

2021 Medicare Performance Formulary

CURRENT AS OF 12/1/2021

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics, Other		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	1	MME
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	MME
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	1	MME
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	MME
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	MME
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	1	PA; MME
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; MME
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	MME
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MME
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	MME
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	MME

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	PA; MME
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MME
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclozor external therapy pack 1 %</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
IBUPAK ORAL KIT 600 MG	1	
IBUPROFEN COMFORT PAC COMBINATION KIT 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	PA; QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
MELOXICAM COMFORT PAC COMBINATION KIT 15 MG	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NAPROXEN COMFORT PAC COMBINATION KIT 500 MG	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	MME; QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	PA; MME
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	MME; QL (2400 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; MME
<i>methadone hcl oral tablet 5 mg</i>	1	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MME; QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; MME
Opioid Analgesics, Short-Acting		
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	MME; QL (5 ML per 30 days)
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	1	B/D; MME
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MME; QL (120 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	MME; QL (120 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	MME
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	PA; MME; QL (900 ML per 30 days)
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	1	PA; MME; QL (180 EA per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MME; QL (120 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	B/D; MME

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MME; QL (5400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MME; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MME; QL (240 EA per 30 days)
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
<i>agoneaze external kit 2.5-2.5 %</i>	1	
<i>anodyne lpt external kit 2.5-2.5 %</i>	1	
APRIZIO PAK EXTERNAL KIT 2.5-2.5 %	1	
APRIZIO PAK II EXTERNAL KIT 2.5-2.5 %	1	
CADIRAMD EXTERNAL KIT 2.5-2.5 %	1	
DERMACINRX EMPRICAINE EXTERNAL KIT 2.5-2.5 %	1	
DERMACINRX PRIZOPAK EXTERNAL KIT 2.5-2.5 %	1	
<i>diclofenac sodium external gel 1 %</i>	1	
<i>diclofenac sodium transdermal gel 1 %</i>	1	
EMPRICAINE-II EXTERNAL KIT 2.5-2.5 %	1	
LEVA SET/OCCLUSIVE DRESSING EXTERNAL KIT 2.5-2.5 %	1	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	1	
<i>lidopac external kit 5 %</i>	1	
<i>lidopril external kit 2.5-2.5 %</i>	1	
<i>lidopril xr external kit 2.5-2.5 %</i>	1	
LIDO-PRILO CAINE PACK EXTERNAL KIT 2.5-2.5 %	1	
LIDOPURE PATCH EXTERNAL KIT 5 %	1	PA; QL (90 EA per 30 days)
<i>lidovix l external kit 5 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LIPROZONEPAK EXTERNAL KIT 2.5-2.5 %	1	
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 %	1	
MEDOLOR PAK EXTERNAL KIT 2.5-2.5 %	1	
NUVAKAAN EXTERNAL KIT 2.5-2.5 %	1	
NUVAKAAN-II EXTERNAL KIT 2.5-2.5 %	1	
<i>port-prep external kit 2.5-2.5 %</i>	1	
<i>premium lidocaine external ointment 5 %</i>	1	
<i>prilohal plus 30 external kit 2.5-2.5 %</i>	1	
<i>prilolid external kit 2.5-2.5 %</i>	1	
<i>prilovix external kit 2.5-2.5 %</i>	1	
<i>prilovix lite external kit 2.5-2.5 %</i>	1	
<i>prilovix lite plus external kit 2.5-2.5 %</i>	1	
<i>prilovix plus external kit 2.5-2.5 %</i>	1	
<i>prilovix ultralite external kit 2.5-2.5 %</i>	1	
<i>prilovix ultralite plus external kit 2.5-2.5 %</i>	1	
PRIZOPAK II EXTERNAL KIT 2.5-2.5 %	1	
REAL HEAL-I EXTERNAL KIT 2.5-2.5 %	1	
SKYADERM-LP EXTERNAL KIT 2.5-2.5 %	1	
<i>soluline external kit 2.5-2.5 %</i>	1	
<i>solupicc external kit 2.5-2.5 %</i>	1	
ZILACAINE PATCH EXTERNAL THERAPY PACK 5 %	1	PA; QL (90 EA per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	2	PA
Anti-Addiction/ Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	2	QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	2	QL (56 EA per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
LUCEMYRA ORAL TABLET 0.18 MG	2	PA; QL (224 EA per 14 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML	2	
NICOTROL INHALATION INHALER 10 MG	2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>paromomycin sulfate oral capsule 250 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
Antibacterials, Other		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	1	
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate intravenous solution 300 mg/2ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	1	B/D
<i>linezolid intravenous solution 600 mg/300ml</i>	1	B/D
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.74 mg/100ml-%, 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole intravenous solution 5 mg/ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 250 mg, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 500 mg</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</i>	1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	2	PA
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	B/D
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	1	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	2	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	2	PA
DIFICID ORAL TABLET 200 MG	2	PA
<i>ery external pad 2 %</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>silver sulfadiazine external cream 1 %</i>	1	
SSD EXTERNAL CREAM 1 %	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
Anticonvulsants - Treatment Of Seizures		

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	2	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	ST
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	2	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
ROWEEPRA ORAL TABLET 500 MG	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	2	ST; QL (60 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	2	ST; QL (120 EA per 30 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	2	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	2	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA
<i>phenobarbital oral solution 20 mg/5ml</i>	1	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	PA; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	2	PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	2	PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	2	PA
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	2	PA
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	1	PA; QL (180 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	2	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	2	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	2	ST
Glutamate Reducing Agents		
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	2	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	2	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
EPITOL ORAL TABLET 200 MG	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PEGANONE ORAL TABLET 250 MG	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	1	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA; QL (240 EA per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	2	ST; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST; QL (60 EA per 30 days)

Antidementia Agents - Management Of Dementia

Antidementia Agents, Other

<i>ergoloid mesylates oral tablet 1 mg</i>	1	PA
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	

Cholinesterase Inhibitors

<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	ST

Antidepressants - Treatment Of Depression

Antidepressants, Other

<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	PA
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	2	
MARPLAN ORAL TABLET 10 MG	2	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
Ssris/ Snris		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	2	ST
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	2	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	2	ST
<i>fluoxetine hcl (pmd) oral capsule 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PAXIL ORAL SUSPENSION 10 MG/5ML	2	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	2	ST
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	PA
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	1	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral 80 & 125 mg</i>	1	B/D
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	1	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	2	B/D
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	B/D
SYNDROS ORAL SOLUTION 5 MG/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	2	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	PA
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>ciclopirox treatment external kit 8 %</i>	1	
<i>clotrimazole anti-fungal external cream 1 %</i>	1	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
ECONASIL EXTERNAL KIT 1 %	1	
<i>econazole nitrate external cream 1 %</i>	1	
<i>fluconazole in dextrose intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MENTAX EXTERNAL CREAM 1 %	2	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML	2	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>probenecid oral tablet 500 mg</i>	1	
Anti-Inflammatory Agents - Treatment Of Inflammation		
Glucocorticoids		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol prop emollient base external cream 0.05 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>clobetavix external kit 0.05 %</i>	1	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
HYDROCORTISONE IN ABSORBASE EXTERNAL OINTMENT 1 %	1	
<i>hydrocortisone rectal cream 1 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	
PROCTO-PAK EXTERNAL CREAM 1 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	
SILA III EXTERNAL THERAPY PACK 0.1 %	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	1	
Antimigraine Agents - Treatment Of Migraine Headaches		
Abortive Agents		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
Prophylactic		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>guanidine hcl oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL PACKET 4 GM	2	
<i>pretomanid oral tablet 200 mg</i>	2	PA
PRIFTIN ORAL TABLET 150 MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA
TRECTOR ORAL TABLET 250 MG	2	
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B/D
LEUKERAN ORAL TABLET 2 MG	2	
MATULANE ORAL CAPSULE 50 MG	2	
VALCHLOR EXTERNAL GEL 0.016 %	2	
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 60 MG	2	PA
<i>flutamide oral capsule 125 mg</i>	1	
<i>nilutamide oral tablet 150 mg</i>	1	
NUBEQA ORAL TABLET 300 MG	2	PA
ORGOVYX ORAL TABLET 120 MG	2	PA
XTANDI ORAL CAPSULE 40 MG	2	PA
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA
YONSA ORAL TABLET 125 MG	2	PA
Antiangiogenic Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	2	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	2	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
<i>fluorouracil external cream 0.5 %, 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	
INQOVI ORAL TABLET 35-100 MG	2	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	2	
TABLOID ORAL TABLET 40 MG	2	PA
Antineoplastics, Other		
<i>diclofenac sodium external gel 3 %</i>	1	
<i>diclofenac sodium transdermal gel 3 %</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA
LYNPARZA ORAL CAPSULE 50 MG	2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA
LYSODREN ORAL TABLET 500 MG	2	
MESNEX ORAL TABLET 400 MG	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA
ODOMZO ORAL CAPSULE 200 MG	2	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	2	PA
TAZVERIK ORAL TABLET 200 MG	2	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	2	PA
WELIREG ORAL TABLET 40 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	2	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	2	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	2	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	2	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	2	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
ZOLINZA ORAL CAPSULE 100 MG	2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	2	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA
UKONIQ ORAL TABLET 200 MG	2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	2	PA
AFINITOR ORAL TABLET 10 MG	2	PA
ALECENSA ORAL CAPSULE 150 MG	2	PA

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	2	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA
BRAFTOVI ORAL CAPSULE 75 MG	2	PA
BRUKINSA ORAL CAPSULE 80 MG	2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA
CALQUENCE ORAL CAPSULE 100 MG	2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	2	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	2	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	2	PA
COTELLIC ORAL TABLET 20 MG	2	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	2	PA
ERIVEDGE ORAL CAPSULE 150 MG	2	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA
EXKIVITY ORAL CAPSULE 40 MG	2	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	2	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	2	PA
GAVRETO ORAL CAPSULE 100 MG	2	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA
INREBIC ORAL CAPSULE 100 MG	2	PA
IRESSA ORAL TABLET 250 MG	2	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	2	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	2	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	2	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	2	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	2	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	2	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	2	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	2	PA

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	2	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	2	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA
LUMAKRAS ORAL TABLET 120 MG	2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA
MEKTOVI ORAL TABLET 15 MG	2	PA
NERLYNX ORAL TABLET 40 MG	2	PA
NEXAVAR ORAL TABLET 200 MG	2	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	PA
QINLOCK ORAL TABLET 50 MG	2	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA
RYDAPT ORAL CAPSULE 25 MG	2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA
STIVARGA ORAL TABLET 40 MG	2	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA
TEPMETKO ORAL TABLET 225 MG	2	PA
TIBSOVO ORAL TABLET 250 MG	2	PA
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	2	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	2	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	2	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	2	PA
TURALIO ORAL CAPSULE 200 MG	2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA
VOTRIENT ORAL TABLET 200 MG	2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA
XOSPATA ORAL TABLET 40 MG	2	PA
ZEJULA ORAL CAPSULE 100 MG	2	PA
ZELBORAF ORAL TABLET 240 MG	2	PA
ZYKADIA ORAL TABLET 150 MG	2	PA
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	1	
PANRETIN EXTERNAL GEL 0.1 %	2	PA
TARGRETIN EXTERNAL GEL 1 %	2	PA
<i>tretinoin oral capsule 10 mg</i>	1	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	PA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LAMPIT ORAL TABLET 120 MG, 30 MG	2	PA
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	PA
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	1	
Pediculicides/ Scabicides		
<i>lindane external shampoo 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	2	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	2	ST
<i>tolcapone oral tablet 100 mg</i>	1	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	2	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	2	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1St Generation/ Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2Nd Generation/ Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	2	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	2	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	2	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	2	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	2	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	2	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	2	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE 42 MG	2	PA
<i>clozapine oral tablet 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	1	
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	2	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	2	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	2	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	2	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	2	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	2	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	2	PA; QL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	2	PA; QL (1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	2	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	2	PA; QL (2.625 ML per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 80 MG	2	PA; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	2	PA
NUPLAZID ORAL CAPSULE 34 MG	2	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	2	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	2	PA; QL (60 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	PA; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	2	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	2	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	2	PA; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	B/D; QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	2	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	2	PA; QL (1 EA per 28 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TIZANIDINE COMFORT PAC COMBINATION 4 MG	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
Antivirals - Treatment Of Infections By Viruses		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	2	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	2	
VIREAD ORAL POWDER 40 MG/GM	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents, Direct Acting Agents		
MAVYRET ORAL TABLET 100-40 MG	2	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	2	PA
VOSEVI ORAL TABLET 400-100-100 MG	2	PA
Anti-Hepatitis C (Hcv) Agents, Other		
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	2	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	2	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
Antitherpetic Agents		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
DENAVIR EXTERNAL CREAM 1 %	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
DOVATO ORAL TABLET 50-300 MG	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	2	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	2	QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	2	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	2	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	2	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (30 EA per 30 days)
<i>vocabria oral tablet 30 mg</i>	2	QL (30 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	2	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	2	QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	1	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	2	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL (30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	2	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	2	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	2	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 125 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	2	QL (30 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	2	QL (60 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	2	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	2	
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	2	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	2	QL (120 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	2	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE 250 MG	2	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	2	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	2	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	2	QL (180 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	2	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	2	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	QL (300 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	2	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	2	QL (450 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	2	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG	2	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	2	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	2	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	2	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	2	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	2	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	2	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	1	
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	1	QL (150 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
Bipolar Agents - Treatment For Bipolar Illnesses		
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
Blood Glucose Regulators - Control Of Diabetes		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (60 EA per 30 days)
D-CARE DM2 COMBINATION KIT 500 MG	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	PA; QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PA; QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	2	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	2	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 EA per 30 days)

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	2	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	2	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	2	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	2	QL (9 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
<i>alcohol pad 70 %</i>	1	
GAUZE EXTERNAL	1	
GAUZE EXTERNAL PAD	1	
<i>gauze pad 2"x2"</i>	1	
GAUZE PAD 2"X2" , 4"X4"	1	
INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G 0.3 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 6MM 0.5 ML, U-100 1 ML	1	
<i>insulin syringe 28g x 1/2" 0.5 ml</i>	1	
PEN NEEDLES 29G X 12MM , 30G X 8 MM , 32G X 4 MM	1	
<i>pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm</i>	1	
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	2	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	2	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	2	QL (4 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	2	QL (4 EA per 30 days)
<i>glucagon emergency injection kit 1 mg</i>	2	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	2	QL (4 EA per 30 days)
<i>glucagon hcl (diagnostic) injection solution reconstituted 1 mg</i>	1	QL (4 EA per 30 days)
Insulins		
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	2	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	1	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	1	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	1	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	
Blood Products/ Modifiers/ Volume Expanders - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	1	B/D
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	2	

Drug Name	Drug Tier	Requirements/Limits
Blood Formation Modifiers		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	2	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	2	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	2	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	2	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	2	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA ORAL TABLET 500 MG	2	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	2	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA
Platelet Modifying Agents		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	PA
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin Ii Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	PA
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	2	PA
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	PA
<i>nimodipine oral capsule 30 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
CORLANOR ORAL SOLUTION 5 MG/5ML	2	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA
DIGITEK ORAL TABLET 125 MCG	1	QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	PA
DIGOX ORAL TABLET 125 MCG	1	QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	1	PA
<i>digoxin oral solution 0.05 mg/ml</i>	1	PA
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
TEKTRUNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
KEVEYIS ORAL TABLET 50 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gm</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	PA
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	2	PA
PREVALITE ORAL PACKET 4 GM	1	
PREVALITE ORAL POWDER 4 GM/DOSE	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sure result o3d3 system oral kit 1 & 1000 gm & unit</i>	1	
VASCEPA ORAL CAPSULE 0.5 GM	2	PA
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 72 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg, 27 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg</i>	1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	2	PA
FIRDAPSE ORAL TABLET 10 MG	2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	2	PA
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	2	PA
NUDEXTA ORAL CAPSULE 20-10 MG	2	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	2	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	2	PA
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	2	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	2	PA
GILENYA ORAL CAPSULE 0.5 MG	2	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	2	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	2	PA
PONVORY ORAL TABLET 20 MG	2	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	2	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	2	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	2	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	2	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	2	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
Dermatological Agents - Treatment Of Skin Conditions		
Dermatological Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene external gel 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>doxepin hcl external cream 5 %</i>	1	PA; QL (45 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA
EUCRISA EXTERNAL OINTMENT 2 %	2	PA
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>methoxsalen rapid oral capsule 10 mg</i>	1	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>nystatin-triamcinolone external cream 100000- 0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000- 0.1 unit/gm-%</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	ST
<i>podofilox external solution 0.5 %</i>	1	
<i>prednicarbate external ointment 0.1 %</i>	1	
REGRANEX EXTERNAL GEL 0.01 %	2	PA; QL (15 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	2	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	ST
<i>tazarotene external cream 0.1 %</i>	1	
TAZORAC EXTERNAL CREAM 0.05 %	2	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	2	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA
<i>tretinoin (emollient) external cream 0.05 %</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	

**Electrolytes/Minerals/ Metals/ Vitamins
- Products That Supplement Or Replace
Electrolytes, Minerals, Metals Or
Vitamins**

Drug Name	Drug Tier	Requirements/Limits
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	2	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	2	B/D
CARBAGLU ORAL TABLET 200 MG	2	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	1	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	1	
ENDARI ORAL PACKET 5 GM	2	PA
<i>glucose intravenous solution 5 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	2	
ISOLYTE-S INTRAVENOUS SOLUTION	2	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	2	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
NORMOSOL-R INTRAVENOUS SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	1	B/D
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	
<i>sodium chloride injection solution 0.9 %</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 500 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL TABLET 1000 MG	2	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	2	PA
JYNARQUE ORAL TABLET 15 MG, 30 MG	2	PA
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA
SAMSCA ORAL TABLET 15 MG	2	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	
<i>trientine hcl oral capsule 250 mg</i>	1	PA
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	2	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	2	
Vitamins		
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>m-natal plus oral tablet 27-1 mg</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	1	
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>	1	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	1	
<i>prenatal plus iron oral tablet 29-1 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>preplus oral tablet 27-1 mg</i>	1	
<i>vol-plus oral tablet 27-1 mg</i>	1	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gastrointestinal Agents, Other		
<i>enulose oral solution 10 gm/15ml</i>	1	
GATTEX SUBCUTANEOUS KIT 5 MG	2	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	
OALIVA ORAL TABLET 10 MG, 5 MG	2	PA
RECTIV RECTAL OINTMENT 0.4 %	2	
RELISTOR ORAL TABLET 150 MG	2	PA
RELISTOR SUBCUTANEOUS KIT 12 MG/0.6ML	2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	2	PA
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
XERMELO ORAL TABLET 250 MG	2	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine 200 oral tablet 200 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5ml, 400 mg/6.67ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA
Laxatives		
<i>constulose oral solution 10 gm/15ml</i>	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	1	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	
<i>polyethylene glycol 3350 powder</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
ESOMEPE-EZS ORAL KIT 20 MG	1	ST
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 400 MG, 500 MG, 800 MG	2	PA
CERDELGA ORAL CAPSULE 84 MG	2	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	2	
CYSTADANE ORAL POWDER	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	2	PA
GALAFOLD ORAL CAPSULE 123 MG	2	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	2	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA
ORFADIN ORAL CAPSULE 20 MG	2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	2	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	2	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	2	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML	2	PA
XURIDEN ORAL PACKET 2 GM	2	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	2	PA
Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	ST
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	2	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	2	ST; QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	ST; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	ST
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	2	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	1	ST
<i>trospium chloride oral tablet 20 mg</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	2	

Drug Name	Drug Tier	Requirements/Limits
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	2	PA
<i>tiopronin oral tablet 100 mg</i>	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR INJECTION GEL 80 UNIT/ML	2	PA
<i>cortisone acetate oral tablet 25 mg</i>	1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	B/D
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Anabolic Steroids		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal solution 30 mg/act</i>	1	PA
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM	2	
YUVAFEM VAGINAL TABLET 10 MCG	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	1	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
AYUNA ORAL TABLET 0.15-30 MG-MCG	1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
CAZIANIT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	1	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	1	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	2	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	
CYRED ORAL TABLET 0.15-30 MG-MCG	1	
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
INTROVALE ORAL TABLET 0.15-0.03 MG	1	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	1	
JOLIVETTE ORAL TABLET 0.35 MG	1	
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LILLOW ORAL TABLET 0.15-30 MG-MCG	1	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
LOPREEZA ORAL TABLET 1-0.5 MG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
MIMVEY ORAL TABLET 1-0.5 MG	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
MONONESSA ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
NORLYDA ORAL TABLET 0.35 MG	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
OCELLA ORAL TABLET 3-0.03 MG	1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
PREMPHASE ORAL TABLET 0.625-5 MG	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	1	
ZARAH ORAL TABLET 3-0.03 MG	1	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	

Drug Name	Drug Tier	Requirements/Limits
Progestins		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	2	
ERRIN ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	1	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
NORLYROC ORAL TABLET 0.35 MG	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
TULANA ORAL TABLET 0.35 MG	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>raloxifene hcl oral tablet 60 mg</i>	1	
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)		

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	2	PA
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	2	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	2	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	2	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	2	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	2	PA
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML	2	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	2	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	2	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	2	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	2	PA
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	2	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	2	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	2	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	2	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	2	PA

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	2	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	2	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	2	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	2	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	2	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	2	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	2	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	2	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
SYNAREL NASAL SOLUTION 2 MG/ML	2	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	2	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	2	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	2	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	1	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	2	PA
Immune Suppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	2	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	2	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	2	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	2	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	2	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	2	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	2	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	2	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	B/D

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	1	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	2	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	2	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	2	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
LUPKYNIS ORAL CAPSULE 7.9 MG	2	PA
<i>methotrexate (anti-rheumatic) oral tablet 2.5 mg</i>	1	
<i>methotrexate oral tablet 2.5 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	2	B/D
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	2	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	2	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	2	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	2	B/D
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	PA
REZUROCK ORAL TABLET 200 MG	2	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	2	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	2	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA
ZORTRESS ORAL TABLET 1 MG	2	B/D
Immunoglobulins		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	2	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	B/D

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	B/D
Immunomodulators		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	2	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	2	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	2	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	2	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	2	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	2	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	2	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	2	PA
OTEZLA ORAL TABLET 30 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	2	PA
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	2	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	2	PA
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	2	
<i>bcg vaccine injection injectable</i>	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	2	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

2021 2 Tier Ascella Health Medicare Formulary

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	2	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	2	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	2	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	2	
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	2	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	2	
VARIZIG INTRAMUSCULAR SOLUTION RECONSTITUTED 125 UNIT	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	
VAXELIS INTRAMUSCULAR SUSPENSION	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
YF-VAX SUBCUTANEOUS INJECTABLE	2	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	2	QL (1 EA per 999 days)
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium oral capsule 750 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	PA
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA
<i>ibandronate sodium oral tablet 150 mg</i>	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	2	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	2	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	2	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	2	PA
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
<i>travoprost ophthalmic solution 0.004 %</i>	1	
Ophthalmic Agents, Other		
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML	2	PA
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml, 3.75 mg/0.15ml</i>	1	
<i>bevacizumab intravitreal solution prefilled syringe 3.25 mg/0.13ml</i>	1	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	2	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	2	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	2	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	2	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	2	PA
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	2	PA
NATACYN OPHTHALMIC SUSPENSION 5 %	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	2	PA
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
RESTASIS OPHTHALMIC EMULSION 0.05 %	2	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
XIIDRA OPHTHALMIC SOLUTION 5 %	2	QL (60 EA per 30 days)
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	1	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	ST
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	2	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	
<i>acetic acid-aluminum acetate otic solution 2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	B/D
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	PA
<i>hydroxyzine hcl oral tablet 10 mg</i>	1	
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	PA
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	PA
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	2	
Anti-Inflammatories, Nasal Corticosteroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	ST
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	2	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	
Cystic Fibrosis Agents		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	2	PA
KALYDECO ORAL TABLET 150 MG	2	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	2	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	B/D
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	2	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15ml</i>	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	2	PA
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	2	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	2	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	2	ST
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	PA
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	1	PA
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	2	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA
CYCLOBENZAPRINE COMFORT PAC COMBINATION KIT 10 MG	1	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA
CYCLOTENS REFILL PAK COMBINATION KIT 10 MG	1	PA
CYCLOTENS STARTER PAK COMBINATION KIT 10 MG	1	PA
<i>metaxalone oral tablet 800 mg</i>	1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents - Treatment Of Insomnia		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
Sleep Disorders, Other		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	2	PA
HETLIOZ ORAL CAPSULE 20 MG	2	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	2	PA
XYWAV ORAL SOLUTION 500 MG/ML	2	PA

Index

A		
abacavir sulfate	41	
abacavir sulfate-lamivudine ...	41	
abacavir-lamivudine-zidovudine	41	
ABELCET	20	
ABILIFY MAINTENA.....	36	
abiraterone acetate	27	
acamprosate calcium	5	
acarbose.....	45	
acebutolol hcl.....	54	
acetaminophen-codeine.....	1	
acetaminophen-codeine #2.....	1	
acetaminophen-codeine #3.....	1	
acetaminophen-codeine #4.....	1	
acetazolamide	57	
acetazolamide er	57	
acetic acid.....	93	
acetic acid-aluminum acetate .	93	
acetylcysteine.....	97	
acitretin.....	64	
ACTEMRA.....	86	
ACTEMRA ACTPEN.....	86	
ACTHAR	73	
ACTHIB	88	
ACTIMMUNE.....	87	
acyclovir	40	
acyclovir sodium.....	40	
ADACEL.....	88	
adapalene	64	
adapalene-benzoyl peroxide ...	64	
adefovir dipivoxil.....	39	
ADEMPAS.....	96	
ADVAIR HFA.....	97	
AFINITOR	29	
AFINITOR DISPERZ.....	29	
AFIRMELLE.....	74	
agoneaze	4	
AIMOVIG	25	
AIMOVIG (140 MG DOSE)..	25	
ak-poly-bac	7	
albendazole	33	
albuterol sulfate	95	
albuterol sulfate hfa.....	95	
alclometasone dipropionate ...	22	
alcohol	47	
ALECENSA.....	29	
alendronate sodium.....	91	
alfuzosin hcl er	72	
aliskiren fumarate	56	
allopurinol	22	
alosetron hcl	69	
ALPHAGAN P.....	92	
alprazolam.....	44	
ALPRAZOLAM INTENSOL	44	
ALTAVERA	74	
ALUNBRIG	29	
alyacen 1/35	74	
alyacen 7/7/7	74	
AMABELZ	74	
amantadine hcl.....	34	
AMBISOME	20	
ambrisentan	96	
amikacin sulfate.....	6	
amiloride hcl.....	58	
amiloride-hydrochlorothiazide	56	
AMINOSYN II.....	65	
AMINOSYN-PF.....	65	
amiodarone hcl	53	
AMITIZA.....	69	
amitriptyline hcl	19	
amlodipine besy-benazepril hcl	56	
amlodipine besylate	55	
amlodipine besylate-valsartan	56	
amlodipine-olmesartan	56	
amlodipine-valsartan-hctz.....	56	
ammonium lactate	64	
AMNESTEEM.....	64	
amoxapine	19	
amoxicillin	10, 11	
amoxicillin-pot clavulanate....	11	
amoxicillin-pot clavulanate er	11	
amphetamine-dextroamphet er	60	
amphetamine-dextroamphetamine.....	60	
amphotericin b.....	21	
ampicillin	11	
ampicillin sodium	11	
ampicillin-sulbactam sodium .	11	
anagrelide hcl	52	
anastrozole	29	
anodyne lpt	4	
ANORO ELLIPTA	97	
APOKYN.....	34	
aprepitant	20	
APRI.....	74	
APRIZIO PAK.....	4	
APRIZIO PAK II	4	
APTIOM.....	16	
APTIVUS	42	
ARALAST NP.....	71	
ARANELLE	74	
ARANESP (ALBUMIN FREE)	50, 51	
ARCALYST	87	
aripiprazole	36	
ARISTADA	36	
ARISTADA INITIO	36	
armodafinil.....	99	
ARNUITY ELLIPTA.....	94	
ASCOMP-CODEINE.....	1	
asenapine maleate	36	
aspirin-dipyridamole er	52	
ASTAGRAF XL	84	
atazanavir sulfate.....	43	
atenolol	54	
atenolol-chlorthalidone.....	56	
atomoxetine hcl.....	61	
atorvastatin calcium	58	
atovaquone.....	33	
atovaquone-proguanil hcl	33	
atropine sulfate.....	92	
AUBAGIO.....	62	
AUBRA	74	
AUBRA EQ.....	74	
AUROVELA 1.5/30.....	74	
AUROVELA FE 1.5/30	74	
AUROVELA FE 1/20	74	
AUSTEDO.....	62	
AVANDIA.....	45	
AVIANE.....	74	
AYUNA.....	74	
AYVAKIT	29	
azathioprine.....	84	
azelastine hcl.....	92, 94	
azithromycin	12	

2021 2 Tier Ascella Health Medicare Formulary

aztreonam	10	briellyn	75	carbidopa-levodopa-entacapone	35
B		BRILINTA	52	carisoprodol	98
BACIGUENT	7	brimonidine tartrate	93	carisoprodol-aspirin-codeine ...	1
bacitracin	7	brinzolamide.....	93	carteolol hcl	93
bacitracin-polymyxin b	7	BRIVIACT.....	14	CARTIA XT	55
baclofen	39	bromocriptine mesylate.....	34	carvedilol	54
BAFIERTAM	62	BRUKINSA	29	casprofungin acetate	21
balsalazide disodium	90	budesonide	91, 94	CAZIENT.....	75
BALVERSA	29	budesonide er	91	cefaclor	8
BALZIVA	75	budesonide-formoterol fumarate	97	cefaclor er	8
BAQSIMI ONE PACK.....	48	bumetanide	57	cefadroxil.....	9
BAQSIMI TWO PACK.....	48	buprenorphine	3	cefazolin sodium	9
BARACLUDGE.....	39	buprenorphine hcl.....	5	cefazolin sodium-dextrose.....	9
bcg vaccine	88	buprenorphine hcl-naloxone hcl	6	cefdinir.....	9
benazepril hcl.....	53	bupropion hcl	17	cefepime hcl.....	9
benazepril-hydrochlorothiazide	56	bupropion hcl er (smoking det)	6	cefepime-dextrose	9
BENLYSTA	87	bupropion hcl er (sr)	17	cefixime	9
benznidazole	33	bupropion hcl er (xl).....	17	cefotaxime sodium	9
benzoyl peroxide-erythromycin	64	bupropion hcl er (xl).....	17	cefoxitin sodium.....	9
benztropine mesylate.....	34	buspirone hcl	44	cefoxitin sodium-dextrose	9
BEOVU	92	butalbital-acetaminophen.....	1	cefpodoxime proxetil.....	9
betamethasone dipropionate ...	23	butalbital-apap-caff-cod.....	1	cefprozil.....	9
betamethasone dipropionate aug	22, 23	butalbital-apap-caffeine	1	ceftazidime.....	9
betamethasone valerate	23	butalbital-asa-caff-codeine.....	1	ceftazidime and dextrose	9
BETASERON.....	62	butalbital-asa-caffeine.....	1	ceftriaxone sodium.....	10
betaxolol hcl	54	butalbital-aspirin-caffeine	1	ceftriaxone sodium in dextrose	10
bethanechol chloride	72	butorphanol tartrate	3	ceftriaxone sodium-dextrose..	10
bevacizumab	92	C		cefuroxime axetil.....	10
BEVESPI AEROSPHERE	97	cabergoline	82	cefuroxime sodium.....	10
bexarotene	33	CABOMETYX.....	30	celecoxib.....	2
BEXSERO.....	88	CADIRAMD	4	CELONTIN	14
bicalutamide	27	calcipotriene	64	cephalexin.....	10
BICILLIN L-A	11	calcitonin (salmon)	91	CERDELGA	71
BIKTARVY	42	calcitriol	68	cetirizine hcl.....	94
bisoprolol fumarate	54	calcium acetate (phos binder). 68		cetirizine hcl allergy child	94
bisoprolol-hydrochlorothiazide	56	CALQUENCE.....	30	cevimeline hcl.....	63
BLISOVI FE 1.5/30	75	CAMILA	79	CHANTIX CONTINUING	
BLISOVI FE 1/20.....	75	candesartan cilexetil	53	MONTH PAK.....	6
BOOSTRIX	88	candesartan cilexetil-hctz.....	56	CHANTIX STARTING	
BOSULIF	29	CAPLYTA	36	MONTH PAK.....	6
BOTOX	62	CAPRELSA	30	CHATEAL.....	75
BRAFTOVI.....	29	captopril	53	CHATEAL EQ.....	75
BREO ELLIPTA	97	CARBAGLU	65	chlorhexidine gluconate	63
BREZTRI AEROSPHERE.....	97	carbamazepine	16	chloroquine phosphate.....	33
		carbamazepine er	16, 44	chlorothiazide.....	58
		carbidopa-levodopa	35	chlorthiazide.....	58
		carbidopa-levodopa er	35	chlorthiazide.....	58
				chlorpromazine hcl.....	19, 20

2021 2 Tier Ascella Health Medicare Formulary

chlorthalidone	58	clotrimazole anti-fungal	21	CYRED.....	75
chlorzoxazone	98	clotrimazole-betamethasone... 64		CYRED EQ	75
CHOLBAM	71	clozapine	36	CYSTADANE	71
cholestyramine.....	59	COARTEM	33	CYSTAGON.....	71
cholestyramine light.....	58, 59	colchicine	22	CYSTARAN.....	92
ciclopirox.....	21	colchicine-probenecid.....	22	D	
ciclopirox olamine	21	colesevelam hcl	59	dalfampridine er	62
ciclopirox treatment	21	colestipol hcl	59	DALIRESP	96
cilostazol.....	52	colistimethate sodium (cba) 7		danazol.....	73
CIMDUO.....	42	COMBIGAN	93	dantrolene sodium	39
cimetidine	69	COMBIPATCH.....	75	dapsone	26
cimetidine 200	69	COMBIVENT RESPIMAT .. 97		DAPTACEL	88
cimetidine hcl	69	COMETRIQ (100 MG DAILY		daptomycin	7
CIMZIA.....	84	DOSE).....	30	darifenacin hydrobromide er.. 72	
CIMZIA PREFILLED	84	COMETRIQ (140 MG DAILY		DAURISMO	30
CIMZIA STARTER KIT	84	DOSE).....	30	D-CARE DM2	45
cinacalcet hcl	91	COMETRIQ (60 MG DAILY		DEBLITANE.....	79
CINRYZE.....	83	DOSE).....	30	deferasirox	67
ciprofloxacin hcl	12	COMPLERA	41	deferasirox granules	67
ciprofloxacin in d5w	12	constulose.....	70	deferiprone.....	67
citalopram hydrobromide	18	COPIKTRA.....	29	DELSTRIGO	41
CLARAVIS	64	CORLANOR.....	56	DELYLA	75
clarithromycin.....	12	cortisone acetate	73	DENAVIR	40
clarithromycin er.....	12	COSENTYX	87	DEPO-SUBQ PROVERA 104	
clemastine fumarate	94	COSENTYX (300 MG DOSE)		.....	79
clindamycin hcl.....	7	.....	87	DERMACINRX EMPRICAINE	
clindamycin palmitate hcl	7	COSENTYX SENSOREADY		.....	4
clindamycin phos-benzoyl perox		(300 MG).....	87	DERMACINRX PRIZOPAK.. 4	
.....	64	COSENTYX SENSOREADY		DESCOVY	42
clindamycin phosphate.....	7	PEN.....	87	desipramine hcl	19
clindamycin phosphate in d5w .7		COTELLIC	30	desmopressin ace spray refrig 80	
clindamycin phosphate in nacl .7		CREON.....	71	desmopressin acetate	80
CLINIMIX/DEXTROSE		CRIXIVAN	43	desmopressin acetate spray.... 80	
(4.25/10).....	65	cromolyn sodium.....	92, 97	desogestrel-ethinyl estradiol .. 75	
CLINISOL SF.....	65	CRYSELLE-28	75	desonide.....	23
clobazam.....	14	CUVPOSA	97	desoximetasone	23
clobetasol prop emollient base23		CYCLAFEM 1/35	75	desvenlafaxine succinate er ... 18	
clobetasol propionate	23	CYCLAFEM 7/7/7	75	dexamethasone	23
clobetasol propionate e.....	23	CYCLOBENZAPRINE		DEXAMETHASONE	
clobetavix	23	COMFORT PAC	98	INTENSOL.....	23
clomipramine hcl	19	cyclobenzaprine hcl	98	dexamethasone sodium	
clonazepam	44	cyclophosphamide	26	phosphate	73, 93
clonidine	52	cyclosporine	84	dexmethylphenidate hcl.....	61
clonidine hcl	52	cyclosporine modified	84	dexmethylphenidate hcl er....	61
clonidine hcl er	61	CYCLOTENS REFILL PAK. 98		dextroamphetamine sulfate....	60
clopidogrel bisulfate.....	52	CYCLOTENS STARTER PAK		dextroamphetamine sulfate er	60
clorazepate dipotassium	44	.....	98	dextrose.....	66
clotrimazole	21	cyproheptadine hcl.....	94	dextrose-nacl.....	66

dextrose-sodium chloride	66	DOXY 100	13	ENDOCET.....	1
DIACOMIT	14	doxycycline hyclate	13	ENGERIX-B.....	88
DIASTAT ACUDIAL.....	14	doxycycline monohydrate.....	13	enoxaparin sodium	50
DIASTAT PEDIATRIC.....	14	DRIZALMA SPRINKLE	18	ENPRESSE-28.....	75
diazepam.....	14, 44	dronabinol	20	ENSKYCE.....	75
DIAZEPAM INTENSOL.....	44	drosiprone-ethinyl estradiol	75	entacapone	34
diazoxide	48	DROXIA	27	entecavir	39
diclofenac potassium.....	2	droxidopa	52	ENTRESTO.....	56
diclofenac sodium	2, 4, 28, 93	DUAVEE	80	enulose.....	69
diclofenac sodium er	2	duloxetine hcl	62	ENVARUSUS XR.....	84
dicloxacin sodium.....	11	DUPIXENT.....	64	EPIDIOLEX	14
diclozor.....	2	duramorph	3	epinastine hcl	92
dicyclomine hcl.....	68	dutasteride	72	epinephrine	95
didanosine.....	42	E		EPITOL	16
DIFICID	12	ec-naproxen	2	EPIVIR HBV	39
diflunisal.....	2	ECONASIL.....	21	eplerenone.....	58
difluprednate.....	93	econazole nitrate.....	21	EPOGEN	51
DIGITEK.....	56	EDURANT.....	41	EQUETRO.....	44
DIGOX.....	56	efavirenz.....	41	ergoloid mesylates.....	17
digoxin.....	56	efavirenz-emtricitab-tenofovir	41	ergotamine-caffeine.....	25
dihydroergotamine mesylate ..	25	efavirenz-lamivudine-tenofovir	41, 42	ERIVEDGE	30
DILANTIN.....	16	.....	41, 42	ERLEADA.....	27
diltiazem hcl	55	EGRIFTA.....	80	erlotinib hcl.....	30
diltiazem hcl er	55	EGRIFTA SV	80	ERRIN	79
diltiazem hcl er beads.....	55	ELIGARD	82	ertapenem sodium	10
diltiazem hcl er coated beads..	55	ELIQUIS	50	ery.....	12
dilt-xr.....	55	ELIQUIS DVT/PE STARTER		ERYTHROCIN	
dimethyl fumarate.....	62	PACK.....	50	LACTOBIONATE	12
dimethyl fumarate starter pack		ELMIRON	72	ERYTHROCIN STEARATE	12
.....	62	ELURYNG.....	75	erythromycin.....	12
DIPENTUM	90	EMCYT	27	erythromycin base.....	12
diphenhydramine hcl.....	94	EMEND	20	erythromycin ethylsuccinate..	12
diphenoxylate-atropine.....	69	EMGALITY	26	ESBRIET.....	97
diphtheria-tetanus toxoids dt ..	88	EMGALITY (300 MG DOSE)		escitalopram oxalate.....	18
dipyridamole.....	52	.....	26	ESOMEPR-EZS	70
disopyramide phosphate.....	53	EMOQUETTE	75	esomeprazole magnesium.....	70
disulfiram.....	6	EMPAVELI	51	ESTARYLLA	75
divalproex sodium.....	14, 15	EMPRICAINE-II.....	4	estradiol	73, 74
divalproex sodium er.....	14	EMSAM.....	18	estradiol valerate	74
dofetilide.....	54	emtricitabine.....	42	estradiol-norethindrone acet ..	75
donepezil hcl.....	17	emtricitabine-tenofovir df	42	eszopiclone	98
DOPTELET.....	51	EMTRIVA	42	ethambutol hcl.....	26
dorzolamide hcl	93	enalapril maleate.....	53	ethosuximide.....	14
dorzolamide hcl-timolol mal ..	93	enalapril-hydrochlorothiazide	56	ethynodiol diac-eth estradiol..	75
DOVATO	40	ENBREL	84	etodolac.....	2
doxazosin mesylate	52	ENBREL MINI	84	etodolac er.....	2
doxepin hcl	19, 64, 99	ENBREL SURECLICK.....	84	etonogestrel-ethinyl estradiol.	76
doxercalciferol.....	91	ENDARI	66	etravirine.....	41

2021 2 Tier Ascella Health Medicare Formulary

EUCRISA.....	64	fludrocortisone acetate.....	73	GAVILYTE-N WITH FLAVOR	
everolimus	30, 84	flunisolide	94	PACK	70
EVOTAZ.....	43	fluocinolone acetonide.....	23	GAVRETO	30
EVRYSDI.....	71	fluocinonide	23, 24	gemfibrozil.....	58
exemestane	29	fluocinonide emulsified base .	23	GEMTESA	72
EXKIVITY.....	30	fluorometholone	93	generlac.....	69
EXTAVIA	62	fluorouracil.....	27	GENGRAF	84
EYLEA.....	92	fluoxetine hcl.....	18	GENOTROPIN.....	81
ezetimibe	59	fluoxetine hcl (pmdd)	18	GENOTROPIN MINIQUICK	81
ezetimibe-simvastatin.....	59	fluphenazine decanoate.....	35	GENTAK.....	6
F		fluphenazine hcl	35	gentamicin in saline.....	6
FALMINA.....	76	flurbiprofen	2	gentamicin sulfate	6
famciclovir.....	40	flurbiprofen sodium.....	93	GENVOYA.....	40
famotidine.....	69	flutamide	27	GILENYA	62
FANAPT	36	fluticasone propionate.....	24, 95	GILOTRIF	30
FANAPT TITRATION PACK		fluticasone-salmeterol.....	97	GLASSIA	71
.....	36	fluvoxamine maleate.....	18	glatiramer acetate	63
FARYDAK.....	30	fondaparinux sodium.....	50	GLATOPA.....	63
febuxostat	22	FORTEO	91	glimepiride.....	45
felbamate	16	fosamprenavir calcium.....	43	glipizide	45
felodipine er.....	55	fosinopril sodium.....	53	glipizide er	45
FEMYNOR.....	76	fosinopril sodium-hctz	56	glipizide xl	45
fenofibrate	58	FOSRENOL	68	glipizide-metformin hcl.....	45
fenofibrate micronized	58	FOTIVDA	30	GLUCAGEN DIAGNOSTIC	48
fenofibric acid.....	58	FRAGMIN	50	GLUCAGEN HYPOKIT.....	48
fentanyl.....	3	FULPHILA	51	glucagon emergency.....	48
fentanyl citrate	3	furosemide.....	57	glucagon hcl (diagnostic)	48
FERRIPROX	67	FUZEON.....	42	glucose.....	66
FERRIPROX TWICE-A-DAY		FYAVOLV.....	76	glyburide.....	46
.....	67	FYCOMPA	16	glyburide micronized.....	45
FETZIMA.....	18	G		glyburide-metformin	46
FETZIMA TITRATION	18	gabapentin	15	glycopyrrolate	69
finasteride.....	72	GALAFOLD	71	GLYXAMBI.....	46
FINTEPLA	14	galantamine hydrobromide ...	17	GOCOVRI	34
FIRDAPSE	62	galantamine hydrobromide er	17	granisetron hcl.....	20
FIRMAGON.....	82	GAMMAGARD.....	86	GRANIX.....	51
FIRMAGON (240 MG DOSE)		GAMMAGARD S/D LESS IGA		griseofulvin microsize	21
.....	82	.....	86	guanfacine hcl	52
flavoxate hcl	72	GAMMAKED.....	86	guanfacine hcl er	61
FLEBOGAMMA DIF.....	86	GAMMAPLEX	86	guanidine hcl.....	26
flecainide acetate.....	54	GAMUNEX-C	86	H	
FLOVENT DISKUS	94	GARDASIL 9.....	88	HAEGARDA	83
FLOVENT HFA	94	GATTEX.....	69	HAILEY 1.5/30.....	76
fluconazole	21	gauze	47	HAILEY 24 FE.....	76
fluconazole in dextrose	21	GAUZE.....	47	HAILEY FE 1.5/30	76
fluconazole in sodium chloride		GAVILYTE-C.....	69	HAILEY FE 1/20.....	76
.....	21	GAVILYTE-G	70	halobetasol propionate.....	24
flucytosine	21			haloperidol	35

haloperidol decanoate	35	I	INVOKAMET	46	
haloperidol lactate.....	35	ibandronate sodium	91	INVOKAMET XR.....	46
HAVRIX	88	IBRANCE	30	INVOKANA.....	46
heparin sodium (porcine)	50	IBU	1	IPOL	88
heparin sodium (porcine) pf ...	50	IBUPAK.....	2	ipratropium bromide.....	95, 97
HEPLISAV-B	88	ibuprofen.....	2	ipratropium-albuterol	97
HETLIOZ.....	99	IBUPROFEN COMFORT PAC		irbesartan	53
HETLIOZ LQ.....	99	.....	2	irbesartan-hydrochlorothiazide	
HIBERIX.....	88	icatibant acetate	83	.....	56
HUMATROPE	81	ICLUSIG.....	30	IRESSA	30
HUMIRA.....	85	icosapent ethyl.....	59	ISENTRESS	40
HUMIRA PEDIATRIC		IDHIFA.....	30	ISENTRESS HD.....	40
CROHNS START.....	84	imatinib mesylate	30	ISIBLOOM.....	76
HUMIRA PEN	84	IMBRUVICA.....	30	ISOLYTE-P IN D5W.....	66
HUMIRA PEN-CD/UC/HS		imipenem-cilastatin	10	ISOLYTE-S	66
STARTER	84	imipramine hcl.....	19	ISOLYTE-S PH 7.4	66
HUMIRA PEN-PEDIATRIC		imipramine pamoate	19	isoniazid.....	26
UC START	85	imiquimod	64	isosorbide dinitrate.....	60
HUMIRA PEN-PS/UV/ADOL		IMOVAX RABIES	88	isosorbide mononitrate	60
HS START	85	INCASSIA	79	isosorbide mononitrate er	60
HUMIRA PEN-PSOR/UEVIT		INCRELEX.....	81	isotretinoin	64
STARTER	85	INCRUSE ELLIPTA.....	95	isradipine	55
HUMULIN 70/30	48	indapamide	58	itraconazole.....	21
HUMULIN N	48	indomethacin	2	ivermectin	33
HUMULIN R.....	48	indomethacin er.....	2	IXIARO	89
HUMULIN R U-500		INFANRIX.....	88	J	
(CONCENTRATED).....	48	INGREZZA.....	62	JAKAFI	31
HUMULIN R U-500		INLYTA.....	30	JANTOVEN	50
KWIKPEN.....	48	INQOVI	27	JANUMET.....	46
hydralazine hcl.....	59	INREBIC.....	30	JANUMET XR	46
hydrochlorothiazide	58	insulin asp prot & asp flexpen	48	JANUVIA.....	46
hydrocodone-acetaminophen....	1	insulin aspart	49	JARDIANCE	46
hydrocodone-ibuprofen.....	1	insulin aspart flexpen.....	49	JENTADUETO.....	46
hydrocortisone	24, 73, 91	insulin aspart penfill	49	JENTADUETO XR	46
hydrocortisone (perianal)	24	insulin aspart prot & aspart ...	49	JINTELI.....	76
hydrocortisone butyr lipo base	24	insulin lispro.....	49	JOLIVETTE	76
hydrocortisone butyrate.....	24	insulin lispro (1 unit dial).....	49	JULEBER	76
HYDROCORTISONE IN		insulin lispro junior kwikpen .	49	JULUCA.....	40
ABSORBASE.....	24	insulin lispro prot & lispro	49	JUNEL 1.5/30.....	76
hydrocortisone valerate	24	insulin syringe	48	JUNEL 1/20.....	76
hydrocortisone-acetic acid.....	93	INSULIN SYRINGE.....	48	JUNEL FE 1.5/30.....	76
hydromorphone hcl	3	INTELENCE.....	41	JUNEL FE 1/20.....	76
hydromorphone hcl pf.....	3	INTRALIPID	66	JUXTAPID	59
hydroxychloroquine sulfate....	33	INTRON A.....	40	JYNARQUE	67
hydroxyurea.....	27	INTROVALE.....	76	K	
hydroxyzine hcl	94	INVEGA SUSTENNA	37	KALLIGA	76
hydroxyzine pamoate	44	INVEGA TRINZA	37	KALYDECO	96
		INVIRASE.....	43	KARIVA.....	76

2021 2 Tier Ascella Health Medicare Formulary

kcl in dextrose-nacl.....66	LARIN FE 1.5/30.....76	levothyroxine sodium.....82
KELNOR 1/35.....76	LARIN FE 1/20.....76	LEVOXYL.....82
KELNOR 1/50.....76	LARISSIA.....77	LEXIVA.....43
KESIMPTA.....63	latanoprost.....91	lidocaine.....4
ketoconazole.....21	LATUDA.....37	lidocaine hcl.....4
ketorolac tromethamine.....2, 93	LEENA.....77	lidocaine hcl urethral/mucosal..4
KEVEYIS.....57	leflunomide.....87	lidocaine viscous hcl.....4
KIMIDESS.....76	LENVIMA (10 MG DAILY DOSE).....31	lidocaine-prilocaine.....4
KINERET.....85	LENVIMA (12 MG DAILY DOSE).....31	lidopac.....4
KINRIX.....89	LENVIMA (14 MG DAILY DOSE).....31	lidopril.....4
KISQALI (200 MG DOSE) ...31	LENVIMA (18 MG DAILY DOSE).....31	lidopril xr.....4
KISQALI (400 MG DOSE) ...31	LENVIMA (20 MG DAILY DOSE).....31	LIDO-PRILO CAINE PACK..5
KISQALI (600 MG DOSE) ...31	LENVIMA (24 MG DAILY DOSE).....31	LIDOPURE PATCH.....5
KISQALI FEMARA (400 MG DOSE).....31	LENVIMA (4 MG DAILY DOSE).....31	lidovix l.....5
KISQALI FEMARA (600 MG DOSE).....31	LENVIMA (8 MG DAILY DOSE).....31	LILLOW.....77
KISQALI FEMARA(200 MG DOSE).....31	LESSINA.....77	lindane.....33
KLOR-CON.....66	letrozole.....29	linezolid.....7, 8
KLOR-CON 10.....66	leucovorin calcium.....28	linezolid in sodium chloride ....7
KLOR-CON M10.....66	LEUKERAN.....26	LINZESS.....69
KLOR-CON M15.....66	LEUKINE.....51	liothyronine sodium.....82
KLOR-CON M20.....66	leuprolide acetate.....82	LIPROZONEPAK.....5
KLOR-CON SPRINKLE.....66	LEVA SET/OCCLUSIVE DRESSING.....4	lisinopril.....53
KORLYM.....46	levabuterol hcl.....95	lisinopril-hydrochlorothiazide 57
KOSELUGO.....31	LEVEMIR.....49	lithium.....45
KURVELO.....76	LEVEMIR FLEXTOUCH....49	lithium carbonate.....45
KYNMOBI.....34	levetiracetam.....14	lithium carbonate er.....45
L	levobunolol hcl.....93	LIVIXIL PAK.....5
labetalol hcl.....54	levocarnitine.....66	LOESTRIN 1.5/30 (21).....77
lactulose.....70	levocarnitine sf.....66	LONSURF.....28
lactulose encephalopathy.....70	levocetirizine dihydrochloride 94	loperamide hcl.....69
lamivudine.....39	levofloxacin.....12, 13	lopinavir-ritonavir.....43
lamivudine-zidovudine.....42	levofloxacin in d5w.....12	LOPREEZA.....77
lamotrigine.....16, 44	LEVONEST.....77	lorazepam.....44
lamotrigine er.....16	levonorgest-eth estrad 91-day 77	LORAZEPAM INTENSOL..44
lamotrigine starter kit-blue ....44	levonorgestrel-ethinyl estrad..77	LORBRENA.....31
lamotrigine starter kit-green ...45	levonorg-eth estrad triphasic..77	losartan potassium.....53
lamotrigine starter kit-orange .45	LEVORA 0.15/30 (28).....77	losartan potassium-hctz.....57
LAMPIT.....33	LEVO-T.....81	lovastatin.....58
lansoprazole.....70		LOW-OGESTREL.....77
lanthanum carbonate.....68		loxapine succinate.....35
LANTUS.....49		lubiprostone.....69
LANTUS SOLOSTAR.....49		LUCEMYRA.....6
lapatinib ditosylate.....31		LUCENTIS.....92
LARIN 1.5/30.....76		LUMAKRAS.....31
LARIN 1/20.....76		LUMIGAN.....91
		LUPKYNIS.....85
		LUPRON DEPOT (1-MONTH).....82

LUPRON DEPOT (3-MONTH)	meropenem-sodium chloride..	10	misoprostol	70
.....82	mesalamine.....	90	M-M-R II	89
LUPRON DEPOT (4-MONTH)	mesalamine-cleanser.....	90	m-natal plus	68
.....82	MESNEX	28	modafinil.....	99
LUPRON DEPOT (6-MONTH)	metaxalone	98	moexipril hcl.....	53
.....82	metformin hcl	46	molindone hcl	35
LUPRON DEPOT-PED (1-	metformin hcl er	46	mometasone furoate	24, 95
MONTH)	methadone hcl	3	MONONESSA.....	77
83	methazolamide	57	montelukast sodium	95
LUPRON DEPOT-PED (3-	methenamine hippurate.....	8	morphine sulfate.....	4
MONTH)	methimazole	83	morphine sulfate er.....	3
83	methocarbamol	98	moxifloxacin hcl	13
LUTERA	methotrexate.....	85	moxifloxacin hcl in nacl.....	13
77	methotrexate (anti-rheumatic)	85	MULTAQ	54
LYBALVI	methotrexate sodium.....	85	mupirocin.....	8
37	methotrexate sodium (pf).....	85	mycophenolate mofetil.....	85
LYLLANA	methotrexate sodium rapid.....	64	mycophenolate sodium.....	85
74	methoxychlor	58	MYFEMBREE.....	83
LYNPARZA.....	methylphenidate	52	MYORISAN	64
28	methylphenidate hcl.....	62	MYRBETRIQ.....	72
LYSODREN.....	methylphenidate hcl er.....	61	N	
28	methylphenidate hcl er (cd)....	61	nabumetone.....	2
LYZA	methylphenidate hcl er (la) ...	61	nadolol	54
79	methylphenidate hcl er (xr)....	61	nafcillin sodium	11
M	methylprednisolone	24, 91	nafcillin sodium in dextrose ..	11
MACUGEN	methylprednisolone acetate....	73	nalbuphine hcl.....	4
92	methyltestosterone	73	naloxone hcl.....	6
magnesium sulfate	metoclopramide hcl	20	naltrexone hcl.....	6
66	metolazone	58	naproxen	3
malathion.....	metoprolol succinate er.....	54	NAPROXEN COMFORT PAC	
34	metoprolol tartrate	54	.....	3
marlissa	metoprolol-hydrochlorothiazide		naproxen sodium.....	3
77	.....	54	NARCAN	6
MARPLAN.....	metronidazole	8	NATACYN.....	92
18	metronidazole in nacl.....	8	nateglinide	46
MATULANE.....	metyrosine	57	NATPARA	91
27	mexiletine hcl	54	NAYZILAM	15
MAVYRET	micafungin sodium	21	nebivolol hcl	54
40	MICROGESTIN 1.5/30.....	77	NECON 0.5/35 (28)	77
MAYZENT.....	MICROGESTIN 1/20.....	77	nefazodone hcl	17
63	MICROGESTIN FE 1.5/30....	77	neomycin sulfate	6
MAYZENT STARTER PACK	MICROGESTIN FE 1/20	77	neomycin-polymyxin-dexameth	
.....63	midodrine hcl	52	.....	8
meclizine hcl.....	MILI.....	77	neomycin-polymyxin-	
20	MIMVEY	77	gramicidin	8
meclofenamate sodium.....	minocycline hcl	13	neomycin-polymyxin-hc.....	93
2	minoxidil	59	NERLYNX	31
MEDOLOR PAK.....	mirtazapine.....	17	NEULASTA	51
5				
medroxyprogesterone acetate .				
80				
mefloquine hcl				
33				
megestrol acetate.....				
80				
MEKINIST				
31				
MEKTOVI.....				
31				
meloxicam				
2				
MELOXICAM COMFORT				
PAC				
2				
memantine hcl.....				
17				
memantine hcl er.....				
17				
MENACTRA.....				
89				
MENEST				
74				
MENQUADFI				
89				
MENTAX.....				
21				
MENVEO.....				
89				
meperidine hcl				
3, 4				
mercaptopurine				
27				
meropenem				
10				

2021 2 Tier Ascella Health Medicare Formulary

NEULASTA ONPRO	51	NOVOLIN 70/30 RELION....	49	ORKAMBI	96
NEUPOGEN.....	51	NOVOLIN N.....	49	ORLADEYO	84
NEUPRO.....	34	NOVOLIN N RELION.....	49	orphenadrine citrate er.....	98
nevirapine	41	NOVOLIN R	49	ORSYTHIA	78
nevirapine er	41	NOVOLIN R RELION	49	oseltamivir phosphate.....	43
NEXAVAR.....	31	NOXAFIL	21	OTEZLA.....	87
NEXLETOL	59	NUBEQA	27	oxandrolone	73
NEXLIZET.....	59	NUCALA	87	OXBRYTA	51
niacin er (antihyperlipidemic)	59	NUDEXTA.....	62	oxcarbazepine	16
NICOTROL.....	6	NULOJIX.....	85	OXERVATE.....	92
NICOTROL NS	6	NUPLAZID.....	37	oxybutynin chloride	72
nifedipine.....	55	NUTRILIPID	66	oxybutynin chloride er.....	72
nifedipine er.....	55	NUTROPIN AQ NUSPIN 10	81	oxycodone hcl.....	4
nifedipine er osmotic release..	55	NUTROPIN AQ NUSPIN 20	81	oxycodone hcl er	3
nilutamide.....	27	NUTROPIN AQ NUSPIN 5 ..	81	oxycodone-acetaminophen	2
nimodipine.....	55	NUVAKAAN.....	5	oxycodone-aspirin	2
NINLARO	28	NUVAKAAN-II.....	5	oxycodone-ibuprofen	2
nitazoxanide.....	33	NYAMYC	21	OZEMPIC (0.25 OR 0.5	
nitisinone	71	NYLIA 7/7/7	78	MG/DOSE)	47
NITRO-BID.....	60	nystatin.....	21, 22	OZEMPIC (1 MG/DOSE).....	47
NITRO-DUR	60	nystatin-triamcinolone	65	P	
nitrofurantoin macrocrystal	8	NYSTOP	22	paliperidone er	38
nitrofurantoin monohyd macro.	8	NYVEPRIA	51	PANRETIN.....	33
nitroglycerin	60	O		pantoprazole sodium	70
NITYR.....	71	OCALIVA.....	69	paricalcitol	68
NIVESTYM	51	OCELLA	78	paromomycin sulfate.....	6
NOCTIVA	81	octreotide acetate.....	83	paroxetine hcl.....	18
NORA-BE	80	ODEFSEY.....	41	paroxetine hcl er.....	18
NORDITROPIN FLEXPRO ..	81	ODOMZO	28	PASER.....	26
norethin ace-eth estrad-fe	77	OFEV	97	PAXIL	18
norethindrone.....	80	ofloxacin	13, 93	PEDIARIX.....	89
norethindrone acetate	80	olanzapine	37	PEDVAX HIB	89
norethindrone acet-ethinyl est	77	olmesartan medoxomil.....	53	peg 3350/electrolytes.....	70
norethindrone-eth estradiol....	78	olmesartan medoxomil-hctz...	57	peg 3350-kcl-na bicarb-nacl ..	70
norgestimate-eth estradiol	78	olmesartan-amlodipine-hctz...	57	peg-3350/electrolytes	70
norgestim-eth estrad triphasic.	78	olopatadine hcl	92	PEGANONE.....	16
NORLYDA.....	78	omega-3-acid ethyl esters	59	PEGASYS	39
NORLYROC	80	omeprazole	70	PEMAZYRE.....	32
NORMOSOL-R.....	66	OMNITROPE	81	pen needles	48
NORMOSOL-R PH 7.4	66	ondansetron	20	PEN NEEDLES	48
NORPACE CR	54	ondansetron hcl	20	penicillamine.....	85
NORTREL 0.5/35 (28).....	78	ONGENTYS	34	penicillin g procaine.....	11
NORTREL 1/35 (21)	78	ONUREG.....	27	penicillin g sodium.....	11
NORTREL 1/35 (28)	78	ORENCIA.....	85	penicillin v potassium.....	11
NORTREL 7/7/7.....	78	ORENCIA CLICKJECT.....	85	PENTACEL.....	89
nortriptyline hcl	19	ORFADIN.....	71	pentamidine isethionate.....	33
NORVIR.....	43	ORGOVYX.....	27	pentazocine-naloxone hcl	2
NOVOLIN 70/30	49	ORLISSA.....	83	pentoxifylline er	57

PERFOROMIST.....	95	potassium chloride crys er	67	prochlorperazine	20
perindopril erbumine.....	53	potassium chloride er.....	67	prochlorperazine maleate.....	20
PERIOGARD	63	potassium citrate er.....	67	PROCRIT	51
permethrin	34	PRADAXA	50	PROCTO-MED HC	24
perphenazine.....	20	PRALUENT.....	59	PROCTO-PAK	25
perphenazine-amitriptyline.....	17	pramipexole dihydrochloride .	34	PROCTOSOL HC.....	25
PERSERIS.....	38	pramipexole dihydrochloride er	34	PROCTOZONE-HC	25
phenelzine sulfate	18	.....	34	progesterone.....	80
phenobarbital	15	prasugrel hcl.....	52	PROGRAF.....	85, 86
phenoxybenzamine hcl.....	53	pravastatin sodium.....	58	PROLASTIN-C.....	71
PHENYTEK.....	16	praziquantel	33	PROLIA.....	91
phenytoin.....	16	prazosin hcl	53	PROMACTA	51, 52
PHENYTOIN INFATABS.....	16	prednicarbate	65	promethazine hcl.....	20, 94
phenytoin sodium extended....	16	prednisolone	24	promethazine vc	97
PIFELTRO	41	prednisolone acetate	93	promethazine vc plain	97
pilocarpine hcl	63, 93	prednisolone sodium phosphate	24, 93	promethazine-phenylephrine .	97
pimecrolimus	65	.....	24, 93	PROMETHEGAN	20
pimozide	35	prednisone	24	propafenone hcl.....	54
PIMTREA	78	PREDNISONE INTENSOL ..	73	proparacaine hcl.....	92
pindolol	54	pregabalin.....	14	propranolol hcl.....	55
pioglitazone hcl.....	47	PREMARIN	74	propranolol hcl er.....	54
pioglitazone hcl-metformin hcl	47	premium lidocaine.....	5	propylthiouracil.....	83
.....	47	PREMPHASE	78	PROQUAD.....	89
piperacillin sod-tazobactam so l1		PREMPRO	78	protriptyline hcl.....	19
PIQRAY (200 MG DAILY		prenatal.....	68	PULMOZYME	96
DOSE).....	29	prenatal plus iron.....	68	PURIXAN	27
PIQRAY (250 MG DAILY		prenatal vitamin plus low iron	68	pyrazinamide.....	26
DOSE).....	29	preplus.....	68	pyridostigmine bromide	26
PIQRAY (300 MG DAILY		pretomanid	26	pyridostigmine bromide er....	26
DOSE).....	29	PREVALITE	59	pyrimethamine	33
PIRMELLA 1/35	78	PREVIFEM.....	78	Q	
piroxicam.....	3	PREVYMIS	39	QINLOCK	32
PLENAMINE.....	67	PREZCOBIX.....	43	QUADRACEL.....	89
pnv prenatal plus multivitamin	68	PREZISTA.....	43	quetiapine fumarate.....	38
.....	68	PRIFTIN	26	quetiapine fumarate er.....	38
pnv tabs 29-1	68	priloheal plus 30.....	5	quinapril hcl.....	53
podofilox	65	prilolid.....	5	quinapril-hydrochlorothiazide	57
polyethylene glycol 3350	70	prilovix.....	5	quinidine gluconate er	54
polymyxin b sulfate.....	8	prilovix lite.....	5	quinidine sulfate.....	54
polymyxin b-trimethoprim	8	prilovix lite plus.....	5	quinine sulfate.....	33
POMALYST.....	27	prilovix plus	5	QVAR REDHALER.....	94
PONVORY.....	63	prilovix ultralite.....	5	R	
PONVORY STARTER PACK	63	prilovix ultralite plus	5	RABAVERT.....	89
.....	63	primaquine phosphate.....	33	raloxifene hcl	80
PORTIA-28	78	primidone	15	ramelteon	99
port-prep.....	5	PRIVIGEN.....	86	ramipril	53
posaconazole.....	22	PRIZOPAK II.....	5	ranolazine er.....	57
potassium chloride	67	probenecid.....	22	rasagiline mesylate	35

2021 2 Tier Ascella Health Medicare Formulary

RAVICTI.....	71	RYBELSUS	47	SORINE.....	54
REAL HEAL-I	5	RYDAPT.....	32	sotalol hcl.....	54
REBIF	63	RYLAZE.....	28	sotalol hcl (af).....	54
REBIF REBIDOSE.....	63	S		SPIRIVA HANDIHALER	95
REBIF REBIDOSE		SAMSCA	67	SPIRIVA RESPIMAT.....	95
TITRATION PACK.....	63	SANDIMMUNE	86	spironolactone.....	58
REBIF TITRATION PACK..	63	SANTYL.....	65	spironolactone-hctz	57
RECLIPSEN.....	78	sapropterin dihydrochloride ...	71	SPRINTEC 28.....	78
RECOMBIVAX HB	89	SAVELLA	62	SPRITAM.....	14
RECTIV	69	SAVELLA TITRATION PACK		SPRYCEL.....	32
REGRANEX	65	.....	62	SPS	68
RELENZA DISKHALER	43	scopolamine	20	SRONYX.....	78
RELISTOR.....	69	SECUADO.....	38	SSD	13
RENFLEXIS.....	86	selegiline hcl.....	35	stavudine.....	42
repaglinide	47	selenium sulfide.....	65	STELARA	87
REPATHA.....	59	SELZENTRY	42	STIOLTO RESPIMAT.....	98
REPATHA PUSHTRONEX		SEREVENT DISKUS	95	STIVARGA	32
SYSTEM	59	SEROSTIM.....	81	streptomycin sulfate	6
REPATHA SURECLICK	59	sertraline hcl.....	18, 19	STRIBILD	40
RESTASIS.....	92	SETLAKIN	78	STRIVERDI RESPIMAT	96
RETACRIT.....	52	sevelamer carbonate	68	SUCRAID.....	71
RETEVMO.....	32	SHAROBEL.....	80	sucrafate.....	70
REVLIMID.....	27	SHINGRIX.....	89	sulfacetamide sodium.....	13
REXULTI.....	38	SIGNIFOR	83	sulfacetamide sodium (acne) .	13
REYATAZ	43	SILA III.....	25	sulfacetamide-prednisolone ...	92
REZUROCK.....	86	sildenafil citrate.....	96	sulfadiazine	13
ribavirin	40	silver sulfadiazine.....	13	sulfamethoxazole-trimethoprim	
rifabutin	26	SIMBRINZA.....	93	.....	13
rifampin	26	SIMLIYA	78	sulfasalazine.....	90
riluzole.....	62	SIMPONI	86	sulindac.....	3
rimantadine hcl	43	simvastatin	58	sumatriptan	25
risedronate sodium.....	91	sirolimus.....	86	sumatriptan succinate	25
RISPERDAL CONSTA	38	SIRTURO	26	sumatriptan succinate refill....	25
risperidone	38	SKYADERM-LP.....	5	sunitinib malate.....	32
ritonavir	43	sodium chloride	67	sure result o3d3 system	59
rivastigmine	17	sodium chloride (pf)	67	SYLATRON	28
rivastigmine tartrate	17	sodium fluoride	67	SYMDEKO.....	96
rizatriptan benzoate.....	25	sodium phenylbutyrate.....	71	SYMLINPEN 120.....	47
ropinirole hcl	34	sodium polystyrene sulfonate	67,	SYMLINPEN 60.....	47
ropinirole hcl er.....	34	68		SYMPAZAN	15
rosuvastatin calcium.....	58	sofosbuvir-velpatasvir.....	40	SYMTUZA	42
ROTARIX	89	solifenacin succinate.....	72	SYNAREL.....	83
ROTATEQ	89	SOLIRIS	52	SYNDROS.....	20
ROWEEPRA	14	SOLTAMOX.....	27	SYNJARDY	47
ROZLYTREK	32	soluline.....	5	SYNJARDY XR	47
RUBRACA.....	32	solupicc	5	SYNRIBO.....	28
rufinamide	16	SOMATULINE DEPOT.....	83	SYNTHROID	82
RUKOBIA.....	42	SOMAVERT	83		

T		
TABLOID	28	
TABRECTA.....	32	
tacrolimus	65, 86	
TAFINLAR	32	
TAGRISSE.....	32	
TALZENNA.....	29	
tamoxifen citrate	27	
tamsulosin hcl	72	
TARGRETIN.....	33	
TARINA FE 1/20.....	78	
TARINA FE 1/20 EQ	78	
TASIGNA	32	
tazarotene.....	65	
TAZICEF	10	
TAZORAC	65	
TAZVERIK	28	
TDVAX.....	89	
TEFLARO	10	
TEKTURNA HCT.....	57	
telmisartan	53	
telmisartan-hctz.....	57	
temazepam	98	
TEMIXYS	42	
TENIVAC	89	
tenofovir disoproxil fumarate	39	
TEPMETKO.....	32	
terazosin hcl.....	53	
terbinafine hcl.....	22	
terbutaline sulfate.....	96	
terconazole.....	22	
testosterone	73	
testosterone cypionate	73	
testosterone enanthate	73	
tetanus-diphtheria toxoids td ..	89	
tetrabenazine.....	62	
tetracycline hcl.....	13	
THALOMID.....	27	
theophylline	96	
theophylline er	96	
THIOLA EC	72	
thioridazine hcl	36	
thiothixene	36	
tiagabine hcl.....	15	
TIBSOVO.....	32	
TICE BCG.....	89	
timolol maleate	55, 93	
tinidazole	8	
tiopronin.....	72	
TIVICAY	40, 41	
TIVICAY PD	41	
TIZANIDINE COMFORT PAC	39	
tizanidine hcl	39	
tobramycin	6, 96	
tobramycin sulfate	7	
tobramycin-dexamethasone	7	
tolcapone	34	
tolterodine tartrate	72	
tolterodine tartrate er	72	
tolvaptan.....	68	
topiramate	16	
toremifene citrate.....	27	
torsemide.....	58	
TOUJEO MAX SOLOSTAR.....	49	
TOUJEO SOLOSTAR.....	49	
TOVIAZ.....	72	
TRADJENTA.....	47	
tramadol hcl.....	4	
tramadol-acetaminophen.....	2	
trandolapril	53	
tranexamic acid	52	
tranlycypromine sulfate	18	
travoprost	92	
travoprost (bak free)	91	
trazodone hcl	17	
TRECTOR.....	26	
TRELEGY ELLIPTA.....	98	
TRELSTAR MIXJECT	83	
TREMFYA.....	65	
tretinoin	33, 65	
tretinoin (emollient).....	65	
TRI FEMYNOR	79	
triamcinolone acetonide... ..	25, 64	
triamcinolone in absorbase ...	25	
triamterene-hctz.....	57	
trientine hcl	68	
TRI-ESTARYLLA	79	
trifluoperazine hcl.....	36	
trifluridine	40	
trihexyphenidyl hcl.....	34	
TRIKAFTA	96	
TRI-LEGEST FE.....	79	
trimethobenzamide hcl.....	20	
trimethoprim.....	8	
TRI-MILI	79	
trimipramine maleate.....	19	
TRINTELLIX	19	
TRI-PREVIFEM	79	
TRI-SPRINTEC.....	79	
TRIUMEQ	41	
TRIVORA (28).....	79	
TRI-VYLIBRA	79	
tropium chloride	72	
tropium chloride er	72	
TRULICITY	47	
TRUMENBA	89	
TRUSELTIQ (100MG DAILY DOSE)	32	
TRUSELTIQ (125MG DAILY DOSE)	32	
TRUSELTIQ (50MG DAILY DOSE)	32	
TRUSELTIQ (75MG DAILY DOSE)	32	
TUKYSA.....	32	
TULANA.....	80	
TURALIO.....	32	
TWINRIX.....	90	
TYBOST.....	42	
TYMLOS.....	91	
TYPHIM VI.....	90	
U		
UDENYCA.....	52	
UKONIQ	29	
UNITHROID	82	
ursodiol	69	
V		
valacyclovir hcl.....	40	
VALCHLOR.....	27	
valganciclovir hcl.....	39	
valproic acid.....	15	
valsartan.....	53	
valsartan-hydrochlorothiazide ..	57	
VALTOCO 10 MG DOSE	15	
VALTOCO 15 MG DOSE	15	
VALTOCO 20 MG DOSE	15	
VALTOCO 5 MG DOSE	15	
vancomycin hcl	8	
VAQTA	90	
varenicline tartrate.....	6	
VARIVAX.....	90	
VARIZIG.....	90	
VASCEPA	59	

2021 2 Tier Ascella Health Medicare Formulary

VAXCHORA.....	90	W	XURIDEN	71	
VAXELIS.....	90	warfarin sodium.....	50	XYREM.....	99
VELIVET.....	79	WELIREG.....	28	XYWAV.....	99
VELPHORO.....	68	WIXELA INHUB.....	98	Y	
VEMLIDY.....	39	X		YF-VAX.....	90
VENCLEXTA	28	XALKORI.....	32	YONSA	27
VENCLEXTA STARTING		XARELTO	50	YUVAFEM.....	74
PACK	28	XARELTO STARTER PACK		Z	
venlafaxine hcl.....	19	.....	50	zafirlukast	95
venlafaxine hcl er.....	19	XATMEP	86	zaleplon.....	98
VENTAVIS	96	XCOPRI.....	15	ZARAH	79
VENTOLIN HFA	96	XCOPRI (250 MG DAILY		ZARXIO	52
verapamil hcl	55	DOSE).....	15	ZEJULA	33
verapamil hcl er	55	XCOPRI (350 MG DAILY		ZELBORAF.....	33
VERSACLOZ.....	38	DOSE).....	15	ZEMAIRA	71
VERZENIO	32	XELJANZ	87	ZENATANE.....	65
VICTOZA	47	XELJANZ XR.....	87	ZEPOSIA.....	63
VIDEX	42	XERMELO	69	ZEPOSIA 7-DAY STARTER	
VIDEX EC	42	XGEVA	91	PACK	63
VIENVA.....	79	XIFAXAN.....	69	ZEPOSIA STARTER KIT	63
vigabatrin.....	15	XIIDRA	92	ZERIT.....	42
VIGADRONE	15	XOLAIR	88	zidovudine	42
VIIBRYD	19	XOSPATA	32	ZIEXTENZO	52
VIIBRYD STARTER PACK	19	XPOVIO (100 MG ONCE		ZILACAINE PATCH	5
VIMPAT.....	16, 17	WEEKLY).....	28	ziprasidone hcl	38
VIRACEPT.....	43	XPOVIO (40 MG ONCE		ziprasidone mesylate	38
VIREAD.....	39	WEEKLY).....	28	ZOLINZA.....	29
VITRAKVI.....	32	XPOVIO (40 MG TWICE		zolpidem tartrate	98
VIZIMPRO.....	29	WEEKLY).....	28	zolpidem tartrate er	98
vocabria.....	41	XPOVIO (60 MG ONCE		zonisamide	14
VOLNEA.....	79	WEEKLY).....	28	ZORTRESS	86
vol-plus.....	68	XPOVIO (60 MG TWICE		ZOSTAVAX.....	90
voriconazole	22	WEEKLY).....	28	ZOVIA 1/35 (28)	79
VOSEVI	40	XPOVIO (80 MG ONCE		ZOVIA 1/35E (28).....	79
VOTRIENT	32	WEEKLY).....	28	ZTLIDO.....	5
VRAYLAR.....	38	XPOVIO (80 MG TWICE		ZYDELIG.....	29
VYFEMLA.....	79	WEEKLY).....	29	ZYKADIA	33
VYLIBRA	79	XTANDI	27	ZYPREXA RELPREVV	38, 39
		XULANE	79		