	5	QL (18.9 PER 30 DAYS)
SYMLINPEN 60	5	QL (10.5 PER 30 DAYS)
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	4	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	4	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	4	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	4	QL (30 PER 30 DAYS)
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	3	
TANZEUM	4	QL (4 PER 28 DAYS)
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	4	QL (30 PER 30 DAYS), STEP
TRESIBA	4	STEP
TRESIBA FLEXTOUCH U-100	4	STEP
TRESIBA FLEXTOUCH U-200	4	STEP
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	4	QL (30 PER 30 DAYS), STEP
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	4	QL (60 PER 30 DAYS), STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)	4	QL (2 PER 28 DAYS), STEP
TRULICITY (3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	4	QL (2 PER 28 DAYS), STEP
VICTOZA 2-PAK	3	QL (9 PER 30 DAYS), STEP
VICTOZA 3-PAK	3	QL (9 PER 30 DAYS), STEP
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30 DAYS)
XIGDUO XR (5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	5	QL (15 PER 30 DAYS)

MISCELLANEOUS HORMONES

ALDURAZYME	5	
ANADROL-50	5	PA
ANDRODERM	4	PA
ANDROXY	2	
AVEED	4	
<i>cabergoline</i>	3	
<i>calcitonin, salmon, synthetic</i>	2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution, 1 mcg/ml ampul)</i>	2	
CERDELGA	5	
CEREZYME 400 UNIT VIAL	5	
<i>chorionic gonadotropin, human 10000 unit vial</i>	4	PA
<i>cinacalcet hcl 30 mg tablet</i>	3	PA B vs D, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 60 mg tablet</i>	5	PA B vs D, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tablet</i>	5	PA B vs D, QL (120 PER 30 DAYS)
<i>danazol (50 mg capsule, 100 mg capsule)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>danazol 200 mg capsule</i>	4	
DDAVP 10 MCG/0.1 ML SOLUTION	4	
DEPO-TESTOSTERONE 100 MG/ML VL	4	
<i>desmopressin acetate 10/spray spray/pump</i>	4	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml vial, 4 mcg/ml ampul)</i>	2	
<i>desmopressin acetate (non-refrigerated)</i>	4	
<i>doxercalciferol (1 mcg capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)</i>	2	
<i>doxercalciferol 0.5 mcg capsule</i>	4	
ELAPRASE	5	
ELELYSO	5	
FABRAZYME	5	
JYNARQUE (15 MG TABLET, 30 MG TABLET)	5	PA
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	5	PA, LA
KANUMA	5	
KORLYM	5	PA, QL (120 PER 30 DAYS)
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA
LUMIZYME	5	
METHITEST	4	
<i>methyltestosterone 10 mg capsule</i>	2	
MIACALCIN	4	
<i>miglustat</i>	5	LA
MYALEPT	5	PA, LA
NAGLAZYME	5	LA
NATESTO	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NATPARA	5	PA, LA
NOVAREL 5,000 UNIT VIAL	4	PA
<i>oxandrolone 10 mg tablet</i>	5	PA
<i>oxandrolone 2.5 mg tablet</i>	2	PA
<i>pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)</i>	2	
<i>paricalcitol (1 mcg capsule, 4 mcg capsule)</i>	2	
<i>paricalcitol (2 mcg/ml vial, 2 mcg capsule, 5 mcg/ml vial)</i>	4	
PREGNYL	4	PA
RAYALDEE	5	QL (60 PER 30 DAYS)
SAMSCA	5	PA, QL (60 PER 30 DAYS)
<i>sapropterin dihydrochloride (100 mg tablet sol, 100 mg powd pack, 500 mg powd pack)</i>	5	PA
SOMAVERT	5	
STIMATE	3	
STRENSIQ	5	LA
SYNAREL	5	
TESTOPEL	3	
<i>testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	4	PA
<i>testosterone 25mg(1%) gel packet</i>	2	PA
<i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 30mg/1.5ml sol md pmp)</i>	3	PA
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	2	
<i>testosterone enanthate 200 mg/ml vial</i>	2	
<i>tolvaptan 30 mg tablet</i>	5	PA
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKET)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VPRIV	5	
<i>zoledronic acid 4 mg/5 ml vial</i>	2	
<i>zoledronic acid in mannitol and 0.9 % sodium chloride</i>	4	
<i>zoledronic acid/mannitol-water 4 mg/100ml pgglybk btl</i>	2	
ZOMETA 4 MG/100 ML INJECTION	5	

THYROID HORMONES

ARMOUR THYROID	3	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>levothyroxine sodium (200 mcg vial, 500 mcg vial)</i>	2	
<i>levothyroxine sodium 100 mcg vial</i>	4	
LEVOXYL	2	
<i>liothyronine sodium (5 mcg tablet, 10 mcg/ml vial, 25 mcg tablet, 50 mcg tablet)</i>	2	
NP THYROID	2	
<i>thyroid,pork (15 mg tablet, 120 mg tablet)</i>	4	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	2	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml syringe)</i>	2	
---	---	--

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CUVPOSA	4	
<i>dicyclomine hcl (10 mg/ml vial, 10 mg/ml ampul, 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	3	
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	2	
GLYCATE	4	
<i>glycopyrrolate (0.2 mg/ml vial, 1 mg tablet, 2 mg tablet)</i>	2	
<i>loperamide hcl 2 mg capsule</i>	2	
<i>methscopolamine bromide (2.5 mg tablet, 5 mg tablet)</i>	2	
MYTESI	4	
<i>paregoric</i>	2	
<i>propantheline bromide 15 mg tablet</i>	3	

MISCELLANEOUS GASTROINTESTINAL AGENTS

AKYNZEO (235-0.25 MG VIAL, 235-0.25 MG/20 ML VIAL)	5	
<i>alosetron hcl</i>	5	
ALOXI 0.25 MG/5 ML VIAL	5	
AMITIZA	3	
ANALPRAM HC 1% CREAM	4	
ANZEMET 100 MG TABLET	4	QL (4 PER 28 DAYS)
ANZEMET 50 MG TABLET	4	QL (8 PER 28 DAYS)
<i>aprepitant 125mg-80mg cap ds pk</i>	3	PA B vs D, QL (12 PER 28 DAYS)
<i>aprepitant 125 mg capsule</i>	3	PA B vs D, QL (4 PER 28 DAYS)
<i>aprepitant 40 mg capsule</i>	3	PA B vs D
<i>aprepitant 80 mg capsule</i>	3	PA B vs D, QL (8 PER 28 DAYS)
APRISO	3	
AVSOLA	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>balsalazide disodium</i>	2	
BONJESTA	4	
<i>budesonide 3 mg capdr - er</i>	4	
<i>budesonide 9 mg tabdr - er</i>	5	
CHENODAL	5	LA
CHOLBAM	5	
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT)	5	PA
CINVANTI	4	
CLENPIQ	4	
COMPRO	2	
CONSTULOSE	2	
CORTIFOAM	3	
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE)	3	
CREON DR 36,000 UNITS CAPSULE	5	
<i>cromolyn sodium 20 mg/ml oral conc</i>	2	
CYSTADANE	5	
DELZICOL	3	
DIPENTUM	5	
<i>dronabinol</i>	4	PA B vs D
<i>droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)</i>	2	
EMEND 125 MG POWDER PACKET	4	PA B vs D, QL (4 PER 28 DAYS)
EMEND 150 MG VIAL	4	
ENTEREG	4	
ENTYVIO	5	PA
ENULOSE	2	
<i>fosaprepitant dimeglumine</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GATTEX	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GENERLAC	2	
GIAZO	5	
GOLYTELY PACKET	4	
<i>granisetron hcl 1 mg tablet</i>	2	PA B vs D, QL (56 PER 28 DAYS)
<i>granisetron hcl (1 mg/ml(1) vial, 1 mg/ml vial)</i>	2	
<i>granisetron hcl/pf</i>	2	
<i>hydrocortisone (1 % crm/pe app, 2.5 % crm/pe app, 100mg/60ml enema)</i>	2	
<i>hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	2	
INFLECTRA	5	
KRISTALOSE	4	
<i>lactulose (10 g/15 ml solution, 10 g packet, 20 g/30 ml solution)</i>	2	
LINZESS	3	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 1000 mg supp.rect)</i>	2	
<i>mesalamine 800 mg tablet dr</i>	4	
<i>mesalamine with cleansing wipes</i>	2	
<i>metoclopramide hcl (5 mg tab rapdis, 5 mg tablet, 5 mg/ml vial, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution, 10 mg/2 ml syringe, 10 mg tab rapdis)</i>	2	
MOTEGRITY	4	QL (30 PER 30 DAYS)
MOVANTIK	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOVIPREP	4	
OICALIVA	5	PA
<i>ondansetron</i>	2	PA B vs D
<i>ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	2	PA B vs D
<i>ondansetron hcl 2 mg/ml vial</i>	2	
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml vial, hcl/pf 4 mg/2 ml syringe)</i>	2	
OSMOPREP	4	
<i>palonosetron hcl (0.25mg/5ml syringe, 0.25mg/5ml vial)</i>	4	
<i>palonosetron hcl 0.25mg/2ml vial</i>	5	
PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP)	4	
PANCREAZE DR 21,000 UNIT CAP	3	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	2	
PENTASA	3	
PERTZYE (DR 16,000 CAPSULE, DR 24,000 CAPSULE)	5	
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE)	4	
PLENVU	4	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate (5 mg/ml vial, 10 mg/2 ml vial)</i>	2	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	2	
PROCTO-MED HC	2	
PROCTO-PAK	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCTOFOAM-HC	4	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
RECTIV	3	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	5	
REMICADE	5	
RENFLEXIS	5	
SANCUSO	5	QL (4 PER 28 DAYS)
<i>scopolamine</i>	2	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	2	
SUCRAID	5	
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	2	
SUPREP	4	
SUSTOL	5	
SYMPROIC	4	
SYNDROS	5	PA B vs D
TRANSDERM-SCOP	4	
TRILYTE WITH FLAVOR PACKETS	2	
TRULANCE	4	
UCERIS 2 MG RECTAL FOAM	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2	
VARUBI 90 MG TABLET	3	PA B vs D, QL (4 PER 28 DAYS)
VARUBI 166.5 MG/92.5 ML VIAL	3	
VIBERZI	5	
VIOKACE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZELNORM	4	
ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE)	4	
ZENPEP DR 40,000 UNIT CAPSULE	5	
ZUPLENZ	4	PA B vs D

ULCER THERAPY

CARAFATE 1 GM/10 ML SUSP	4	
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	2	
<i>cimetidine hcl</i>	2	
DEXILANT	4	QL (30 PER 30 DAYS)
<i>esomeprazole magnesium (10 mg suspdr pkt, 20 mg capsule dr, 20 mg suspdr pkt, 40 mg capsule dr, 40 mg suspdr pkt)</i>	3	
<i>esomeprazole sodium</i>	2	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>famotidine (10 mg/ml vial, 40mg/5ml oral susp)</i>	2	
<i>famotidine in sodium chloride, iso-osmotic/pf</i>	2	
<i>famotidine/pf</i>	2	
HELIDAC	4	
<i>lansoprazole (15 mg capsule dr, 15 mg tab rap dr, 30 mg tab rap dr, 30 mg capsule dr)</i>	2	
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	2	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	4	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nizatidine 150mg/10ml solution</i>	4	
OMECLAMOX-PAK	4	
<i>omeprazole (20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>omeprazole 10 mg capsule dr</i>	1	QL (30 PER 30 DAYS)
<i>omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 20mg-1.1g capsule, omeprazole/sodium 40-1680mg packet, omeprazole/sodium 40mg-1.1g capsule)</i>	4	
<i>pantoprazole sodium 40 mg granpkt dr</i>	3	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
<i>pantoprazole sodium 40 mg vial</i>	2	
PRILOSEC (DR 2.5 MG SUSPENSION, DR 10 MG SUSPENSION)	4	PA
PROTONIX 40 MG SUSPENSION	4	PA
PYLERA	4	
<i>rabeprazole sodium 10 mg cap dr spr</i>	4	
<i>rabeprazole sodium 20 mg tablet dr</i>	3	
<i>ranitidine hcl (25 mg/ml vial, 50 mg/2 ml vial)</i>	2	
<i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>	2	
TALICIA	4	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA B vs D
ARANESP (10 MCG/0.4 ML SYRINGE, 40 MCG/0.4 ML SYRINGE)	3	PA, QL (1.6 PER 28 DAYS)
ARANESP (150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, QL (2 PER 28 DAYS)
ARANESP 25 MCG/0.42 ML SYRINGE	3	PA, QL (1.68 PER 28 DAYS)
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, QL (1.2 PER 28 DAYS)
ARANESP (25 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA, QL (4 PER 28 DAYS)
ARANESP (60 MCG/ML VIAL, 100 MCG/ML VIAL)	5	PA, QL (4 PER 28 DAYS)
ARCALYST	5	PA
AVONEX (SYR 30 MCG, SYR 30 MCG KT)	5	
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	5	
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5	
EGRIFTA 1 MG VIAL	5	
EGRIFTA SV	5	PA
EPOGEN (3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA
EPOGEN 10,000 UNITS/ML VIAL	4	PA, QL (24 PER 28 DAYS)
EPOGEN 2,000 UNITS/ML VIAL	3	PA, QL (12 PER 28 DAYS)
EPOGEN 20,000 UNITS/2 ML VIAL	4	PA
EPOGEN 20,000 UNITS/ML VIAL	5	PA
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	5	
FULPHILA	5	
GENOTROPIN (MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
GENOTROPIN MINIQUICK 0.2 MG	4	PA
GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA
ILARIS	5	PA, LA, QL (2 PER 28 DAYS)
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	PA B vs D
LEUKINE 250 MCG VIAL	5	
MOZOBIL	5	
NEULASTA	5	
NEULASTA ONPRO	5	
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	
NORDITROPIN FLEXPPO	5	PA
NUTROPIN AQ NUSPIN	5	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	5	
PEGASYS PROCLICK 180 MCG/0.5	5	
PEGINTRON	5	
PEGINTRON REDIPEN	5	
PLEGRIDY	5	
PLEGRIDY PEN	5	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA, QL (12 PER 28 DAYS)
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCRIT 10,000 UNITS/ML VIAL	4	PA, QL (12 PER 28 DAYS)
PROLEUKIN	5	PA - FOR NEW STARTS ONLY
REBIF	5	
REBIF REBIDOSE	5	
REBLOZYL	5	
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL)	3	PA, QL (12 PER 28 DAYS)
RETACRIT 10,000 UNIT/ML VIAL	4	PA, QL (12 PER 28 DAYS)
RETACRIT 40,000 UNIT/ML VIAL	5	PA
SAIZEN (5 MG VIAL, 8.8 MG VIAL, 8.8 MG CLICK.EASY CARTG)	5	PA
SAIZEN-SAIZENPREP	5	PA
SEROSTIM	5	PA
SYLATRON 4-PACK (200 MCG, 300 MCG)	5	
UDENYCA	5	
ZARXIO	5	
ZIEXTENZO	5	
ZOMACTON 10 MG VIAL	5	PA
ZOMACTON 5 MG VIAL	3	PA
ZORBTIVE	5	PA

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
ATGAM	5	
<i>bcg live</i>	3	
<i>bcg vaccine, live/pf</i>	3	
BEXSERO	3	
BIVIGAM	5	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BOTOX	4	PA
CARIMUNE NF NANOFILTERED	5	
CUTAQUIG	5	
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL)	5	LA
CUVITRU 10 GRAM/50 ML VIAL	5	
CYTOGAM	4	
DAPTACEL DTAP	3	
DYSPORT	4	PA
ENGERIX-B 20 MCG/ML SYRN	3	PA B vs D
ENGERIX-B 20 MCG/ML VIAL	3	
ENGERIX-B PEDIATRIC-ADOLESCENT	3	PA B vs D
FLEBOGAMMA DIF 10% VIAL	5	PA
FLEBOGAMMA DIF 5% VIAL	5	
<i>fomepizole 1 g/ml vial</i>	2	
GAMASTAN	4	
GAMASTAN S-D	4	
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA
GAMMAKED (2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	
GAMMAKED 1 GRAM/10 ML VIAL	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C (2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	5	
GAMUNEX-C 1 GRAM/10 ML VIAL	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GARDASIL 9 (9 VIAL, 9 SYRINGE)	3	
GRASTEK	4	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL, 1,440 UNITS/ML SYRINGE)	3	
HIBERIX	3	
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA B vs D
HYPERHEP B S-D (NEONATAL SYRIN., SYRINGE, VIAL)	5	
HYPERRAB	4	
HYPERRHO S-D	5	
HYQVIA	5	
IMOVAX RABIES VACCINE	3	
INFANRIX DTAP (SYRINGE, VIAL)	3	
IPOL	3	
IXIARO	3	
KEDRAB	4	
KINRIX (TIP-LOK SYRINGE, VIAL)	3	
M-M-R II VACCINE	3	
MENACTRA VIAL	3	
MENQUADFI	3	
MENVEO A-C-Y-W-135-DIP	3	
MYOBLOC	4	
NABI-HB	5	
OCTAGAM	5	PA
ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT)	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANZYGA	5	PA
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB	3	
PRIVIGEN	5	PA
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	PA B vs D
RECOMBIVAX HB 5 MCG/0.5 ML VL	3	
ROTARIX VACCINE SUSPENSION	4	
ROTATEQ	3	
SHINGRIX	3	
STAMARIL	3	
TENIVAC (SYRINGE, VIAL)	3	
<i>tetanus and diphtheria toxoids, adult</i>	3	
<i>tetanus, diphtheria toxoid ped/pf 5-25/0.5ml vial</i>	3	
THYMOGLOBULIN	5	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI (25 MCG/0.5 ML SYRNG, 25 MCG/0.5 ML AL)	3	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE	3	
VARIZIG (125 UNIT/1.2 ML VIAL, 125 UNIT VIAL)	5	
XEMBIFY	5	LA
XEOMIN (50 VIAL, 100 VIAL)	4	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XEOMIN 200 UNIT VIAL	5	PA
YF-VAX	3	
ZINPLAVA	5	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	2	
<i>allopurinol sodium</i>	5	
ALOPRIM	2	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	3	
COLCRYS	3	
DUZALLO	4	
<i>febuxostat</i>	2	
GLOPERBA	4	
MITIGARE	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	

OSTEOPOROSIS THERAPY

<i>alendronate sodium 70 mg/75ml solution</i>	2	QL (375 PER 30 DAYS)
<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	1	QL (5 PER 30 DAYS)
<i>alendronate sodium 10 mg tablet</i>	2	QL (30 PER 30 DAYS)
BINOSTO	4	QL (5 PER 30 DAYS), STEP
EVENITY	4	
EVENITY (2 SYRINGES)	4	STEP
FORTEO	5	QL (2.4 PER 28 DAYS), STEP
FOSAMAX PLUS D	4	QL (5 PER 30 DAYS), STEP

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	2	
<i>ibandronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
PROLIA	4	STEP
<i>raloxifene hcl</i>	2	
<i>risedronate sodium (35 mg tablet dr, 35 mg tablet)</i>	2	QL (5 PER 30 DAYS)
<i>risedronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
<i>risedronate sodium 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>teriparatide</i>	5	QL (2.48 PER 28 DAYS), STEP
TYMLOS	5	QL (1.56 PER 30 DAYS), STEP

OTHER RHEUMATOLOGICALS

ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA
ACTEMRA (80 MG/4 ML VIAL, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	5	
ACTEMRA ACTPEN	5	PA
BENLYSTA (120 MG VIAL, 200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT, 400 MG VIAL)	5	
CUPRIMINE	5	
DEPEN	5	
ENBREL (25 MG/0.5 ML VIAL, 25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE)	5	PA, QL (2 PER 28 DAYS)
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN CROHN'S-UC-HS	5	PA, QL (6 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING)	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL (2 PER 30 DAYS)
HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL (3 PER 30 DAYS)
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA, QL (3 PER 28 OVER TIME)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA, QL (3 PER 28 OVER TIME)
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA
KINERET	5	PA
<i>leflunomide</i>	2	
OLUMIANT 1 MG TABLET	5	PA, QL (30 PER 30 DAYS)
OLUMIANT 2 MG TABLET	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA
ORENCIA 250 MG VIAL	5	
ORENCIA CLICKJECT	5	PA
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	5	PA
OTEZLA STARTER PACK	5	
OTREXUP (10 MG/0.4 ML AUTO-INJ, 15 MG/0.4 ML AUTO-INJ, 17.5 MG/0.4 ML AUTOINJ, 20 MG/0.4 ML AUTO-INJ, 22.5 MG/0.4 ML AUTOINJ, 25 MG/0.4 ML AUTO-INJ)	4	
OTREXUP 12.5 MG/0.4 ML AUTOINJ	5	
<i>penicillamine (250 mg tablet, 250 mg capsule)</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RASUVO	4	
RIDAURA	5	
RINVOQ	5	PA
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3	
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA, QL (1 PER 28 DAYS)
SIMPONI (50 MG/0.5 ML SYRINGE, 50 MG/0.5 ML PEN INJEC)	5	PA, QL (0.5 PER 28 DAYS)
SIMPONI ARIA	5	PA
XELJANZ	5	PA, QL (60 PER 30 DAYS)
XELJANZ XR	5	PA, QL (30 PER 30 DAYS)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ALORA	3	
AMABELZ	2	
ANGELIQ	4	
BIJUVA	4	
CAMILA	2	
CLIMARA PRO	4	
COMBIPATCH	4	
CRINONE 4% GEL	4	
CRINONE 8% GEL	4	PA
DEBLITANE	2	
DEPO-ESTRADIOL	4	
DEPO-PROVERA 400 MG/ML VIAL	4	
DEPO-SUBQ PROVERA 104	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 1 MG GEL PACKET)	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIVIGEL (0.75 MG GEL PACKET, 1.25 MG GEL PACKET)	4	QL (30 PER 30 DAYS)
DOTTI	2	
DUAVEE	3	
ELESTRIN	4	
ERRIN	2	
<i>estradiol (0.01 % cream/appl, .025mg/24h patch tdkw, .025mg/24h patch tdkw, .0375mg/24 patch tdkw, .0375mg/24 patch tdkw, 0.05mg/24h patch tdkw, 0.05mg/24h patch tdkw, 0.06mg/24h patch tdkw, .075mg/24h patch tdkw, .075mg/24h patch tdkw, 0.1mg/24hr patch tdkw, 0.1mg/24hr patch tdkw, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i>	2	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
ESTRING	4	
ESTROGEL	4	
EVAMIST	4	
FEMRING	4	
FYAVOLV	2	
HEATHER	2	
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	5	
<i>hydroxyprogesterone caproate/pf</i>	5	
IMVEXXY (4 MCG STARTER PACK, 4 MCG MAINTENANCE PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	4	
INCASSIA	2	
JENCYCLA	2	
JEVANTIQUE LO	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JINTELI	2	
LOPREEZA	2	
LYZA	2	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml vial, 150 mg/ml syringe)</i>	2	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	4	
MENOSTAR	4	
MIMVEY	2	
NORA-BE	2	
<i>norethindrone 0.35 mg tablet</i>	2	
<i>norethindrone acetate 5 mg tablet</i>	2	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	2	
NORLYDA	2	
PREFEST	3	
PREMARIN VAGINAL CREAM-APPL	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL)	3	
PREMPHASE	4	
PREMPRO	4	
<i>progesterone 50 mg/ml vial</i>	2	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	2	
SHAROBEL	2	
YUVAFEM	2	
MISCELLANEOUS OB/GYN		
CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin phosphate 2 % cream/appl</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clomiphene citrate 50 mg tablet</i>	2	PA
ELURYNG	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
GYNAZOLE 1	4	
INTRAROSA	4	PA
KYLEENA	5	LA
LILETTA	4	
LUPANETA PACK	5	
<i>metronidazole 0.75 % gel w/appl</i>	2	
<i>miconazole nitrate 200 mg supp.vag</i>	2	
NEXPLANON	4	
NUVARING	4	
NUVESSA	4	
ORIAHNN	5	
ORILISSA	5	
OSPHENA	4	PA
SKYLA	3	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	2	
<i>tranexamic acid 650 mg tablet</i>	3	
VANDAZOLE	2	
XULANE	2	

ORAL CONTRACEPTIVES / RELATED AGENTS

ALTAVERA	2	
ALYACEN	2	
AMETHIA	2	
AMETHIA LO	2	
AMETHYST	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANNOVERA	4	
APRI	2	
ARANELLE	2	
ASHLYNA	2	
AUBRA	2	
AUBRA EQ	2	
AUROVELA 1 MG-20 MCG TABLET	2	
AUROVELA FE 1.5 MG-30 MCG TAB	2	
AVIANE	2	
AZURETTE	2	
BALCOLTRA	4	
BALZIVA	2	
BLISOVI 24 FE	2	
BLISOVI FE 1.5-30 TABLET	2	
BRIELLYN	2	
CAMRESE	2	
CAMRESE LO	2	
CAZANT	2	
CHATEAL	2	
CRYSSELLE	2	
CYCLAFEM	2	
CYRED	2	
CYRED EQ	2	
DASETTA	2	
DAYSEE	2	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
ELINEST	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELLA	3	
EMOQUETTE	2	
ENPRESSE	2	
ENSKYCE	2	
<i>ethinyl estradiol/drospirenone</i>	2	
<i>ethynodiol diacetate-ethinyl estradiol</i>	2	
FALMINA	2	
FAYOSIM	2	
GIANVI	2	
GILDAGIA	2	
HAILEY 24 FE	2	
HAILEY FE	2	
INTROVALE	2	
ISIBLOOM	2	
JASMIEL	2	
JOLESSA	2	
JULEBER	2	
JUNEL	2	
JUNEL FE	2	
JUNEL FE 24	2	
KAITLIB FE	2	
KARIVA	2	
KELNOR 1-35	2	
KELNOR 1-50	2	
KIMIDESS	2	
KURVELO	2	
LARIN	2	
LARIN 24 FE	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LARIN FE	2	
LARISSIA	2	
LAYOLIS FE	2	
LEENA	2	
LESSINA	2	
LEVONEST	2	
<i>levonorgestrel/ethinyl estradiol (levonorgestrel/ethin.estradiol 0.1-0.02mg tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo, levonorgestrel/ethin.estradiol 6-5-10 tablet, levonorgestrel/ethin.estradiol 90-20 mcg tablet)</i>	2	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	2	
LEVORA-28	2	
LO LOESTRIN FE	4	
LOMEDIA 24 FE	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
MARLISSA	2	
MELODETTA 24 FE	2	
MIBELAS 24 FE	2	
MICROGESTIN	2	
MICROGESTIN FE	2	
MYZILRA	2	
NATAZIA	4	
NECON (0.5-35-28 TABLET, 7-7-7-28 TABLET)	2	
NIKKI	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	2	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(24) capsule, 1mg-20(24) tablet, 1mg-20(24) tab chew, 1mg-20(21) tablet, 1.5-30(21) tablet)</i>	2	
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL	2	
OCELLA	2	
ORSYTHIA	2	
PHILITH	2	
PIMTREA	2	
PIRMELLA	2	
PORTIA	2	
RAJANI	2	
RECLIPSEN	2	
RIVELSA	4	
SAFYRAL	4	
SETLAKIN	2	
SLYND	4	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	
TARINA FE	2	
TARINA FE 1-20 EQ	2	
TAYTULLA	4	
TILIA FE	2	
TRI FEMYNOR	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TRIVORA-28	2	
TYDEMY	2	
VELIVET	2	
VESTURA	2	
VIENVA	2	
VIORELE	2	
VYFEMLA	2	
WERA	2	
WYMZYA FE	2	
ZARAH	2	
ZENCHENT	2	
ZOVIA 1-35E	2	

OXYTOCICS

METHERGINE	5	
<i>methylergonovine maleate 0.2 mg tablet</i>	2	
<i>methylergonovine maleate (.2mg/ml(1) vial, .2mg/ml(1) ampul)</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxytocin 10 unit/ml vial</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	
<i>bacitracin 500 unit/g oint. (g)</i>	2	
<i>bacitracin/polymyxin b sulfate</i>	2	
BESIVANCE	4	
CILOXAN 0.3% OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % drops</i>	2	
<i>erythromycin base 5 mg/gram oint. (g)</i>	2	
<i>gatifloxacin 0.5 % drops</i>	2	
GENTAK	2	
<i>gentamicin sulfate (0.3 % oint. (g), 0.3 % drops)</i>	2	
<i>levofloxacin 0.5 % drops</i>	2	
MOXEZA	4	
<i>moxifloxacin hcl (0.5 % drops visc, 0.5 % drops)</i>	2	
NATACYN	3	
NEO-POLYCIN	2	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	2	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	2	
POLYCIN	2	
<i>polymyxin b sulfate/trimethoprim</i>	2	
<i>tobramycin 0.3 % drops</i>	2	
TOBREX 0.3% EYE OINTMENT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIVIRALS		
<i>trifluridine 1 % drops</i>	2	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol hcl 0.5 % drops</i>	2	
BETIMOL	4	STEP
BETOPTIC S	4	STEP
<i>carteolol hcl</i>	2	
<i>levobunolol hcl 0.5 % drops</i>	2	
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)</i>	2	
TIMOPTIC OCUDOSE	4	STEP
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % drops</i>	2	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	4	
ALOMIDE	4	
<i>azelastine hcl 0.05 % drops</i>	2	
BEOVU	5	
BEPREVE	3	
CEQUA	4	
<i>cromolyn sodium 4 % drops</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYSTADROPS	5	
CYSTARAN	5	
<i>epinastine hcl</i>	2	
JETREA 1.25 MG/ML VIAL	5	LA
LACRISERT	3	
LASTACAFT	4	
LUCENTIS (0.3 MG/0.05 ML VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	5	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	2	
OXERVATE	5	
PAZEO	4	
RESTASIS	4	
RESTASIS MULTIDOSE	4	
XIIDRA	4	
ZERVIAE	4	

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac sodium 0.09 % drops</i>	2	
BROMSITE	4	
<i>diclofenac sodium 0.1 % drops</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	2	
NEVANAC	4	
PROLENSA	4	

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	2	
<i>acetazolamide sodium</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methazolamide 25 mg tablet</i>	2	
<i>methazolamide 50 mg tablet</i>	4	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<i>bimatoprost 0.03 % drops</i>	2	
COMBIGAN	4	STEP
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	2	
<i>latanoprost 0.005 % drops</i>	1	
LUMIGAN	4	STEP
RHOPRESSA	4	PA
ROCKLATAN	4	STEP
SIMBRINZA	4	
TRAVATAN Z	3	STEP
<i>travoprost</i>	2	STEP
VYZULTA	4	STEP
XELPROS	4	STEP
ZIOPTAN	4	STEP
STEROID-ANTIBIOTIC COMBINATIONS		
NEO-POLYCIN HC	2	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	2	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	2	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRED-G (1% DROPS, S.O.P. OINTMENT)	4	
<i>prednisolone acetate/gatifloxacin</i>	4	
TOBRADEX EYE OINTMENT	4	
TOBRADEX ST	4	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	4	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
STEROIDS		
ALREX	4	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone</i>	2	
FML FORTE	4	
FML S.O.P.	4	
INVELTYS	4	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	2	
MAXIDEX	4	
OZURDEX	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate 1 % drops</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P 0.1% DROPS	4	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (0.15 % drops, 0.2 % drops)</i>	2	
IOPIDINE	4	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
ADRENALIN	2	
<i>carbinoxamine maleate 6 mg tablet</i>	5	
<i>cetirizine 1 mg/ml sol'n and syrup</i>	2	
CLARINEX-D 12 HOUR	4	
<i>desloratadine (2.5 mg tab rapdis, 5 mg tablet, 5 mg tab rapdis)</i>	2	
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	3	
<i>diphenhydramine hcl (50 mg/ml vial, 50 mg/ml cartridge, 50 mg/ml syringe)</i>	2	
<i>epinephrine (0.15mg/0.3 auto injct, 0.15/0.15 auto injct, 0.3mg/0.3 auto injct)</i>	3	QL (4 PER 30 DAYS)
EPIPEN 2-PAK	4	QL (4 PER 30 DAYS)
EPIPEN JR 2-PAK	4	QL (4 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tablet)</i>	2	
<i>promethazine hcl (25 mg/ml vial, 25 mg/ml ampul, 50 mg/ml ampul, 50 mg/ml vial)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	PA
PROMETHEGAN 12.5 MG SUPPOS	2	
QUZYTIR	4	
RYVENT	4	
SEMPREX-D	4	
SYMJEPI	3	QL (4 PER 30 DAYS)

PULMONARY AGENTS

<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	2	PA B vs D
ADEMPAS	5	PA, LA
ADVAIR HFA	3	QL (12 PER 30 DAYS)
AEROSPAN	4	QL (8.9 PER 30 DAYS)
AIRDUO DIGIHALER	4	QL (1 PER 30 DAYS)
AIRDUO RESPICLICK	4	QL (1 PER 30 DAYS)
<i>albuterol sulfate 90 mcg hfa aer ad</i>	2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tab er 12h, 8 mg tab er 12h)</i>	2	
<i>albuterol sulfate 4 mg tablet</i>	4	
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 5 mg/ml solution)</i>	2	PA B vs D
ALVESCO	4	QL (12.2 PER 30 DAYS)
ALYQ	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	LA, QL (30 PER 30 DAYS)
<i>aminophylline (250mg/10ml vial, 500mg/20ml vial)</i>	2	
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
ARCAPTA NEOHALER	4	QL (30 PER 30 DAYS)
ARMONAIR DIGIHALER	4	QL (1 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX (110 MCG #7, 220 MCG #14)	3	
ASMANEX (110 MCG, 220 MCG)	3	QL (30 PER 30 DAYS)
ASMANEX TWISTHALER 220 MCG #60	3	QL (60 PER 30 DAYS)
ASMANEX TWISTHALR 220 MCG #120	3	QL (120 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
<i>azelastine hcl/fluticasone propionate</i>	3	QL (23 PER 30 DAYS), STEP
BECONASE AQ	4	QL (50 PER 30 DAYS), STEP
BERINERT (500 VIAL, 500 KIT)	5	
BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
<i>bosentan</i>	5	LA, QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
BROVANA	3	PA B vs D, QL (120 PER 30 DAYS)
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	2	PA B vs D
<i>budesonide 32mcg spray/pump</i>	2	QL (8.6 PER 30 DAYS)
<i>budesonide/formoterol fumarate</i>	4	QL (10.2 PER 30 DAYS), STEP
CINQAIR	5	PA
CINRYZE	5	PA
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	2	PA B vs D
DALIRESP	3	
DUAKLIR PRESSAIR	5	QL (1 PER 30 DAYS)
DULERA	3	QL (13 PER 30 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	5	PA
DYMISTA	4	QL (23 PER 30 DAYS), STEP

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIXOPHYLLIN	4	
ESBRIET 267 MG CAPSULE	5	PA, QL (270 PER 30 DAYS)
ESBRIET 267 MG TABLET	5	QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
FIRAZYR	5	PA, QL (27 PER 30 DAYS)
FLOVENT DISKUS	3	QL (60 PER 30 DAYS)
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3	QL (10.6 PER 30 DAYS)
<i>flunisolide 25 mcg spray</i>	2	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray susp</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba)</i>	2	QL (1 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	2	QL (60 PER 30 DAYS)
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.2 mg/ml solution</i>	2	PA B vs D
<i>ipratropium bromide/albuterol sulfate</i>	2	PA B vs D
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb)</i>	2	PA B vs D
<i>levalbuterol hcl (1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	4	PA B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levalbuterol tartrate</i>	4	QL (30 PER 30 DAYS)
LONHALA MAGNAIR REFILL	5	
LONHALA MAGNAIR STARTER	5	
<i>metaproterenol sulfate 10 mg/5 ml syrup</i>	2	
<i>mometasone furoate 50 mcg spray/pump</i>	2	QL (34 PER 30 DAYS), STEP
<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	2	
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG VIAL, 100 MG/ML SYRINGE)	5	PA, LA, QL (3 PER 28 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
OMNARIS	4	QL (12.5 PER 30 DAYS), STEP
OPSUMIT	5	PA, LA
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (112 PER 28 DAYS)
PERFOROMIST	4	PA B vs D
PROAIR DIGIHALER	3	QL (2 PER 30 DAYS)
PROAIR HFA	3	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
PROVENTIL HFA	4	QL (13.4 PER 30 DAYS)
PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
PULMOZYME	5	PA B vs D, QL (150 PER 30 DAYS)
QNASL	4	QL (10.6 PER 30 DAYS), STEP
QNASL CHILDREN	4	QL (6.8 PER 30 DAYS), STEP
QVAR REDIHALER	3	QL (21.2 PER 30 DAYS)
RUCONEST	5	
SEEBRI NEOHALER	4	QL (60 PER 30 DAYS)
SEREVENT DISKUS	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sildenafil citrate 10 mg/ml susp recon</i>	5	PA
<i>sildenafil citrate 20 mg tablet</i>	3	PA
<i>sildenafil citrate 10 mg/12.5 vial</i>	5	
SPIRIVA	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)
SYMBICORT	4	QL (10.2 PER 30 DAYS), STEP
SYMDEKO	5	PA
<i>tadalafil 20 mg tablet</i>	5	PA
TAKHZYRO	5	PA
<i>terbutaline sulfate (1 mg/ml vial, 2.5 mg tablet, 5 mg tablet)</i>	2	
THEO-24	4	
<i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	LA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	LA, QL (120 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
TRIKAFTA	5	PA, QL (90 PER 30 DAYS)
TUDORZA PRESSAIR	4	QL (1 PER 30 DAYS)
TYVASO	5	
TYVASO INSTITUTIONAL START KIT	5	
TYVASO REFILL KIT	5	
TYVASO STARTER KIT	5	
UTIBRON NEOHALER	4	QL (60 PER 30 DAYS)
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA B vs D, QL (210 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA B vs D, QL (90 PER 30 DAYS)
WIXELA INHUB	2	QL (60 PER 30 DAYS)
XOLAIR 150 MG/ML SYRINGE	5	PA, LA, QL (4 PER 28 DAYS)
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LA, QL (1 PER 28 DAYS)
XOLAIR 150 MG VIAL	5	PA, LA, QL (6 PER 28 DAYS)
XOPENEX HFA	3	QL (30 PER 30 DAYS)
YUPELRI	5	PA B vs D, QL (90 PER 30 DAYS)
<i>zafirlukast</i>	2	
ZETONNA	4	QL (6.1 PER 30 DAYS), STEP
<i>zileuton</i>	5	
ZYFLO	5	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin hydrobromide</i>	2	
<i>flavoxate hcl</i>	2	
GELNIQUE (GEL PUMP, GEL SACHET, GEL SACHETS)	4	
MYRBETRIQ	4	
<i>oxybutynin chloride (5 mg/5 ml syrup, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	2	
OXYTROL	4	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)</i>	2	
TOVIAZ	4	
<i>tropium chloride (20 mg tablet, 60 mg cap er 24h)</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin hcl</i>	2	
<i>dutasteride 0.5 mg capsule</i>	2	
<i>dutasteride/tamsulosin hcl</i>	2	
<i>finasteride 5 mg tablet</i>	1	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil 500 mcg/ml vial</i>	2	
CYSTAGON	3	LA
ELMIRON	3	
<i>glycine urologic solution</i>	2	
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate</i>	2	
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	5	
PROSTIN VR PEDIATRIC	4	
RENACIDIN	3	
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	3	PA, QL (30 PER 30 DAYS)
Uncategorized		
Unclassified		
<i>0.9 % sodium chloride 0.9 % ampul</i>	2	
<i>bretylum tosylate</i>	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate 4 mg/ml vial</i>	2	QL (500 PER 30 OVER TIME)

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate (667 mg capsule, 667 mg tablet)</i>	2	
<i>calcium chloride (100 mg/ml vial, 100 mg/ml syringe)</i>	2	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	4	
EFFER-K 25 MEQ TABLET EFF	2	
HYPERLYTE CR	3	
K EFFERVESCENT	2	
K-TAB ER (ER 10 TABLET, ER 20 TABLET)	3	
K-TAB ER 8 MEQ TABLET	2	
KLOR-CON 20 MEQ PACKET	2	
KLOR-CON 25 MEQ PACKET	3	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON SPRINKLE	2	
KLOR-CON-EF	2	
<i>magnesium chloride 200 mg/ml vial</i>	2	
<i>magnesium sulfate (4 meq/ml syringe, 4 meq/ml vial)</i>	2	
<i>magnesium sulfate in sterile water (2 g/50 ml piggyback, 4 g/50 ml piggyback, 4 g/100 ml piggyback, 20 g/500ml iv soln, 40g/1000ml iv soln)</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORMOSOL-R	3	
PHOSLYRA	4	
<i>potassium acetate</i>	2	
<i>potassium bicarbonate/citric acid</i>	2	
<i>potassium chloride (2 meq/ml vial, 8 meq capsule er, 8 meq tablet er, 10 meq tablet er, 10 meq tab er prt, 10 meq capsule er, 20meq/15ml liquid, 20 meq packet, 20 meq tablet er, 20 meq tab er prt, 40meq/15ml liquid)</i>	2	
<i>potassium chloride in 0.45 % sodium chloride</i>	2	
<i>potassium chloride in 0.9 % sodium chloride (20 meq/l iv soln, 40 meq/l iv soln)</i>	2	
<i>potassium chloride in 5 % dextrose in water</i>	2	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	2	
<i>potassium chloride in dextrose 5 %-0.2 % sodium chloride (chloride/d5-0.2%nacl 20 meq/l iv soln, chloride/d5-0.2%nacl 30 meq/l iv soln, chloride/d5-0.2%nacl 40 meq/l iv soln)</i>	2	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride</i>	2	
<i>potassium chloride in lactated ringers and 5 % dextrose</i>	2	
<i>potassium chloride in water for injection, sterile (10meq/50ml piggyback, 10meq/0.1l piggyback, 20meq/50ml piggyback, 20meq/0.1l piggyback, 30meq/0.1l piggyback, 40meq/0.1l piggyback)</i>	2	
<i>potassium chloride/potassium bicarbonate/citric acid</i>	2	
<i>potassium phosphate,monobasic-dibasic</i>	2	
<i>ringer's solution iv soln</i>	2	
<i>ringer's solution,lactated iv soln</i>	2	
<i>sodium acetate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium bicarbonate (0.9meq/ml syringe, 1 meq/ml syringe, 1 meq/ml vial, 10meq/10ml syringe)</i>	2	
<i>sodium chloride 2.5 meq/ml vial</i>	2	
<i>sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)</i>	2	
<i>sodium chloride 3 %</i>	2	
<i>sodium chloride 5 %</i>	2	
<i>sodium phosphate,monobasic-dibasic</i>	2	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>albumin human 5 % iv soln</i>	4	
ALBURX	2	
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	3	PA B vs D
AMINOSYN-PF 7% IV SOLUTION	3	PA B vs D
BAL IN OIL	4	
CLINIMIX (4.25%-10% SOLUTION, 5%-20% SOLUTION, 5%-15% SOLUTION)	3	PA B vs D
CLINIMIX (4.25%-25% SOLUTION, 5%-25% SOLUTION)	3	
CLINIMIX 8%-14% SOLUTION	4	
CLINIMIX E (4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	PA B vs D
CLINIMIX E 4.25%-10% SOLUTION	4	PA B vs D
CLINIMIX N14G30E	4	
CLINIMIX N9G15E	4	
CLINOLIPID	5	
<i>cysteine hcl 50 mg/ml vial</i>	2	
DOJOLVI	5	LA
<i>edetate calcium disodium 200 mg/ml ampul</i>	4	
<i>electrolyte-48 solution/dextrose 5 % in water</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

2020 CLOSED FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FREAMINE HBC	3	PA B vs D
HEPATAMINE	3	PA B vs D
INTRALIPID 20% IV FAT EMUL	2	PA B vs D
INTRALIPID 30% IV FAT EMUL	3	PA B vs D
ISOLYTE P WITH DEXTROSE	3	
ISOLYTE S	3	
NEPHRAMINE	3	PA B vs D
NORMOSOL-M AND DEXTROSE	3	
OMEGAVEN	4	
PLASMA-LYTE 148	3	
PLASMA-LYTE A PH 7.4	3	
PLENAMINE	2	PA B vs D
PREMASOL	2	PA B vs D
PROCALAMINE	3	PA B vs D
PROSOL	4	PA B vs D
TRAVASOL	4	PA B vs D
TROPHAMINE	3	PA B vs D

VITAMINS / HEMATINICS

<i>albumin human 25 % iv soln</i>	2	
ALBUMINEX	4	
<i>fluoride (sodium) ((sodium) 0.25(0.55) tab chew, (sodium) 0.5(1.1)mg tab chew, (sodium) 1mg(2.2mg) tab chew)</i>	3	
FLUORITAB 1 MG TABLET CHEW	3	
LUDENT FLUORIDE 1 MG TAB CHEW	3	
<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	2	
<i>pediatric multivitamins no.17 with sodium fluoride</i>	2	
<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9.

Alphabetical Listing

O

0.9 % sodium chloride.....90,145

A

abacavir sulfate.....11
 abacavir sulfate/lamivudine.....11
 abacavir sulfate/lamivudine/zidovudine.....11
 ABELCET.....10
 ABILIFY MAINTENA.....57
 ABILIFY MYCITE.....57
 abiraterone acetate.....27
 ABRAXANE.....27
 acamprosate calcium.....90
 acarbose.....97
 acebutolol hcl.....68
 acetaminophen with codeine phosphate.....49
 acetaminophen/caffeine/dihydrocodeine
 bitartrate.....49
 acetazolamide.....135
 acetazolamide sodium.....135
 acetic acid.....90,95
 acetylcysteine.....139
 acitretin.....80
 ACTEMRA.....122
 ACTEMRA ACTPEN.....122
 ACTHAR.....96
 ACTHIB.....117
 ACTIMMUNE.....114
 acyclovir.....11,87
 acyclovir sodium.....11
 ADACEL TDAP.....117
 ADAGEN.....90
 ADAKVEO.....27
 adapalene.....82
 adapalene/benzoyl peroxide.....82
 ADASUVE.....57
 adefovir dipivoxil.....11
 ADEMPAS.....139
 adenosine.....67
 ADLYXIN.....97

ADMELOG.....97
 ADMELOG SOLOSTAR.....98
 ADRENALIN.....138
 ADRIAMYCIN.....27
 ADRUCIL.....27
 ADVAIR HFA.....139
 ADZENYS ER.....57
 ADZENYS XR-ODT.....57
 AEMCOLO.....18
 AEROSPAN.....139
 AFINITOR.....27
 AFINITOR DISPERZ.....27
 AFREZZA.....98
 AIMOVIG AUTOINJECTOR.....45
 AIRDUO DIGIHALER.....139
 AIRDUO RESPICLICK.....139
 AJOVY AUTOINJECTOR.....45
 AJOVY SYRINGE.....45
 AKLIEF.....82
 AKYNZEO.....108
 ALA-CORT.....87
 albendazole.....18
 albumin human.....148,149
 ALBUMINEX.....149
 ALBURX.....148
 albuterol sulfate.....139
 alclometasone dipropionate.....87
 ALDACTAZIDE.....68
 ALDURAZYME.....104
 ALECENSA.....27
 alendronate sodium.....121
 alfuzosin hcl.....145
 ALIMTA.....27
 ALINIA.....18
 ALIQOPA.....27
 aliskiren hemifumarate.....68
 ALKERAN.....27
 allopurinol.....121
 allopurinol sodium.....121
 ALLZITAL.....49
 almotriptan malate.....45

ALOCRIL.....	134	amlodipine besylate.....	68
alogliptin benzoate.....	98	amlodipine besylate/benazepril hcl.....	68
alogliptin benzoate/metformin hcl.....	98	amlodipine besylate/olmesartan medoxomil.....	68
alogliptin benzoate/pioglitazone hcl.....	98	amlodipine besylate/valsartan.....	68
ALOMIDE.....	134	amlodipine	
ALOPRIM.....	121	besylate/valsartan/hydrochlorothiazide.....	68
ALORA.....	124	ammonium lactate.....	81
alosetron hcl.....	108	AMNESTEEM.....	82
ALOXI.....	108	amoxapine.....	57
ALPHAGAN P.....	138	amoxicillin.....	22
alprazolam.....	57	amoxicillin/potassium clavulanate.....	22
ALPRAZOLAM INTENSOL.....	57	amphetamine.....	58
alprostadil.....	145	amphetamine sulfate.....	58
ALREX.....	137	amphotericin b.....	10
ALTABAX.....	85	ampicillin sodium.....	22
ALTAVERA.....	127	ampicillin sodium/sulbactam sodium.....	22
ALTOPREV.....	77	ampicillin trihydrate.....	22
ALTRENO.....	82	AMZEEQ.....	85
ALUNBRIG.....	27	ANADROL-50.....	104
ALVESCO.....	139	anagrelide hcl.....	90
ALYACEN.....	127	ANALPRAM HC.....	108
ALYQ.....	139	anastrozole.....	27
AMABELZ.....	124	ANDEXXA.....	75,77
amantadine hcl.....	11	ANDRODERM.....	104
AMBISOME.....	10	ANDROXY.....	104
ambrisentan.....	139	ANGELIQ.....	124
amcinonide.....	87	ANNOVERA.....	128
AMETHIA.....	127	ANORO ELLIPTA.....	139
AMETHIA LO.....	127	ANTARA.....	77
AMETHYST.....	127	ANZEMET.....	108
AMICAR.....	75	APEXICON E.....	87
amikacin sulfate.....	18	APIDRA.....	98
amiloride hcl.....	68	APIDRA SOLOSTAR.....	98
amiloride hcl/hydrochlorothiazide.....	68	APOKYN.....	44
aminocaproic acid.....	75	apraclonidine hcl.....	138
aminophylline.....	139	aprepitant.....	108
AMINOSYN II.....	148	APRI.....	128
AMINOSYN-PF.....	148	APRISO.....	108
amiodarone hcl.....	67	APTENSIO XR.....	58
AMITIZA.....	108	APTIOM.....	40
amitriptyline hcl.....	57	APTIVUS.....	11

ARALAST NP.....	90	AVANDIA.....	98
ARANELLE.....	128	AVASTIN.....	27
ARANESP.....	114,115	AVEED.....	104
ARCALYST.....	115	AVELOX ABC PACK.....	23
ARCAPTA NEOHALER.....	139	AVELOX IV.....	23
argatroban.....	75	AVIANE.....	128
argatroban in 0.9 % sodium chloride.....	75	AVITA.....	82
argatroban in sodium chloride, iso-osmotic.....	75	AVONEX.....	115
ARIKAYCE.....	18	AVONEX PEN.....	115
aripiprazole.....	58	AVSOLA.....	108
ARISTADA.....	58	AVYCAZ.....	15
ARISTADA INITIO.....	58	AYVAKIT.....	27
armodafinil.....	58	azacitidine.....	27
ARMONAIR DIGIHALER.....	139	AZACTAM-ISO-OSMOTIC DEXTROSE.....	18
ARMOUR THYROID.....	107	AZASAN.....	27
ARNUITY ELLIPTA.....	140	AZASITE.....	133
ARRANON.....	27	azathioprine.....	27
arsenic trioxide.....	27	azathioprine sodium.....	27
ASHLYNA.....	128	azelaic acid.....	82
ASMANEX.....	140	azelastine hcl.....	94,134
ASMANEX HFA.....	140	azelastine hcl/fluticasone propionate.....	140
aspirin/dipyridamole.....	75	AZELEX.....	83
ASTAGRAF XL.....	27	azithromycin.....	17
atazanavir sulfate.....	11	AZOPT.....	136
atenolol.....	68	aztreonam.....	18
atenolol/chlorthalidone.....	68	AZURETTE.....	128
ATGAM.....	117		
atomoxetine hcl.....	58	B	
atorvastatin calcium.....	77	BACIIM.....	18
atovaquone.....	18	bacitracin.....	18,133
atovaquone/proguanil hcl.....	18	bacitracin/polymyxin b sulfate.....	133
ATRIPLA.....	11	baclofen.....	48
atropine sulfate.....	107,134	BAFIERTAM.....	47
ATROVENT HFA.....	140	BAL IN OIL.....	148
AUBAGIO.....	47	BALCOLTRA.....	128
AUBRA.....	128	balsalazide disodium.....	109
AUBRA EQ.....	128	BALVERSA.....	27
AUROVELA.....	128	BALZIVA.....	128
AUROVELA FE.....	128	BANZEL.....	40
AURYXIA.....	90	BAQSIMI.....	98
AUSTEDO.....	47	BARACLUDE.....	11

BASAGLAR KWIKPEN U-100.....	98	BINOSTO.....	121
BAVENCIO.....	28	bisoprolol fumarate.....	69
BAXDELA.....	23	bisoprolol fumarate/hydrochlorothiazide....	69
bcg live.....	117	BIVIGAM.....	117
bcg vaccine, live/pf.....	117	BLENREP.....	28
BECONASE AQ.....	140	bleomycin sulfate.....	28
BELBUCA.....	49	BLEPHAMIDE.....	137
BELEODAQ.....	28	BLEPHAMIDE S.O.P.....	137
BELSOMRA.....	58	BLISOVI 24 FE.....	128
benazepril hcl.....	69	BLISOVI FE.....	128
benazepril hcl/hydrochlorothiazide.....	69	BONJESTA.....	109
BENLYSTA.....	122	BOOSTRIX TDAP.....	117
benznidazole.....	18	bortezomib.....	28
benztropine mesylate.....	44	bosentan.....	140
BEOVU.....	134	BOSULIF.....	28
BEPREVE.....	134	BOTOX.....	118
BERINERT.....	140	BRAFTOVI.....	28
BESER.....	87	BREO ELLIPTA.....	140
BESIVANCE.....	133	bretylum tosylate.....	145
BESPONSA.....	90	BREZTRI AEROSPHERE.....	140
betamethasone dipropionate.....	87	BRIELLYN.....	128
betamethasone dipropionate/propylene glycol.....	87	BRILINTA.....	75
betamethasone valerate.....	87	brimonidine tartrate.....	138
BETASERON.....	115	BRIVIACT.....	40
betaxolol hcl.....	69,134	bromfenac sodium.....	135
bethanechol chloride.....	145	bromocriptine mesylate.....	44
BETHKIS.....	18	BROMSITE.....	135
BETIMOL.....	134	BROVANA.....	140
BETOPTIC S.....	134	BRUKINSA.....	28
BEVESPI AEROSPHERE.....	140	BRYHALI.....	87
bexarotene.....	28	budesonide.....	109,140
BEXSERO.....	117	budesonide/formoterol fumarate.....	140
bicalutamide.....	28	bumetanide.....	69
BICILLIN C-R.....	22	BUNAVAIL.....	54
BICILLIN L-A.....	22	BUPRENEX.....	49
BICNU.....	28	buprenorphine.....	49,50
BIDIL.....	69	buprenorphine hcl.....	50
BIJUVA.....	124	buprenorphine hcl/naloxone hcl.....	54
BIKTARVY.....	11	bupropion hcl.....	58
bimatoprost.....	136	buspirone hcl.....	58
		busulfan.....	28

BUSULFEX.....	28
butorphanol tartrate.....	54
BYDUREON BCISE.....	98
BYDUREON PEN.....	98
BYETTA.....	98
BYNFEZIA.....	28
BYSTOLIC.....	69

C

cabergoline.....	104
CABLIVI.....	75
CABOMETYX.....	28
caffeine citrate.....	91
calcipotriene.....	80
calcipotriene/betamethasone dipropionate.....	80
calcitonin,salmon,synthetic.....	104
calcitriol.....	80,104
calcium acetate.....	146
calcium chloride.....	146
CALDOLOR.....	54
CALQUENCE.....	28
CAMBIA.....	54
CAMILA.....	124
CAMRESE.....	128
CAMRESE LO.....	128
candesartan cilexetil.....	69
candesartan cilexetil/hydrochlorothiazide.....	69
CAPASTAT SULFATE.....	18
CAPEX SHAMPOO.....	87
CAPLYTA.....	58
CAPRELSA.....	28
captopril.....	69
captopril/hydrochlorothiazide.....	69
CARAFATE.....	113
CARBAGLU.....	91
carbamazepine.....	40
carbidopa.....	44
carbidopa/levodopa.....	44
carbidopa/levodopa/entacapone.....	44
carbinoxamine maleate.....	138
carboplatin.....	28
CARDENE I.V.....	69
CARDIZEM LA.....	69
CARDURA XL.....	69
CARIMUNE NF NANOFILTERED.....	118
carmustine.....	28
CAROSPIR.....	69
carteolol hcl.....	134
CARTIA XT.....	69
carvedilol.....	69
carvedilol phosphate.....	69
caspofungin acetate.....	10
CAYSTON.....	18
CAZANT.....	128
cefaclor.....	16
cefadroxil.....	16
cefazolin sodium.....	16
cefazolin sodium/dextrose, iso-osmotic.....	16
cefdinir.....	16
cefepime hcl.....	16
cefepime hcl in dextrose 5 % in water.....	16
cefepime hcl in iso-osmotic dextrose.....	16
cefixime.....	16
cefotaxime sodium.....	16
cefotetan disodium.....	16
cefotetan disodium in iso-osmotic dextrose.....	16
cefoxitin sodium.....	16
cefoxitin sodium/dextrose, iso-osmotic.....	16
cefpodoxime proxetil.....	16
cefprozil.....	16
ceftazidime.....	16
ceftazidime in dextrose 5% and water.....	17
ceftriaxone sodium.....	17
ceftriaxone sodium in iso-osmotic dextrose.....	17
cefuroxime axetil.....	17
cefuroxime sodium.....	17
celecoxib.....	55
CELONTIN.....	40
CENTANY.....	85
cephalexin.....	17
CEQUA.....	134
CERDELGA.....	104

CEREZYME.....	104	cisplatin.....	28
cetirizine 1 mg/ml sol'n and syrup.....	138	citalopram hydrobromide.....	58
CETYLEV.....	91	cladribine.....	28
cevimeline hcl.....	91	CLARAVIS.....	83
CHANTIX.....	94	CLARINEX-D 12 HOUR.....	138
CHATEAL.....	128	clarithromycin.....	17
CHEMET.....	91	CLENPIQ.....	109
CHENODAL.....	109	CLEOCIN.....	126
chloramphenicol sod succinate.....	19	CLIMARA PRO.....	124
chlorhexidine gluconate.....	94	CLINDACIN ETZ.....	83
chloroquine phosphate.....	19	CLINDACIN P.....	83
chlorothiazide sodium.....	69	CLINDAGEL.....	83
chlorpromazine hcl.....	58	clindamycin hcl.....	19
chlorthalidone.....	69	clindamycin palmitate hcl.....	19
chlorzoxazone.....	48	clindamycin phosphate.....	19,83,126
CHOLBAM.....	109	clindamycin phosphate in 0.9 % sodium chloride.....	19
cholestyramine (with sugar).....	77	clindamycin phosphate/benzoyl peroxide...	83
cholestyramine/aspartame.....	77	clindamycin phosphate/dextrose 5 % in water.....	19
chorionic gonadotropin, human.....	104	clindamycin phosphate/tretinoin.....	83
CICLODAN.....	86	CLINDESSE.....	83
ciclopirox.....	86	CLINIMIX.....	91,148
ciclopirox olamine.....	86	CLINIMIX E.....	91,148
cidofovir.....	11	CLINIMIX N14G30E.....	148
cilostazol.....	75	CLINIMIX N9G15E.....	148
CILOXAN.....	133	CLINIMIX N9G20E.....	91
CIMDUO.....	11	CLINOLIPID.....	148
cimetidine.....	113	clobazam.....	40
cimetidine hcl.....	113	clobetasol propionate.....	87
CIMZIA.....	109	clobetasol propionate/emollient base.....	87
cinacalcet hcl.....	104	clocortolone pivalate.....	88
CINQAIR.....	140	CLODAN.....	88
CINRYZE.....	140	CLODERM.....	88
CINVANTI.....	109	clofarabine.....	28
CIPRO HC.....	95	clomiphene citrate.....	127
CIPRODEX.....	95	clomipramine hcl.....	58
ciprofloxacin.....	23	clonazepam.....	41
ciprofloxacin hcl.....	23,95,133	clonidine.....	70
ciprofloxacin hcl/dexamethasone.....	95	clonidine hcl.....	59,70
ciprofloxacin hcl/fluocinolone acetonide.....	95	clopidogrel bisulfate.....	75
ciprofloxacin lactate.....	23		
ciprofloxacin lactate/dextrose 5 % in water.	23		

clorazepate dipotassium.....	59	CUTAQUIG.....	118
clotrimazole.....	10,86	CUVITRU.....	118
clotrimazole/betamethasone dipropionate..	86	CUVPOSA.....	108
clozapine.....	59	CYCLAFEM.....	128
COARTEM.....	19	cyclobenzaprine hcl.....	49
codeine sulfate.....	50	cyclophosphamide.....	29
colchicine.....	121	cycloserine.....	19
COLCRYS.....	121	CYCLOSET.....	98
colesevelam hcl.....	77	cyclosporine.....	29
colestipol hcl.....	77	cyclosporine, modified.....	29
colistin (as colistimethate sodium).....	19	CYRAMZA.....	29
COMBIGAN.....	136	CYRED.....	128
COMBIPATCH.....	124	CYRED EQ.....	128
COMBIVENT RESPIMAT.....	140	CYSTADANE.....	109
COMETRIQ.....	28	CYSTADROPS.....	135
COMPLERA.....	11	CYSTAGON.....	145
COMPRO.....	109	CYSTARAN.....	135
CONDYLOX.....	81	cysteine hcl.....	148
CONSTULOSE.....	109	cytarabine.....	29
CONZIP.....	55	cytarabine/pf.....	29
COPIKTRA.....	29	CYTOGAM.....	118
CORDRAN.....	88		
CORLANOR.....	79	D	
CORTIFOAM.....	109	dacarbazine.....	29
cortisone acetate.....	96	dactinomycin.....	29
CORTISPORIN.....	85	DAKLINZA.....	12
COSENTYX (2 SYRINGES).....	80	dalfampridine.....	47
COSENTYX PEN.....	80	DALIRESP.....	140
COSENTYX PEN (2 PENS).....	80	DALVANCE.....	19
COSENTYX SYRINGE.....	80	danazol.....	104,105
COSMEGEN.....	29	dantrolene sodium.....	49
COTELLIC.....	29	dapsone.....	19,83
COTEMPLA XR-ODT.....	59	DAPTACEL DTAP.....	118
CREON.....	109	daptomycin.....	19
CRESEMBA.....	10	DARAPRIM.....	19
CRINONE.....	124	darifenacin hydrobromide.....	144
CRIXIVAN.....	12	DARZALEX.....	29
cromolyn sodium.....	109,134,140	DARZALEX FASPRO.....	29
CROTAN.....	90	DASETTA.....	128
CRYSELLE.....	128	daunorubicin hcl.....	29
CUPRIMINE.....	122	DAURISMO.....	29

DAYSEE.....	128	dextroamphetamine sulf-	
DAYTRANA.....	59	saccharate/amphetamine sulf-aspartate	60
DAYVIGO.....	59	dextroamphetamine sulfate	60
DDAVP.....	105	dextrose 10 % and 0.2 % sodium chloride ..	91
DEBLITANE.....	124	dextrose 10 % and 0.45 % sodium chloride ..	91
DECADRON.....	96	dextrose 10 % in water	91
decitabine.....	29	dextrose 2.5 % and 0.45 % sodium chloride ..	91
deferasirox.....	91	dextrose 5 % and 0.2 % sodium chloride ...	91
deferiprone.....	91	dextrose 5 % and 0.45 % sodium chloride ..	91
DELSTRIGO.....	12	dextrose 5 % and 0.9 % sodium chloride ...	91
DELTASONE.....	96	dextrose 5 % in lactated ringers	91
DELZICOL.....	109	dextrose 5 % in water	91
demeclocycline hcl.....	24	dextrose 50 % in water	91
DEMSEER.....	70	dextrose 70 % in water	91
DENAVIR.....	87	DIASAT	41
DENTA 5000 PLUS.....	94	diazepam.....	41,60
DENTAGEL.....	94	diazoxide.....	98
DEPEN.....	122	diclofenac epolamine.....	55
DEPO-ESTRADIOL.....	124	diclofenac potassium.....	55
DEPO-MEDROL.....	96	diclofenac sodium.....	55,81,135
DEPO-PROVERA.....	124	diclofenac sodium/misoprostol.....	55
DEPO-SUBQ PROVERA 104.....	124	dicloxacillin sodium.....	22
DEPO-TESTOSTERONE.....	105	dicyclomine hcl.....	108
DESCOVY.....	12	didanosine.....	12
desipramine hcl.....	59	DIFFERIN.....	83
desloratadine.....	138	DIFICID.....	17
desmopressin acetate.....	105	diflorasone diacetate.....	88
desmopressin acetate (non-refrigerated) ..	105	diflunisal.....	55
desogestrel-ethinyl estradiol/ethinyl		DIGITEK.....	75
estradiol.....	128	DIGOX.....	75
DESONATE.....	88	digoxin.....	75
desonide.....	88	dihydroergotamine mesylate	45
desoximetasone.....	88	DILANTIN.....	41
desvenlafaxine.....	59	DILATRATE-SR.....	79
desvenlafaxine succinate.....	59	DILT-XR.....	70
dexamethasone.....	96	diltiazem hcl.....	70
dexamethasone sodium phosphate....	96,137	dimethyl fumarate.....	47
dexamethasone sodium phosphate/pf.....	96	DIPENTUM.....	109
DEXILANT.....	113	diphenhydramine hcl.....	138
dexmethylphenidate hcl.....	59	diphenoxylate hcl/atropine sulfate.....	108
dextrazoxane hcl.....	26	dipyridamole.....	75

disulfiram.....	91	dutasteride.....	145
DIURIL.....	70	dutasteride/tamsulosin hcl.....	145
divalproex sodium.....	41	DUTOPROL.....	70
DIVIGEL.....	124,125	DUZALLO.....	121
dobutamine hcl.....	79	DYANAVEL XR.....	60
dobutamine hcl in dextrose 5 % in water.....	79	DYMISTA.....	140
docetaxel.....	29	DYRENIUM.....	70
dofetilide.....	67	DYSPORT.....	118
DOJOLVI.....	148		
donepezil hcl.....	47	E	
dopamine hcl.....	79	econazole nitrate.....	86
dopamine hcl in dextrose 5 % in water.....	79	EDARBI.....	70
DOPTelet.....	75	EDARBYCLOr.....	70
dorzolamide hcl.....	136	edetate calcium disodium.....	148
dorzolamide hcl/timolol maleate.....	136	EDLUAR.....	60
dorzolamide hcl/timolol maleate/pf.....	136	EDURANT.....	12
DOTTI.....	125	efavirenz.....	12
DOVATO.....	12	efavirenz/emtricitabine/tenofovir disoproxil fumarate.....	12
doxazosin mesylate.....	70	efavirenz/lamivudine/tenofovir disoproxil fumarate.....	12
doxepin hcl.....	60,81	EFFER-K.....	146
doxercalciferol.....	105	EGRIFTA.....	115
doxorubicin hcl.....	29	EGRIFTA SV.....	115
doxorubicin hcl pegylated liposomal.....	29	ELAPRASE.....	105
DOXY 100.....	24	electrolyte-48 solution/dextrose 5 % in water.....	148
doxycycline hyclate.....	24	ELELYSO.....	105
doxycycline monohydrate.....	24	ELESTRIN.....	125
DRIZALMA SPRINKLE.....	60	eletriptan hydrobromide.....	46
dronabinol.....	109	ELIGARD.....	30
droperidol.....	109	ELINEST.....	128
drospirenone/ethinyl estradiol/levomefolate calcium.....	128	ELIQUIS.....	76
DROXIA.....	30	ELITEK.....	26
DUAKLIR PRESSAIR.....	140	ELIXOPHYLLIN.....	141
DUAVEE.....	125	ELLA.....	129
DULERA.....	140	ELLENCE.....	30
duloxetine hcl.....	60	ELMIRON.....	145
DUOBRII.....	88	ELOCTATE.....	92
DUOPA.....	44	ELURYNG.....	127
DUPIXENT PEN.....	80	EMCYT.....	30
DUPIXENT SYRINGE.....	80,140		
DUREZOL.....	137		

EMEND.....	109	EPIPEN JR 2-PAK.....	138
EMFLAZA.....	96	epirubicin hcl.....	30
EMGALITY PEN.....	46	EPITOL.....	41
EMGALITY SYRINGE.....	46	EPIVIR HBV.....	12
EMOQUETTE.....	129	eplerenone.....	71
EMPLICITI.....	30	EPOGEN.....	115
EMSAM.....	60	EQUETRO.....	41
emtricitabine.....	12	ERAXIS (WATER DILUENT).....	10
emtricitabine/tenofovir disoproxil fumarate.....	12	ERBITUX.....	30
EMTRIVA.....	12	ergoloid mesylates.....	60
EMVERM.....	19	ERGOMAR.....	46
enalapril maleate.....	70	ergotamine tartrate/caffeine.....	46
enalapril maleate/hydrochlorothiazide.....	70	ERIVEDGE.....	30
enalaprilat dihydrate.....	70	ERLEADA.....	30
ENBREL.....	122	erlotinib hcl.....	30
ENBREL MINI.....	122	ERRIN.....	125
ENBREL SURECLICK.....	122	ERTACZO.....	86
ENDARI.....	92	ertapenem sodium.....	19
ENDOCET.....	50	ERWINAZE.....	30
ENERGIX-B ADULT.....	118	ERY.....	83
ENERGIX-B PEDIATRIC-ADOLESCENT.....	118	ERY-TAB.....	17
ENHERTU.....	30	ERYGEL.....	83
enoxaparin sodium.....	76	ERYPED 200.....	18
ENPRESSE.....	129	ERYPED 400.....	18
ENSKYCE.....	129	ERYTHROCIN LACTOBIONATE.....	18
ENSPRYNG.....	30	ERYTHROCIN STEARATE.....	18
ENSTILAR.....	80	erythromycin base.....	18,133
entacapone.....	44	erythromycin base in ethanol.....	83
entecavir.....	12	erythromycin base/benzoyl peroxide.....	83
ENTEREG.....	109	erythromycin ethylsuccinate.....	18
ENTRESTO.....	79	ESBRIET.....	141
ENTYVIO.....	109	escitalopram oxalate.....	61
ENULOSE.....	109	esmolol hcl in sodium chloride, iso-osmotic.....	71
ENVARUSUS XR.....	30	esomeprazole magnesium.....	113
EPANED.....	70	esomeprazole sodium.....	113
EPIDIOLEX.....	41	estradiol.....	125
EPIDUO FORTE.....	83	estradiol valerate.....	125
EPIFOAM.....	80	estradiol/norethindrone acetate.....	125
epinastine hcl.....	135	ESTRING.....	125
epinephrine.....	138	ESTROGEL.....	125
EPIPEN 2-PAK.....	138	eszopiclone.....	61

ethacrynate sodium.....	71	febuxostat.....	121
ethacrynic acid.....	71	felbamate.....	41
ethambutol hcl.....	19	felodipine.....	71
ethinyl estradiol/drospirenone.....	129	FEMRING.....	125
ethosuximide.....	41	fenofibrate.....	77
ethynodiol diacetate-ethinyl estradiol.....	129	fenofibrate nanocrystallized.....	78
etodolac.....	55	fenofibrate,micronized.....	78
etonogestrel/ethinyl estradiol.....	127	fenofibric acid (choline).....	78
ETOPOPHOS.....	30	fenoprofen calcium.....	55
etoposide.....	30	fentanyl.....	50
EUCRISA.....	81	fentanyl citrate.....	50
EUTHYROX.....	107	fentanyl citrate/pf.....	50
EVAMIST.....	125	FENTORA.....	50
EVEKEO ODT.....	61	FERRIPROX.....	92
EVENITY.....	121	FERRIPROX (2 TIMES A DAY).....	92
EVENITY (2 SYRINGES).....	121	FETROJA.....	17
everolimus.....	30	FETZIMA.....	61
EVOTAZ.....	12	FIASP.....	98
EVRYSDI.....	47	FIASP FLEXTOUCH.....	98
exemestane.....	30	FIASP PENFILL.....	98
EXONDYS-51.....	47	FINACEA.....	83
EXTAVIA.....	115	finasteride.....	145
ezetimibe.....	77	FINTEPLA.....	41
ezetimibe/simvastatin.....	77	FIRAZYR.....	141
F		FIRDAPSE.....	47
FABIOR.....	83	FIRMAGON.....	31
FABRAZYME.....	105	FLAC OTIC OIL.....	95
FALMINA.....	129	FLAREX.....	137
famciclovir.....	12	flavoxate hcl.....	144
famotidine.....	113	FLEBOGAMMA DIF.....	118
famotidine in sodium chloride, iso- osmotic/pf.....	113	flecainide acetate.....	67
famotidine/pf.....	113	FLOVENT DISKUS.....	141
FANAPT.....	61	FLOVENT HFA.....	141
FARXIGA.....	98	FLOXIN.....	95
FARYDAK.....	30	floxuridine.....	31
FASENRA.....	141	fluconazole.....	10
FASENRA PEN.....	141	fluconazole in dextrose, iso-osmotic.....	10
FASLODEX.....	30	fluconazole in sodium chloride, iso-osmotic.....	10
FAYOSIM.....	129	flucytosine.....	10
		fludarabine phosphate.....	31
		fludrocortisone acetate.....	96

flunisolide.....	141	FULPHILA.....	115
fluocinolone acetonide.....	88	fulvestrant.....	31
fluocinolone acetonide oil.....	95	furosemide.....	71
fluocinolone acetonide/shower cap.....	88	FUZEON.....	12
fluocinonide.....	88	FYAVOLV.....	125
fluocinonide/emollient base.....	88	FYCOMPA.....	41
fluoride (sodium).....	94,149		
FLUORIDEX.....	94	G	
FLUORIDEX SENSITIVITY RELIEF.....	81	gabapentin.....	41
FLUORITAB.....	149	GALAFOLD.....	92
fluorometholone.....	137	galantamine hbr.....	47
fluorouracil.....	31,81	GAMASTAN.....	118
fluoxetine hcl.....	61	GAMASTAN S-D.....	118
fluphenazine decanoate.....	61	GAMMAGARD LIQUID.....	118
fluphenazine hcl.....	61	GAMMAGARD S-D.....	118
flurandrenolide.....	88	GAMMAKED.....	118
flurbiprofen.....	55	GAMMAPLEX.....	118
flurbiprofen sodium.....	135	GAMUNEX-C.....	118
flutamide.....	31	ganciclovir sodium.....	12
fluticasone propionate.....	88,141	GARDASIL 9.....	119
fluticasone propionate/salmeterol		gatifloxacin.....	133
xinafoate.....	141	GATTEX.....	110
fluvastatin sodium.....	78	gauze pads & dressings - pads 2x2.....	98
fluvoxamine maleate.....	61	GAVILYTE-C.....	110
FML FORTE.....	137	GAVILYTE-G.....	110
FML S.O.P.....	137	GAVILYTE-N.....	110
FOLOTYN.....	31	GAVRETO.....	31
fomepizole.....	118	GELNIQUE.....	144
fondaparinux sodium.....	76	gemcitabine hcl.....	31
FORTEO.....	121	gemfibrozil.....	78
FOSAMAX PLUS D.....	121	GENERLAC.....	110
fosamprenavir calcium.....	12	GENGRAF.....	31
fosaprepitant dimeglumine.....	109	GENOTROPIN.....	115
fosfomycin tromethamine.....	25	GENTAK.....	133
fosinopril sodium.....	71	gentamicin sulfate.....	19,85,133
fosinopril sodium/hydrochlorothiazide.....	71	gentamicin sulfate in sodium chloride, iso-	
fosphenytoin sodium.....	41	osmotic.....	19
FOSRENOL.....	92	gentamicin sulfate/pf.....	19
FRAGMIN.....	76	GENVOYA.....	12
FREAMINE HBC.....	149	GEODON.....	61
frovatriptan succinate.....	46	GIANVI.....	129

GIAZO.....	110	HALAVEN.....	31
GILDAGIA.....	129	halcinonide.....	88
GILENYA.....	47	halobetasol propionate.....	88
GILOTRIF.....	31	HALOG.....	89
GIVLAARI.....	92	haloperidol.....	61
GLASSIA.....	92	haloperidol decanoate.....	61
glatiramer acetate.....	47	haloperidol lactate.....	62
GLATOPA.....	47	HARVONI.....	12
GLEOSTINE.....	31	HAVRIX.....	119
glimepiride.....	98	HEATHER.....	125
glipizide.....	98,99	HELIDAC.....	113
glipizide/metformin hcl.....	99	heparin sodium,porcine.....	76
GLOPERBA.....	121	heparin sodium,porcine in 0.45 % sodium chloride.....	76
GLUCAGEN.....	99	heparin sodium,porcine in 0.9 % sodium chloride/pf.....	76
GLUCAGON EMERGENCY KIT.....	99	heparin sodium,porcine/dextrose 5 % in water.....	76
GLYCATE.....	108	heparin sodium,porcine/pf.....	76
glycine urologic solution.....	145	HEPATAMINE.....	149
glycopyrrolate.....	108	HERCEPTIN.....	31
GLYDO.....	84	HERCEPTIN HYLECTA.....	31
GLYXAMBI.....	99	HERZUMA.....	31
GOCOVRI.....	44	HETLIOZ.....	62
GOLYTELY.....	110	HEXALEN.....	31
GRALISE.....	41	HIBERIX.....	119
granisetron hcl.....	110	HIZENTRA.....	119
granisetron hcl/pf.....	110	HORIZANT.....	47
GRANIX.....	115	HUMALOG.....	99
GRASTEK.....	119	HUMALOG JUNIOR KWIKPEN.....	99
griseofulvin ultramicrosize.....	10	HUMALOG KWIKPEN U-100.....	99
griseofulvin, microsize.....	10	HUMALOG KWIKPEN U-200.....	99
guanfacine hcl.....	61	HUMALOG MIX 50-50.....	99
guanidine hcl.....	61	HUMALOG MIX 50-50 KWIKPEN.....	99
GVOKE HYPOPEN 1-PACK.....	99	HUMALOG MIX 75-25.....	99
GVOKE HYPOPEN 2-PACK.....	99	HUMALOG MIX 75-25 KWIKPEN.....	99
GVOKE PFS 1-PACK SYRINGE.....	99	HUMATROPE.....	116
GVOKE PFS 2-PACK SYRINGE.....	99	HUMIRA.....	122
GYNAZOLE 1.....	127	HUMIRA PEN.....	122
H		HUMIRA PEN CROHN'S-UC-HS.....	122
HAEGARDA.....	141	HUMIRA PEN PSOR-UEITS-ADOL HS.....	123
HAILEY 24 FE.....	129		
HAILEY FE.....	129		

HUMIRA(CF).....	123	IBU.....	55
HUMIRA(CF) PEDIATRIC CROHN'S.....	123	ibuprofen.....	55
HUMIRA(CF) PEN.....	123	ibutilide fumarate.....	67
HUMIRA(CF) PEN CROHN'S-UC-HS.....	123	icatibant acetate.....	141
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	123	ICLUSIG.....	31
HUMULIN 70-30.....	99	idarubicin hcl.....	32
HUMULIN 70/30 KWIKPEN.....	99	IDHIFA.....	32
HUMULIN N.....	99	ifosfamide.....	32
HUMULIN N KWIKPEN.....	99	ILARIS.....	116
HUMULIN R.....	99	ILEVRO.....	135
HUMULIN R U-500.....	99	ILUMYA.....	80
HUMULIN R U-500 KWIKPEN.....	99	imatinib mesylate.....	32
hydralazine hcl.....	71	IMBRUVICA.....	32
hydrochlorothiazide.....	71	IMFINZI.....	32
hydrocodone bitartrate.....	50	imipenem/cilastatin sodium.....	19
hydrocodone bitartrate/acetaminophen.....	50,51	imipramine hcl.....	62
hydrocodone/ibuprofen.....	51	imipramine pamoate.....	62
hydrocortisone.....	89,96,110	imiquimod.....	81
hydrocortisone acetate/pramoxine hcl.....	110	IMOVAX RABIES VACCINE.....	119
hydrocortisone butyrate.....	89	IMPOYZ.....	89
hydrocortisone butyrate/emollient base.....	89	IMVEXXY.....	125
hydrocortisone valerate.....	89	INBRIJA.....	44
hydrocortisone/acetic acid.....	95	INCASSIA.....	125
hydrocortisone/mineral oil/petrolatum,white.....	89	INCRELEX.....	92
hydromorphone hcl.....	51	INCRUSE ELLIPTA.....	141
hydromorphone hcl/pf.....	51	indapamide.....	71
hydroxychloroquine sulfate.....	19	INDOCIN.....	55
hydroxyprogesterone caproate.....	125	INFANRIX DTAP.....	119
hydroxyprogesterone caproate/pf.....	125	INFLECTRA.....	110
hydroxyurea.....	31	INFUGEM.....	32
hydroxyzine hcl.....	138	INGREZZA.....	47
HYPERHEP B S-D.....	119	INGREZZA INITIATION PACK.....	47
HYPERLYTE CR.....	146	INLYTA.....	32
HYPERRAB.....	119	INNOPRAN XL.....	71
HYPERRHO S-D.....	119	INQOVI.....	32
HYQVIA.....	119	INREBIC.....	32
HYSINGLA ER.....	51,52	insulin admin. supplies.....	99
I		insulin aspart.....	100
ibandronate sodium.....	122	insulin aspart protamine human/insulin	
IBRANCE.....	31	aspart.....	100
		insulin lispro.....	100

insulin lispro protamine and insulin lispro	100	IXIARO	119
insulin pen needle	100	J	
insulin syringe (disp) u-100 0.3 ml	100	JADENU	92
insulin syringe (disp) u-100 1 ml	100	JADENU SPRINKLE	92
insulin syringe (disp) u-100 1/2 ml	100	JAKAFI	32
INTELENCE	13	JANTOVEN	76
INTRALIPID	149	JANUMET	100
INTRAROSA	127	JANUMET XR	100
INTRON A	116	JANUVIA	100
INTROVALE	129	JARDIANCE	100
INVEGA SUSTENNA	62	JASMIEL	129
INVEGA TRINZA	62	JENCYCLA	125
INVELTYS	137	JENTADUETO	100
INVIRASE	13	JENTADUETO XR	100
INVOKAMET	100	JETREA	135
INVOKAMET XR	100	JEVANTIQUE LO	125
INVOKANA	100	JEVTANA	32
IOPIDINE	138	JINTELI	126
IPOL	119	JOLESSA	129
ipratropium bromide	94,141	JUBLIA	86
ipratropium bromide/albuterol sulfate	141	JULEBER	129
irbesartan	71	JULUCA	13
irbesartan/hydrochlorothiazide	71	JUNEL	129
IRESSA	32	JUNEL FE	129
irinotecan hcl	32	JUNEL FE 24	129
ISENTRESS	13	JUXTAPID	78
ISENTRESS HD	13	JYNARQUE	105
ISIBLOOM	129	K	
ISOLYTE P WITH DEXTROSE	149	K EFFERVESCENT	146
ISOLYTE S	149	K-PHOS NO.2	145
isoniazid	19	K-PHOS ORIGINAL	145
isopropyl alcohol 0.7 ml/ml medicated pad	100	K-TAB ER	146
isosorbide dinitrate	79	KADCYLA	32
isosorbide mononitrate	79	KADIAN	52
isotretinoin	84	KAITLIB FE	129
isradipine	71	KALETRA	13
ISTODAX	32	KALYDECO	141
ISTURISA	92	KANJINTI	32
itraconazole	10	KANUMA	105
ivermectin	20		
IXEMPRA	32		

KARIVA.....	129	KUVAN.....	105
KATERZIA.....	71	KYLEENA.....	127
KAZANO.....	100	KYNMOBI.....	44
KEDRAB.....	119	KYPROLIS.....	33
KELNOR 1-35.....	129		
KELNOR 1-50.....	129	L	
KENALOG-10.....	96	labetalol hcl.....	71
KENALOG-40.....	96	LACRISERT.....	135
KENALOG-80.....	96	lactulose.....	110
KEPIVANCE.....	26	LAMICTAL XR (BLUE).....	41
KERYDIN.....	86	LAMICTAL XR (GREEN).....	41
KESIMPTA PEN.....	47	LAMICTAL XR (ORANGE).....	41
ketoconazole.....	10,86	lamivudine.....	13
KETODAN.....	86	lamivudine/zidovudine.....	13
ketoprofen.....	55	lamotrigine.....	42
ketorolac tromethamine.....	55,135	LAMPIT.....	20
KEVEYIS.....	47	LANOXIN.....	75
KEVZARA.....	123	LANOXIN PEDIATRIC.....	75
KEYTRUDA.....	32	lansoprazole.....	113
KHAPZORY.....	26	lansoprazole/amoxicillin	
KIMIDESS.....	129	trihydrate/clarithromycin.....	113
KINERET.....	123	lanthanum carbonate.....	92
KINRIX.....	119	LANTUS.....	101
KIONEX.....	92	LANTUS SOLOSTAR.....	101
KISQALI.....	32	lapatinib ditosylate.....	33
KISQALI FEMARA CO-PACK.....	32	LARIN.....	129
KITABIS PAK.....	20	LARIN 24 FE.....	129
KLOR-CON.....	146	LARIN FE.....	130
KLOR-CON 10.....	146	LARISSIA.....	130
KLOR-CON 8.....	146	LARTRUVO.....	33
KLOR-CON M10.....	146	LASTACRAFT.....	135
KLOR-CON M15.....	146	latanoprost.....	136
KLOR-CON M20.....	146	LATUDA.....	62
KLOR-CON SPRINKLE.....	146	LAYOLIS FE.....	130
KLOR-CON-EF.....	146	ledipasvir/sofosbuvir.....	13
KOMBIGLYZE XR.....	101	LEENA.....	130
KORLYM.....	105	leflunomide.....	123
KOSELUGO.....	33	LENVIMA.....	33
KRINTAFEL.....	20	LESSINA.....	130
KRISTALOSE.....	110	letrozole.....	33
KURVELO.....	129	leucovorin calcium.....	26

LEUKERAN.....	33	linezolid in 0.9 % sodium chloride.....	20
LEUKINE.....	116	linezolid in dextrose 5 % in water.....	20
leuprolide acetate.....	33	LINZESS.....	110
levabuterol hcl.....	141	LIORESAL INTRATHECAL.....	49
levabuterol tartrate.....	142	liothyronine sodium.....	107
LEVEMIR.....	101	LIPOFEN.....	78
LEVEMIR FLEXTOUCH.....	101	lisinopril.....	71
levetiracetam.....	42	lisinopril/hydrochlorothiazide.....	71
levetiracetam in sodium chloride, iso- osmotic.....	42	lithium carbonate.....	62
LEVO-T.....	107	lithium citrate.....	62
levobunolol hcl.....	134	LITHOSTAT.....	92
levocarnitine.....	92	LIVALO.....	78
levocarnitine (with sugar).....	92	LO LOESTRIN FE.....	130
levocetirizine dihydrochloride.....	138	LOKELMA.....	92
levofloxacin.....	23,133	LOMEDIA 24 FE.....	130
levofloxacin/dextrose 5 % in water.....	23	LONHALA MAGNAIR REFILL.....	142
levoleucovorin calcium.....	26	LONHALA MAGNAIR STARTER.....	142
LEVONEST.....	130	LONSURF.....	33
levonorgestrel/ethinyl estradiol.....	130	loperamide hcl.....	108
levonorgestrel/ethinyl estradiol and ethinyl estradiol.....	130	lopinavir/ritonavir.....	13
LEVORA-28.....	130	LOPREEZA.....	126
levorphanol tartrate.....	52	lorazepam.....	62
levothyroxine sodium.....	107	LORAZEPAM INTENSOL.....	62
LEVOXYL.....	107	LORBRENA.....	33
LEXETTE.....	89	LORTAB.....	52
LEXIVA.....	13	LORYNA.....	130
LIBTAYO.....	33	losartan potassium.....	71
lidocaine.....	84	losartan potassium/hydrochlorothiazide....	71
lidocaine hcl.....	85	LOTEMAX.....	137
lidocaine hcl in dextrose 5% in water/pf.....	67	LOTEMAX SM.....	137
lidocaine hcl/epinephrine.....	85	loteprednol etabonate.....	137
lidocaine hcl/epinephrine/pf.....	85	lovastatin.....	78
lidocaine hcl/pf.....	67,85	LOW-OGESTREL.....	130
lidocaine/prilocaine.....	85	loxapine succinate.....	62
LILETTA.....	127	LUCEMYRA.....	47
LINCOCIN.....	20	LUCENTIS.....	135
lincomycin hcl.....	20	LUDENT FLUORIDE.....	149
lindane.....	90	luliconazole.....	86
linezolid.....	20	LUMIGAN.....	136
		LUMIZYME.....	105
		LUMOXITI.....	33

LUPANETA PACK.....	127
LUPRON DEPOT.....	33
LUPRON DEPOT (LUPANETA).....	33
LUPRON DEPOT-PED.....	33
LUTERA.....	130
LYNPARZA.....	33
LYRICA.....	42
LYRICA CR.....	42
LYSODREN.....	33
LYUMJEV.....	101
LYUMJEV KWIKPEN U-100.....	101
LYUMJEV KWIKPEN U-200.....	101
LYZA.....	126

M

M-M-R II VACCINE.....	119	MEKTOVI.....	34
mafenide acetate.....	85	MELODETTA 24 FE.....	130
magnesium chloride.....	146	meloxicam.....	55
magnesium sulfate.....	146	melphalan.....	34
magnesium sulfate in sterile water.....	146	melphalan hcl.....	34
malathion.....	90	memantine hcl.....	47,48
mannitol.....	71	MENACTRA.....	119
mannitol/sorbitol solution.....	90	MENEST.....	126
maprotiline hcl.....	62	MENOSTAR.....	126
MARLISSA.....	130	MENQUADFI.....	119
MARPLAN.....	62	MENTAX.....	86
MARQIBO.....	33	MENVEO A-C-Y-W-135-DIP.....	119
MATULANE.....	33	mercaptapurine.....	34
MATZIM LA.....	72	meropenem.....	20
MAVENCLAD.....	47	meropenem in 0.9 % sodium chloride.....	20
MAVYRET.....	13	mesalamine.....	110
MAXIDEX.....	137	mesalamine with cleansing wipes.....	110
MAYZENT.....	47	mesna.....	26
meclizine hcl.....	110	MESNEX.....	26
meclofenamate sodium.....	55	MESTINON.....	49
MEDROL.....	96	metaproterenol sulfate.....	142
medroxyprogesterone acetate.....	126	metformin er 500 mg (generic glucophage xr 500 mg).....	101
mefenamic acid.....	55	metformin hcl.....	101
mefloquine hcl.....	20	methadone hcl.....	52
megestrol acetate.....	33	METHADONE INTENSOL.....	52
MEKINIST.....	34	METHADOSE.....	52
		methamphetamine hcl.....	62
		methazolamide.....	136
		methenamine hippurate.....	25
		methenamine mandelate.....	25
		METHERGINE.....	132
		methimazole.....	97
		METHITEST.....	105
		methotrexate 250 mg/10ml - 1946772.....	34
		methotrexate sodium.....	34
		methotrexate sodium/pf.....	34
		methoxsalen.....	82
		methscopolamine bromide.....	108
		methylergonovine maleate.....	132
		methylphenidate hcl.....	62,63

methylprednisolone	96	molindone hcl	63
methylprednisolone acetate	96	mometasone furoate	89,142
methylprednisolone sodium succinate	96	MONDOXYNE NL	25
methyltestosterone	105	MONJUVI	34
metoclopramide hcl	110	montelukast sodium	142
metolazone	72	MONUROL	25
metoprolol succinate	72	morphine sulfate	52,53,146
metoprolol tartrate	72	morphine sulfate in 0.9 % sodium chloride/pf	53
metoprolol tartrate/hydrochlorothiazide	72	morphine sulfate/pf	53
METRO IV	20	MOTEGRITY	110
metronidazole	20,84,127	MOVANTIK	110
metronidazole in sodium chloride	20	MOVIPREP	111
metyrosine	72	MOXEZA	133
mexiletine hcl	67	moxifloxacin hcl	23,133
MIACALCIN	105	moxifloxacin hcl in sodium acetate and sulfate,water,iso-osm	24
MIBELAS 24 FE	130	moxifloxacin hcl in sodium chloride, iso- osmotic	24
micafungin sodium	10	MOZOBIL	116
miconazole nitrate	127	MULPLETA	76
MICROGESTIN	130	MULTAQ	67
MICROGESTIN FE	130	mupirocin	85
midodrine hcl	92	mupirocin calcium	85
MIGERGOT	46	MVASI	34
miglitol	101	MYALEPT	105
miglustat	105	MYCAMINE	10
MILLIPRED	97	MYCAPSSA	34
MILLIPRED DP	97	mycophenolate mofetil	34
milrinone lactate	79	mycophenolate mofetil hcl	34
MIMVEY	126	mycophenolate sodium	34
MINITRAN	79	MYDAYIS	63
minocycline hcl	24	MYLOTARG	34
minoxidil	72	MYOBLOC	119
mirtazapine	63	MYORISAN	84
MIRVASO	84	MYRBETRIQ	144
misoprostol	113	MYTESI	108
MITIGARE	121	MYXREDLIN	101
mitomycin	34	MYZILRA	130
mitoxantrone hcl	34		
modafinil	63		
MODERIBA	13		
moexipril hcl	72		
moexipril hcl/hydrochlorothiazide	72		

N

NABI-HB.....	119	neomycin sulfate/polymyxin b sulfate/gramicidin d.....	133
nabumetone.....	55	neomycin sulfate/polymyxin b sulfate/hydrocortisone.....	95,136
nadolol.....	72	neomycin/polymyxin b sulfate/dexamethasone.....	136
nadolol/bendroflumethiazide.....	72	NEPHRAMINE.....	149
nafticillin in dextrose, iso-osmotic.....	22	NERLYNX.....	34
nafticillin sodium.....	22	NESINA.....	101
naftifine hcl.....	86	NEUAC.....	84
NAFTIN.....	86	NEULASTA.....	116
NAGLAZYME.....	105	NEULASTA ONPRO.....	116
nalbuphine hcl.....	53	NEUPOGEN.....	116
NALFON.....	56	NEUPRO.....	45
naloxone hcl.....	56	NEVANAC.....	135
naltrexone hcl.....	56	nevirapine.....	13
NAMENDA XR.....	48	NEXAVAR.....	34
NAMZARIC.....	48	NEXIUM.....	113
NAPRELAN.....	56	NEXLETOL.....	78
naproxen.....	56	NEXLIZET.....	78
naproxen sodium.....	56	NEXPLANON.....	127
naratriptan hcl.....	46	NEXTERONE.....	67
NARCAN.....	56	niacin.....	78
NATACYN.....	133	NIACOR.....	78
NATAZIA.....	130	nicardipine hcl.....	72
nateglinide.....	101	nicardipine in sodium chloride, iso-osmotic.....	72
NATESTO.....	105	NICOTROL.....	94
NATPARA.....	106	NICOTROL NS.....	94
NAYZILAM.....	42	nifedipine.....	72
NEBUPENT.....	20	NIKKI.....	130
NECON.....	130	nilutamide.....	34
needles, insulin disp., safety.....	101	nimodipine.....	72
nefazodone hcl.....	63	NINLARO.....	34
NEO-POLYCIN.....	133	NIPENT.....	34
NEO-POLYCIN HC.....	136	nisoldipine.....	72
NEO-SYNALAR.....	85	nitisinone.....	92
neomycin sulfate.....	20	NITRO-BID.....	79
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone.....	136	NITRO-DUR.....	79
neomycin sulfate/bacitracin/polymyxin b.....	133	nitrofurantoin.....	25
neomycin sulfate/polymyxin b sulfate.....	90	nitrofurantoin macrocrystal.....	25
		nitrofurantoin monohydrate/macrocrystals.....	25

nitroglycerin	80	NOXAFIL	10
nitroglycerin in 5 % dextrose in water	80	NP THYROID	107
nitroprusside sodium	72	NPLATE	76
NITYR	92	NUBEQA	34
NIVESTYM	116	NUCALA	142
nizatidine	113,114	NUCYNTA	56
NOC DURNA	92	NUCYNTA ER	56
NOLIX	89	NUEDEXTA	48
NORA-BE	126	NULOJIX	34
NORDITROPIN FLEXPEN	116	NUPLAZID	63
norepinephrine bitartrate	79	NURTEC ODT	46
norethindrone	126	NUTRESTORE	92
norethindrone acetate	126	NUTROPIN AQ NUSPIN	116
norethindrone acetate-ethinyl estradiol	126,131	NUVARING	127
norethindrone acetate-ethinyl estradiol/ferrous fumarate	131	NUVESSA	127
norethindrone-ethinyl estradiol/ferrous fumarate	131	NUZYRA	25
norgestimate-ethinyl estradiol	131	NYAMYC	86
NORITATE	84	NYMALIZE	72
NORLYDA	126	nystatin	11,86
NORMOSOL-M AND DEXTROSE	149	nystatin/triamcinolone acetonide	86
NORMOSOL-R	147	NYSTOP	86
NORPACE CR	67		
NORTHERA	92	O	
NORTREL	131	OCALIVA	111
nortriptyline hcl	63	OCELLA	131
NORVIR	13	OCREVUS	48
NOURIANZ	45	OCTAGAM	119
NOVAREL	106	octreotide acetate	35
NOVOLIN 70-30	101	ODEFSEY	13
NOVOLIN 70-30 FLEXPEN	101	ODOMZO	35
NOVOLIN N	101	OFEV	142
NOVOLIN N FLEXPEN	101	ofloxacin	24,95
NOVOLIN R	102	OGIVRI	35
NOVOLIN R FLEXPEN	102	OKEBO	25
NOVOLOG	102	olanzapine	63
NOVOLOG FLEXPEN	102	olanzapine/fluoxetine hcl	64
NOVOLOG MIX 70-30	102	olmesartan medoxomil	72
NOVOLOG MIX 70-30 FLEXPEN	102	olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	72
		olmesartan medoxomil/hydrochlorothiazide	73
		olopatadine hcl	94,135

OLUMIANT.....	123	OSMOPREP.....	111
OMECLAMOX-PAK.....	114	OSPHENA.....	127
omega-3 acid ethyl esters.....	78	OTEZLA.....	123
OMEGAVEN.....	149	OTOVEL.....	95
omeprazole.....	114	OTREXUP.....	123
omeprazole/sodium bicarbonate.....	114	oxacillin sodium.....	22
OMNARIS.....	142	oxacillin sodium in iso-osmotic dextrose....	23
OMNIPOD PACK.....	102	oxaliplatin.....	35
OMNIPOD STARTER KIT.....	102	oxandrolone.....	106
OMNITROPE.....	116	oxaprozin.....	56
ONCASPAR.....	35	oxazepam.....	64
ondansetron.....	111	OXBRYTA.....	93
ondansetron hcl.....	111	oxcarbazepine.....	42
ondansetron hcl/pf.....	111	OXERVATE.....	135
ONEXTON.....	84	oxiconazole nitrate.....	86
ONGENTYS.....	45	OXISTAT.....	86
ONGLYZA.....	102	OXTELLAR XR.....	42
ONIVYDE.....	35	oxybutynin chloride.....	144
ONPATTRO.....	48	oxycodone hcl.....	53
ONTRUZANT.....	35	oxycodone hcl/acetaminophen.....	53
ONUREG.....	35	oxycodone hcl/aspirin.....	53
ONZETRA XSAIL.....	46	OXYCONTIN.....	53
OPDIVO.....	35	oxymorphone hcl.....	53,54
OPSUMIT.....	142	oxytocin.....	133
ORACEA.....	25	OXYTROL.....	144
ORALAIR.....	119	OZEMPIC.....	102
ORAVIG.....	11	OZURDEX.....	137
ORBACTIV.....	20		
ORENCIA.....	123	P	
ORENCIA CLICKJECT.....	123	PACERONE.....	67
ORENITRAM ER.....	73	paclitaxel.....	35
ORFADIN.....	92	PADCEV.....	35
ORIAHNN.....	127	paliperidone.....	64
ORILISSA.....	127	palonosetron hcl.....	111
ORKAMBI.....	142	PALYNZIQ.....	93
orphenadrine citrate.....	49	pamidronate disodium.....	106
ORSYTHIA.....	131	PANCREAZE.....	111
oseltamivir phosphate.....	13	PANDEL.....	89
OSENI.....	102	PANHEMATIN.....	93
OSMITROL.....	73	PANRETIN.....	82
OSMOLEX ER.....	45	pantoprazole sodium.....	114

PANZYGA.....	120	PERJETA.....	35
paregoric.....	108	permethrin.....	90
paricalcitol.....	106	perphenazine.....	64
PAROEX.....	94	PERSERIS.....	64
paromomycin sulfate.....	20	PERTZYE.....	111
paroxetine hcl.....	64	PEXEVA.....	64
paroxetine mesylate.....	64	PFIZERPEN.....	23
PARSABIV.....	93	phenelzine sulfate.....	64
PASER.....	20	phenobarbital.....	42
PAXIL.....	64	phenobarbital sodium.....	42
PAZEO.....	135	phenoxybenzamine hcl.....	73
PEDIARIX.....	120	phenytoin.....	42
pediatric multivitamin no.45/sodium fluoride/ferrous sulfate.....	149	phenytoin sodium.....	42
pediatric multivitamins no.17 with sodium fluoride.....	149	phenytoin sodium extended.....	43
PEDVAXHIB.....	120	PHESGO.....	35
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride.....	111	PHILITH.....	131
peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c.....	111	PHOSLYRA.....	147
PEGANONE.....	42	PHOSPHOLINE IODIDE.....	134
PEGASYS.....	116	PICATO.....	82
PEGASYS PROCLICK.....	116	PIFELTRO.....	13
PEGINTRON.....	116	pilocarpine hcl.....	93,134
PEGINTRON REDIPEN.....	116	pimecrolimus.....	82
PEMAZYRE.....	35	pimozide.....	64
penicillamine.....	123	PIMTREA.....	131
penicillin g potassium.....	23	pindolol.....	73
penicillin g potassium/dextrose-water.....	23	pioglitazone hcl.....	102
penicillin g procaine.....	23	pioglitazone hcl/glimepiride.....	102
penicillin g sodium.....	23	pioglitazone hcl/metformin hcl.....	102
penicillin v potassium.....	23	piperacillin sodium/tazobactam sodium.....	23
PENTAM 300.....	20	PIQRAY.....	35
pentamidine isethionate.....	20	PIRMELLA.....	131
PENTASA.....	111	piroxicam.....	56
pentobarbital sodium.....	64	PLASMA-LYTE 148.....	149
pentoxifylline.....	76	PLASMA-LYTE A PH 7.4.....	149
PERFOROMIST.....	142	PLEGRIDY.....	116
perindopril erbumine.....	73	PLEGRIDY PEN.....	116
PERIOGARD.....	95	PLENAMINE.....	149
		PLENVU.....	111
		PLIAGLIS.....	85
		podofilox.....	82
		POLIVY.....	35

POLYCIN.....	133	prednisolone.....	97
polymyxin b sulfate.....	20	prednisolone acetate.....	137
polymyxin b sulfate/trimethoprim.....	133	prednisolone acetate/gatifloxacin.....	137
POMALYST.....	35	prednisolone sodium phosphate.....	97,138
PORTIA.....	131	prednisone.....	97
posaconazole.....	11	PREDNISON INTENSOL.....	97
potassium acetate.....	147	PREFEST.....	126
potassium bicarbonate/citric acid.....	147	pregabalin.....	43
potassium chloride.....	147	PREGNYL.....	106
potassium chloride in 0.45 % sodium chloride.....	147	PREMARIN.....	126
potassium chloride in 0.9 % sodium chloride.....	147	PREMASOL.....	149
potassium chloride in 5 % dextrose in water.....	147	PREMPHASE.....	126
potassium chloride in dextrose 5 % and 0.9 % sodium chloride.....	147	PREMPRO.....	126
potassium chloride in dextrose 5 %-0.2 % sodium chloride.....	147	prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet.....	149
potassium chloride in dextrose 5 %-0.45 % sodium chloride.....	147	pretomanid.....	20
potassium chloride in lactated ringers and 5 % dextrose.....	147	PREVALITE.....	78
potassium chloride in water for injection, sterile.....	147	PREVIDENT.....	95
potassium chloride/potassium bicarbonate/citric acid.....	147	PREVIDENT 5000.....	95
potassium citrate.....	145	PREVIDENT 5000 ENAMEL PROTECT.....	95
potassium phosphate,monobasic-dibasic.....	147	PREVIDENT 5000 SENSITIVE.....	95
POTELIGEO.....	35	PREVYMIS.....	13
PRADAXA.....	76	PREZCOBIX.....	14
PRALUENT PEN.....	78	PREZISTA.....	14
pramipexole di-hcl.....	45	PRIFTIN.....	21
PRAMOSONE.....	80	PRILOSEC.....	114
prasugrel hcl.....	76	primaquine phosphate.....	21
pravastatin sodium.....	78	primidone.....	43
praziquantel.....	20	PRIMLEV.....	54
prazosin hcl.....	73	PRIMSOL.....	25
PRED MILD.....	137	PRIVIGEN.....	120
PRED-G.....	137	PROAIR DIGIHALER.....	142
prednicarbate.....	89	PROAIR HFA.....	142
		PROAIR RESPICLICK.....	142
		probenecid.....	121
		probenecid/colchicine.....	121
		procainamide hcl.....	67
		PROCALAMINE.....	149
		PROCENTRA.....	64
		prochlorperazine.....	111
		prochlorperazine edisylate.....	111

prochlorperazine maleate.....	111
PROCRIT.....	116,117
PROCTO-MED HC.....	111
PROCTO-PAK.....	111
PROCTOFOAM-HC.....	112
PROCTOSOL-HC.....	112
PROCTOZONE-HC.....	112
PROCYSBI.....	145
progesterone.....	126
progesterone, micronized.....	126
PROGLYCEM.....	102
PROGRAF.....	35
PROLASTIN C.....	93
PROLENSA.....	135
PROLEUKIN.....	117
PROLIA.....	122
PROMACTA.....	77
promethazine hcl.....	138,139
PROMETHEGAN.....	139
propafenone hcl.....	67
propantheline bromide.....	108
propranolol hcl.....	73
propranolol hcl/hydrochlorothiazide.....	73
propylthiouracil.....	97
PROQUAD.....	120
PROSOL.....	149
PROSTIN VR PEDIATRIC.....	145
PROTONIX.....	114
protriptyline hcl.....	64
PROVENTIL HFA.....	142
PRUDOXIN.....	82
PULMICORT FLEXHALER.....	142
PULMOZYME.....	142
PURIXAN.....	35
PYLERA.....	114
pyrazinamide.....	21
pyridostigmine bromide.....	49
pyrimethamine.....	21

Q

QBRELIS.....	73
--------------	----

QBREXZA.....	82
QINLOCK.....	36
QNASL.....	142
QNASL CHILDREN.....	142
QTERN.....	102
QUADRACEL DTAP-IPV.....	120
QUDEXY XR.....	43
quetiapine fumarate.....	64,65
QUILLICHEW ER.....	65
QUILLIVANT XR.....	65
quinapril hcl.....	73
quinapril hcl/hydrochlorothiazide.....	73
quinidine gluconate.....	68
quinidine sulfate.....	68
quinine sulfate.....	21
QUZYTIR.....	139
QVAR REDIHALER.....	142

R

RABAVERT.....	120
rabeprazole sodium.....	114
RADICAVA.....	48
RAJANI.....	131
raloxifene hcl.....	122
ramelteon.....	65
ramipril.....	73
ranitidine hcl.....	114
ranolazine.....	79
rasagiline mesylate.....	45
RASUVO.....	124
RAVICTI.....	93
RAYALDEE.....	106
REBIF.....	117
REBIF REBIDOSE.....	117
REBLOZYL.....	117
RECARBRIO.....	21
RECLIPSEN.....	131
RECOMBIVAX HB.....	120
RECTIV.....	112
REGRANEX.....	82
RELENZA.....	14

RELISTOR.....	112	RITUXAN.....	36
REMICADE.....	112	RITUXAN HYCELA.....	36
REMODULIN.....	73	rivastigmine.....	48
RENACIDIN.....	145	rivastigmine tartrate.....	48
RENFLEXIS.....	112	RIVELSA.....	131
repaglinide.....	102	rizatriptan benzoate.....	46
REPATHA PUSHTRONEX.....	78	ROCKLATAN.....	136
REPATHA SURECLICK.....	78	romidepsin.....	36
REPATHA SYRINGE.....	78	ropinirole hcl.....	45
REPREXAIN.....	54	ROSADAN.....	84
RESECTISOL.....	73	rosuvastatin calcium.....	78
RESTASIS.....	135	ROTARIX.....	120
RESTASIS MULTIDOSE.....	135	ROTATEQ.....	120
RETACRIT.....	117	ROWEEPRA.....	43
RETEVMO.....	36	ROWEEPRA XR.....	43
RETIN-A MICRO PUMP.....	84	ROXYBOND.....	54
RETROVIR.....	14	ROZEREM.....	65
REVCovi.....	93	ROZLYTREK.....	36
REVLIMID.....	36	RUBRACA.....	36
REXULTI.....	65	RUCONEST.....	142
REYATAZ.....	14	RUKOBIA.....	14
REYVOW.....	46	RUXIENCE.....	36
RHOFADE.....	84	RUZURGI.....	48
RHOPRESSA.....	136	RYBELSUS.....	102
RIBASPHERE.....	14	RYDAPT.....	36
RIBASPHERE RIBAPAK.....	14	RYTARY.....	45
ribavirin.....	14	RYVENT.....	139
RIDAURA.....	124		
rifabutin.....	21	S	
rifampin.....	21	SAFYRAL.....	131
riluzole.....	93	SAIZEN.....	117
rimantadine hcl.....	14	SAIZEN-SAIZENPREP.....	117
ringer's solution.....	90,147	salsalate.....	56
ringer's solution,lactated.....	90,147	SAMSCA.....	106
RINVOQ.....	124	SANCUSO.....	112
RIOMET.....	102	SANDIMMUNE.....	36
RIOMET ER.....	102	SANDOSTATIN LAR DEPOT.....	36
risedronate sodium.....	93,122	SANTYL.....	89
RISPERDAL CONSTA.....	65	SAPHRIS.....	65
risperidone.....	65	sapropterin dihydrochloride.....	106
ritonavir.....	14	SARCLISA.....	36

SAVAYSA.....	77	SKYRIZI (2 SYRINGES) KIT.....	81
SAVELLA.....	124	SLYND.....	131
scopolamine.....	112	sodium acetate.....	147
SECONAL SODIUM.....	65	sodium benzoate/sodium phenylacetate....	93
SECUADO.....	65	sodium bicarbonate.....	148
SEEBRI NEOHALER.....	142	sodium chloride.....	148
SEGLUROMET.....	102	sodium chloride 0.45 %.....	148
selegiline hcl.....	45	sodium chloride 3 %.....	148
selenium sulfide.....	81	sodium chloride 5 %.....	148
SELZENTRY.....	14	sodium chloride irrigating solution.....	93
SEMGLEE.....	102	sodium chloride/sodium	
SEMGLEE PEN.....	102	bicarbonate/potassium chloride/peg.....	112
SEMPREX-D.....	139	sodium fluoride/potassium nitrate.....	95
SEREVENT DISKUS.....	142	sodium phenylbutyrate.....	93
SEROSTIM.....	117	sodium phosphate,monobasic-dibasic....	148
sertraline hcl.....	65	sodium polystyrene sulfonate.....	93
SETLAKIN.....	131	sofosbuvir/velpatasvir.....	14
sevelamer carbonate.....	93	solifenacin succinate.....	144
sevelamer hcl.....	93	SOLQUA 100-33.....	103
SF.....	95	SOLIRIS.....	93
SF 5000 PLUS.....	95	SOLOSEC.....	21
SHAROBEL.....	126	SOLTAMOX.....	36
SHINGRIX.....	120	SOLU-CORTEF.....	97
SIGNIFOR.....	36	SOLU-MEDROL.....	97
SIGNIFOR LAR.....	36	SOMATULINE DEPOT.....	36
SIKLOS.....	36	SOMAVERT.....	106
sildenafil citrate.....	143	SOOLANTRA.....	84
SILENOR.....	65	SORILUX.....	81
SILIQ.....	81	SORINE.....	68
silodosin.....	145	sotalol hcl.....	68
silver sulfadiazine.....	85	SOTYLIZE.....	68
SIMBRINZA.....	136	SOVALDI.....	14
SIMPONI.....	124	SPIRIVA.....	143
SIMPONI ARIA.....	124	SPIRIVA RESPIMAT.....	143
SIMULECT.....	36	spironolactone.....	73
simvastatin.....	78	spironolactone/hydrochlorothiazide.....	73
sirolimus.....	36	SPRITAM.....	43
SIRTURO.....	21	SPRYCEL.....	36,37
SIVEXTRO.....	21	SPS.....	93
SKLICE.....	90	SRONYX.....	131
SKYLA.....	127	SSD.....	85

STAMARIL.....	120	SYLVANT.....	37
stavudine.....	14	SYMBICORT.....	143
STEGLATRO.....	103	SYMDEKO.....	143
STEGLUJAN.....	103	SYMFI.....	14
STELARA.....	81	SYMFI LO.....	14
STIMATE.....	106	SYMJEPI.....	139
STIOLTO RESPIMAT.....	143	SYMLINPEN 120.....	103
STIVARGA.....	37	SYMLINPEN 60.....	103
STRENSIQ.....	106	SYMPAZAN.....	43
streptomycin sulfate.....	21	SYMPROIC.....	112
STRIBILD.....	14	SYMTUZA.....	14
STRIVERDI RESPIMAT.....	143	SYNAGIS.....	15
sub-q insulin delivery device, 20 unit,disposable.....	103	SYNAREL.....	106
sub-q insulin delivery device, 30 unit, disposable.....	103	SYNDROS.....	112
sub-q insulin delivery device, 40 unit, disposable.....	103	SYNERCID.....	21
SUBOXONE.....	56	SYNJARDY.....	103
SUBSYS.....	54	SYNJARDY XR.....	103
SUCRAID.....	112	SYNRIBO.....	37
sucralfate.....	114	syringe, insulin u-500 with needle, disposable, 0.5 ml.....	103
sulfacetamide sodium.....	85,138		
sulfacetamide sodium/prednisolone sodium phosphate.....	137	T	
sulfadiazine.....	24	TABLOID.....	37
sulfamethoxazole/trimethoprim.....	24	TABRECTA.....	37
sulfasalazine.....	112	TACLONEX.....	81
SULFATRIM.....	24	tacrolimus.....	37,82
sulindac.....	56	tadalafil.....	143,145
sumatriptan.....	46	TAFINLAR.....	37
sumatriptan succinate.....	46	TAGRISSE.....	37
sumatriptan succinate/naproxen sodium.....	46	TAKHZYRO.....	143
SUNOSI.....	65	TALICIA.....	114
SUPPRELIN LA.....	37	TALTZ AUTOINJECTOR.....	81
SUPRAX.....	17	TALTZ AUTOINJECTOR (2 PACK).....	81
SUPREP.....	112	TALTZ AUTOINJECTOR (3 PACK).....	81
SUSTOL.....	112	TALTZ SYRINGE.....	81
SUTENT.....	37	TALTZ SYRINGE (2 PACK).....	81
SYEDA.....	131	TALTZ SYRINGE (3 PACK).....	81
SYLATRON 4-PACK.....	117	TALZENNA.....	37
		tamoxifen citrate.....	37
		tamsulosin hcl.....	145
		TANZEUM.....	103

TARGRETIN.....	37	THEO-24.....	143
TARINA 24 FE.....	131	theophylline anhydrous.....	143
TARINA FE.....	131	THIOLA.....	93
TARINA FE 1-20 EQ.....	131	THIOLA EC.....	93
TASIGNA.....	37	thioridazine hcl.....	65
TAVALISSE.....	77	thiotepa.....	37
TAYTULLA.....	131	thiothixene.....	65
tazarotene.....	84	THROMBIN-JMI.....	93
TAZICEF.....	17	THYMOGLOBULIN.....	120
TAZORAC.....	84	thyroid,pork.....	107
TAZTIA XT.....	73	TIADYLT ER.....	74
TAZVERIK.....	37	tiagabine hcl.....	43
TECENTRIQ.....	37	TIBSOVO.....	38
TECFIDERA.....	48	ticlopidine hcl.....	77
TEFLARO.....	17	tigecycline.....	21
TEGSEDI.....	48	TIGLUTIK.....	93
TEKTURNA HCT.....	73	TILIA FE.....	131
telmisartan.....	73	timolol maleate.....	74,134
telmisartan/amlodipine besylate.....	73	TIMOPTIC OCUDOSE.....	134
telmisartan/hydrochlorothiazide.....	74	tinidazole.....	21
temazepam.....	65	TIROSINT.....	107
TEMIXYS.....	15	TIROSINT-SOL.....	107
temsirolimus.....	37	TIS-U-SOL PENTALYTE.....	90
TENIVAC.....	120	TIVICAY.....	15
tenofovir disoproxil fumarate.....	15	TIVICAY PD.....	15
TEPEZZA.....	93	TIVORBEX.....	56
terazosin hcl.....	74	tizanidine hcl.....	49
terbinafine hcl.....	11	TOBI PODHALER.....	21
terbutaline sulfate.....	143	TOBRADEX.....	137
terconazole.....	127	TOBRADEX ST.....	137
teriparatide.....	122	tobramycin.....	21,133
TESTOPEL.....	106	tobramycin in 0.225 % sodium chloride.....	21
testosterone.....	106	tobramycin sulfate.....	21
testosterone cypionate.....	106	tobramycin/dexamethasone.....	137
testosterone enanthate.....	106	TOBREX.....	133
tetanus and diphtheria toxoids, adult.....	120	TOLAK.....	82
tetanus,diphtheria toxoid ped/pf.....	120	tolcapone.....	45
tetrabenazine.....	48	tolmetin sodium.....	56
tetracycline hcl.....	25	TOLSURA.....	11
TEXACORT.....	89	tolterodine tartrate.....	144
THALOMID.....	37	tolvaptan.....	106

topiramate.....	43	TRI-LINYAH.....	132
TOPOSAR.....	38	TRI-LO-ESTARYLLA.....	132
topotecan hcl.....	38	TRI-LO-MARZIA.....	132
toremifene citrate.....	38	TRI-LO-SPRINTEC.....	132
TORISEL.....	38	TRI-MILI.....	132
torsemide.....	74	TRI-PREVIFEM.....	132
TOSYMRA.....	46	TRI-SPRINTEC.....	132
TOTECT.....	26	TRI-VYLIBRA.....	132
TOUJEO MAX SOLOSTAR.....	103	TRI-VYLIBRA LO.....	132
TOUJEO SOLOSTAR.....	103	triamcinolone acetonide.....	89,95,97
TOVIAZ.....	144	triamterene.....	74
TRACLEER.....	143	triamterene/hydrochlorothiazide.....	74
TRADJENTA.....	103	TRIANEX.....	89
tramadol hcl.....	56,57	TRIDERM.....	89
tramadol hcl/acetaminophen.....	57	trientine hcl.....	93
trandolapril.....	74	trifluoperazine hcl.....	65
trandolapril/verapamil hcl.....	74	trifluridine.....	134
tranexamic acid.....	127	TRIGLIDE.....	78
TRANSDERM-SCOP.....	112	TRIJARDY XR.....	103
tranylcypromine sulfate.....	65	TRIKAFTA.....	143
TRAVASOL.....	149	TRILYTE WITH FLAVOR PACKETS.....	112
TRAVATAN Z.....	136	trimethoprim.....	25
travoprost.....	136	trimipramine maleate.....	66
TRAZIMERA.....	38	TRINTELLIX.....	66
trazodone hcl.....	65	TRIPTODUR.....	38
TREANDA.....	38	TRISENOX.....	38
TRECATOR.....	21	TRIUMEQ.....	15
TRELEGY ELLIPTA.....	143	TRIVORA-28.....	132
TRELSTAR.....	38	TRODELVY.....	38
TREMFYA.....	81	TROGARZO.....	15
treprostinil sodium.....	74	TROKENDI XR.....	43
TRESIBA.....	103	TROPHAMINE.....	149
TRESIBA FLEXTOUCH U-100.....	103	tropium chloride.....	144
TRESIBA FLEXTOUCH U-200.....	103	TRULANCE.....	112
tretinoin.....	38,84	TRULICITY.....	104
tretinoin microspheres.....	84	TRUMENBA.....	120
TREXALL.....	38	TRUVADA.....	15
TREZIX.....	54	TRUXIMA.....	38
TRI FEMYNOR.....	131	TUDORZA PRESSAIR.....	143
TRI-ESTARYLLA.....	132	TUKYSA.....	38
TRI-LEGEST FE.....	132	TURALIO.....	38

TWINRIX.....	120
TYBOST.....	15
TYDEMY.....	132
TYKERB.....	38
TYMLOS.....	122
TYPHIM VI.....	120
TYSABRI.....	48
TYVASO.....	143
TYVASO INSTITUTIONAL START KIT.....	143
TYVASO REFILL KIT.....	143
TYVASO STARTER KIT.....	143

U

UBRELVY.....	46
UCERIS.....	112
UDENYCA.....	117
ULORIC.....	121
ULTOMIRIS.....	94
UNITHROID.....	107
UPTRAVI.....	74
ursodiol.....	112
UTIBRON NEOHALER.....	143
UVADEX.....	82

V

VABOMERE.....	21
valacyclovir hcl.....	15
VALCHLOR.....	82
valganciclovir hcl.....	15
valproic acid.....	43
valproic acid (as sodium salt) (valproate sodium).....	43
valrubicin.....	38
valsartan.....	74
valsartan/hydrochlorothiazide.....	74
VALTOCO.....	43
vancomycin hcl.....	25
vancomycin hcl in water for injection (peg-400, nada).....	26
vancomycin in 0.9 % sodium chloride.....	26
vancomycin in 5 % dextrose in water.....	26

VANDAZOLE.....	127
VAQTA.....	120
VARIVAX VACCINE.....	120
VARIZIG.....	120
VARUBI.....	112
VASCEPA.....	78
VECAMYL.....	79
VECTIBIX.....	38
VELCADE.....	38
VELETRI.....	74
VELIVET.....	132
VELPHORO.....	94
VELTASSA.....	94
VEMLIDY.....	15
VENCLEXTA.....	38
VENCLEXTA STARTING PACK.....	39
venlafaxine hcl.....	66
VENTAVIS.....	143,144
verapamil hcl.....	74
VERSACLOZ.....	66
VERZENIO.....	39
VESTURA.....	132
VIBATIV.....	26
VIBERZI.....	112
VIBRAMYCIN.....	25
VICTOZA 2-PAK.....	104
VICTOZA 3-PAK.....	104
VIEKIRA PAK.....	15
VIEKIRA XR.....	15
VIENVA.....	132
vigabatrin.....	43
VIIBRYD.....	66
VILTEPSO.....	48
VIMOVO.....	57
VIMPAT.....	43
vinblastine sulfate.....	39
VINCASAR PFS.....	39
vincristine sulfate.....	39
vinorelbine tartrate.....	39
VIOKACE.....	112
VIORELE.....	132

VIRACEPT.....	15
VIREAD.....	15
VITRAKVI.....	39
VIVITROL.....	57
VIVLODEX.....	57
VIZIMPRO.....	39
VOGELXO.....	106
voriconazole.....	11
VOSEVI.....	15
VOTRIENT.....	39
VPRIV.....	107
VRAYLAR.....	66
VUMERITY.....	48
VYEPTI.....	46
VYFEMLA.....	132
VYNDAMAX.....	79
VYNDAQEL.....	79
VYONDYS-53.....	48
VYVANSE.....	66
VYXEOS.....	39
VYZULTA.....	136

W

WAKIX.....	66
warfarin sodium.....	77
water for irrigation,sterile.....	94
WERA.....	132
WIXELA INHUB.....	144
WYMZYA FE.....	132

X

XADAGO.....	45
XALKORI.....	39
XARELTO.....	77
XATMEP.....	39
XCOPRI.....	44
XELJANZ.....	124
XELJANZ XR.....	124
XELPROS.....	136
XEMBIFY.....	120
XENICAL.....	90

XENLETA.....	21
XEOMIN.....	120,121
XEPI.....	85
XERAVA.....	25
XERESE.....	87
XERMELO.....	39
XGEVA.....	26
XHANCE.....	95
XIFAXAN.....	21
XIGDUO XR.....	104
XIIDRA.....	135
XOFLUZA.....	15
XOLAIR.....	144
XOPENEX HFA.....	144
XOSPATA.....	39
XPOVIO.....	39
XTAMPZA ER.....	54
XTANDI.....	39
XULANE.....	127
XULTOPHY 100-3.6.....	104
XURIDEN.....	94
XYLOCAINE DENTAL-EPINEPHRINE.....	85
XYREM.....	66
XYWAV.....	66

Y

YERVOY.....	39
YF-VAX.....	121
YONDELIS.....	39
YONSA.....	39
YUPELRI.....	144
YUVAFEM.....	126

Z

zafirlukast.....	144
zaleplon.....	66
ZALTRAP.....	39
ZANOSAR.....	39
ZARAH.....	132
ZARXIO.....	117
ZEJULA.....	39

ZELAPAR.....	45	ZOMIG.....	46
ZELBORAF.....	40	zonisamide.....	44
ZELNORM.....	113	ZONTIVITY.....	77
ZEMAIRA.....	94	ZORBTIVE.....	117
ZEMBRACE SYMTOUCH.....	46	ZORTRESS.....	40
ZEMDRI.....	21	ZORVOLEX.....	57
ZENATANE.....	84	ZOVIA 1-35E.....	132
ZENCHENT.....	132	ZTLIDO.....	85
ZENPEP.....	113	ZUBSOLV.....	57
ZENZEDI.....	66	ZUPLENZ.....	113
ZEPATIER.....	15	ZYCLARA.....	82
ZEPOSIA.....	48	ZYDELIG.....	40
ZEPZELCA.....	40	ZYFLO.....	144
ZERBAXA.....	17	ZYKADIA.....	40
ZERIT.....	15	ZYLET.....	137
ZERVIAE.....	135	ZYPITAMAG.....	78
ZETONNA.....	144	ZYPREXA RELPREVV.....	67
zidovudine.....	15	ZYTIGA.....	40
ZIEXTENZO.....	117	ZYVOX.....	21
zileuton.....	144		
ZILRETTA.....	97		
ZINECARD.....	27		
ZINPLAVA.....	121		
ZIOPTAN.....	136		
ziprasidone hcl.....	66		
ziprasidone mesylate.....	66		
ZIPSOR.....	57		
ZIRABEV.....	40		
ZIRGAN.....	134		
ZOHYDRO ER.....	54		
ZOLADEX.....	40		
zoledronic acid.....	107		
zoledronic acid in mannitol and 0.9 % sodium chloride.....	107		
zoledronic acid in mannitol and water for injection.....	94,107		
ZOLINZA.....	40		
zolmitriptan.....	46		
zolpidem tartrate.....	66,67		
ZOMACTON.....	117		
ZOMETA.....	107		

As an enrollee of our plan, you can get a long-term supply (up to 90 days) of drugs shipped to your home using our plan's network mail order delivery program. Usually you will receive your mail order prescriptions within 14 calendar days. If your order does not arrive within the estimated timeframe, call Express Scripts Customer Service at 800-316-3107 (TTY 800-899-2114), 24 hours a day/7 days a week.

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Network Health Medicare Advantage plans customer service at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit [networkhealth.com](https://www.networkhealth.com)