

EnvisionRxPlus Employer Group PDP

2020 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 20431, Version Number 8

This formulary was updated on 12/12/2019. For more recent information or other questions, please contact **EnvisionRxPlus Employer Group Retiree PDP** Member Services, at 1-844-293-4760 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.envisionrxplus.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Envision Insurance Company. When it refers to “plan” or “our plan,” it means **EnvisionRxPlus Employer Group Retiree PDP**.

This document includes the list of the drugs (formulary) for our plan which is current as of December 12th, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the EnvisionRxPlus Employer Group Retiree PDP Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **EnvisionRxPlus Employer Group Retiree PDP** Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **EnvisionRxPlus** Formulary?”

Changes that will not affect you if you are currently taking the drug.

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

The enclosed formulary is current as of December 12th, 2019. To get updated information about the drugs covered by **EnvisionRxPlus Employer Group Retiree PDP**, please contact us. Our contact information appears on the front and back cover pages. If we make certain non-routine changes to coverage for drugs, we will send members an errata sheet to update the formulary they received.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

EnvisionRxPlus Employer Group Retiree PDP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** **EnvisionRxPlus Employer Group Retiree PDP** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **EnvisionRxPlus Employer Group Retiree PDP** before you fill your prescriptions. If you don't get approval, **EnvisionRxPlus Employer Group Retiree PDP** may not cover the drug.
- **Quantity Limits:** For certain drugs, **EnvisionRxPlus Employer Group Retiree PDP** limits the amount of the drug that **EnvisionRxPlus Employer Group Retiree PDP** will cover. For example, **EnvisionRxPlus Employer Group Retiree PDP** provides 240 tablets per 31-day prescription for Tramadol. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **EnvisionRxPlus Employer Group Retiree PDP** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **EnvisionRxPlus Employer Group Retiree PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **EnvisionRxPlus Employer Group Retiree PDP** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask **EnvisionRxPlus Employer Group Retiree PDP** to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the **EnvisionRxPlus Employer Group Retiree PDP** formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that **EnvisionRxPlus Employer Group Retiree PDP** does not cover your drug, you have two options:

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

How do I request an exception to the EnvisionRxPlus Employer Group Retiree PDP Formulary?

You can ask **EnvisionRxPlus Employer Group Retiree PDP** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **EnvisionRxPlus Employer Group Retiree PDP** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31 -day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network long-term care pharmacy for up to 31 days unless you have a prescription for fewer days. If you experience a change in your level of care, such as a move from a hospital to home, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your **EnvisionRxPlus Employer Group Retiree PDP** prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about **EnvisionRxPlus Employer Group Retiree PDP**, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

EnvisionRxPlus Employer Group Retiree PDP Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by **EnvisionRxPlus Employer Group Retiree PDP**. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

The information in the Requirements/Limits column tells you if **EnvisionRxPlus Employer Group Retiree PDP** has any special requirements for coverage of your drug.

Abbreviation /Symbol	Short Definition	Explanation
BD	Part B vs Part D	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HR	High Risk Medication	According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available. These medications require prior authorization if you are 65 years of age or older.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
PA	Prior Authorization	This medication requires that you or your provider get approval from the plan before we will agree to cover the drug for you.
QL	Quantity Limit	Most limits per 30-day supply. If the limit is for a day supply other than 30 the entry will read quantity/day supply (i.e. REVLIMID 28/28 means you can only fill 28 capsules for 28 day supply).
ST	Step Therapy	This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

The Tier column of the drug list that begins on page 1 tells you which tier your drug is in.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	2	
<i>celecoxib oral capsule 50 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	2	
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	1	
<i>diclofenac sodium transdermal gel 3 %</i>	4	
<i>diflunisal oral tablet 500 mg</i>	4	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
IBU ORAL TABLET 600 MG, 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 oral capsule 25 mg, 50 mg</i>	4	
<i>ketoprofen oral capsule 25 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	4	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	4	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	4	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
VIVLODEX ORAL CAPSULE 5 MG	4	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	4	
<i>Opioid Analgesics, Long-Acting</i>		
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (180 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 40 mg</i>	4	QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg</i>	4	QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	QL (3600 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	QL (2700 ML per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	3	QL (120 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>Opioid Analgesics, Short-Acting</i>		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	QL (400 EA per 30 days)
BUPAP ORAL TABLET 50-300 MG	2	QL (400 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	QL (360 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	4	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 30 mg</i>	4	QL (240 EA per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	4	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	2	QL (370 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (370 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	2	QL (400 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 16 mg</i>	4	QL (120 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg</i>	5	QL (60 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	4	QL (120 ML per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	QL (1984 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	4	QL (240 ML per 30 days)
LORCET HD ORAL TABLET 10-325 MG	2	QL (370 EA per 30 days)
LORCET ORAL TABLET 5-325 MG	2	QL (370 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	QL (3600 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (370 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	2	QL (360 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	4	QL (120 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (370 EA per 30 days)
VICODIN ES ORAL TABLET 7.5-300 MG	2	QL (400 EA per 30 days)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	

Opioid Antagonists

<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	

Smoking Cessation Agents

<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	
NICOTROL INHALATION INHALER 10 MG	4	
ANTIBACTERIALS		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	B/D
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; QL (235.2 ML per 28 days)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%</i>	1	
<i>gentamicin in saline intravenous solution 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>paromomycin sulfate oral capsule 250 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml</i>	4	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	2	
<i>Antibacterials, Other</i>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 900 mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	
<i>dapsone oral tablet 100 mg</i>	1	
<i>dapsone oral tablet 25 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	4	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid intravenous solution 600 mg/300ml</i>	5	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	PA
<i>linezolid oral tablet 600 mg</i>	4	PA
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	4	B/D
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	
SIVEXTRO ORAL TABLET 200 MG	5	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	
<i>tinidazole oral tablet 500 mg</i>	4	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg</i>	4	
<i>vancomycin hcl oral capsule 250 mg</i>	5	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	
<i>Beta-Lactam, Cephalosporins</i>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	2	
<i>cefazolin sodium injection solution reconstituted 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml</i>	1	
<i>cefdinir oral suspension reconstituted 250 mg/5ml</i>	4	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg</i>	1	
<i>cefpodoxime proxetil oral tablet 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml</i>	1	
<i>cefprozil oral suspension reconstituted 250 mg/5ml</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime injection solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<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	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	4	
<i>Beta-Lactam, Other</i>		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	4	B/D
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; QL (84 ML per 28 days)
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	B/D
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
<i>Beta-Lactam, Penicillins</i>		
<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	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<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</i>	2	
<i>ampicillin sodium injection solution reconstituted 125 mg</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	2	
<i>nafcillin sodium injection solution reconstituted 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	2	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet 1 gm</i>	4	
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	3	
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	2	
<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>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>Sulfonamides</i>		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	4	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>Tetracyclines</i>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	
<i>doxycycline hyclate oral capsule 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 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>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	QL (120 EA per 30 days)
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
Benzodiazepines		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST
FYCOMPA ORAL TABLET 10 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 12 MG	5	ST; QL (30 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (180 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
<i>vigabatrin oral packet 500 mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	5	PA; QL (180 EA per 30 days)
<i>Glutamate Reducing Agents</i>		
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<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	
<i>Sodium Channel Agents</i>		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	5	ST; QL (2760 ML per 30 days)
BANZEL ORAL TABLET 200 MG	5	ST; QL (480 EA per 30 days)
BANZEL ORAL TABLET 400 MG	5	ST; QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	4	
EPITOL ORAL TABLET 200 MG	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
VIMPAT ORAL SOLUTION 10 MG/ML	4	
VIMPAT ORAL TABLET 100 MG	4	QL (120 EA per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (90 EA per 30 days)
ANTIDEMENTIA AGENTS		
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<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 solution 4 mg/ml</i>	4	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg</i>	1	
<i>rivastigmine tartrate oral capsule 3 mg, 4.5 mg, 6 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	
<i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</i>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	3	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (120 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	1	QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 200 mg, 250 mg</i>	4	
<i>nefazodone hcl oral tablet 150 mg, 50 mg</i>	2	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	QL (30 EA per 30 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	ST
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>Selective Serotonin Reuptake Inhibitors (Ssrís)</i>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	3	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	QL (900 ML per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>Serotonin/Norepinephrine Reuptake Inhibitors (Snris)</i>		
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	4	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	4	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	4	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	QL (28 EA per 28 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 EA per 30 days)
<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 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	ST
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	ST
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	1	
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	4	
<i>desipramine hcl oral tablet 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ANTIEMETICS		
<i>Antiemetics, Other</i>		
<i>chlorpromazine hcl oral tablet 10 mg</i>	2	B/D
<i>chlorpromazine hcl oral tablet 25 mg</i>	4	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	2	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	B/D; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	B/D; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 5 mg</i>	4	B/D; QL (60 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg</i>	2	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	4	B/D
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	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	5	B/D; QL (120 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
<i>Antifungals</i>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	5	B/D
CRESEMBA ORAL CAPSULE 186 MG	5	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%</i>	4	B/D
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	2	B/D
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>itraconazole oral solution 10 mg/ml</i>	4	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA; QL (840 ML per 28 days)
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	5	PA; QL (93 EA per 30 days)
<i>nystatin oral tablet 500000 unit</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (120 EA per 30 days)
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>colchicine oral capsule 0.6 mg</i>	4	
<i>colchicine oral tablet 0.6 mg</i>	4	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	
MITIGARE ORAL CAPSULE 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i>	1	
ANTI-INFLAMMATORY AGENTS		
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
TIVORBEX ORAL CAPSULE 20 MG, 40 MG	4	
VIVLODEX ORAL CAPSULE 10 MG	4	
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	4	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	QL (20 EA per 28 days)
<i>Serotonin (5-Ht) 1B-1D Receptor Agonists</i>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (24 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	2	QL (24 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	QL (18 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 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	QL (12 EA per 30 days)

ANTIMYASTHENIC AGENTS

Parasympathomimetics

<i>guanidine hcl oral tablet 125 mg</i>	3	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

ANTIMYCOBACTERIALS

Antituberculars

<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA
TRECTOR ORAL TABLET 250 MG	4	

ANTINEOPLASTICS

Alkylating Agents

<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
LEUKERAN ORAL TABLET 2 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>Antiandrogens</i>		
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 60 MG	5	PA; LA
<i>flutamide oral capsule 125 mg</i>	2	
<i>nilutamide oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
<i>disopyramide phosphate oral capsule 100 mg</i>	4	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	5	PA; LA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG	5	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		
EMCYT ORAL CAPSULE 140 MG	4	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; QL (30 EA per 30 days)
<i>Antimetabolites</i>		
<i>hydroxyurea oral capsule 500 mg</i>	2	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
TABLOID ORAL TABLET 40 MG	4	
<i>Antineoplastics</i>		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	5	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA
BALVERSA ORAL TABLET 3 MG	5	PA; LA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 5 MG	5	PA; LA; QL (30 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	5	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	B/D
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (28 EA per 28 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PA; QL (60 EA per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	5	PA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	5	PA
IRESSA ORAL TABLET 250 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (120 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; LA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 0.5 MG	5	PA; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; QL (120 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (21 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; QL (28 EA per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG	5	PA; LA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; LA; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; QL (120 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; LA; QL (60 EA per 30 days)
<i>tolcapone oral tablet 100 mg</i>	5	
<i>tretinoin oral capsule 10 mg</i>	5	
TURALIO ORAL CAPSULE 200 MG	5	PA; LA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
TYKERB ORAL TABLET 250 MG	5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (150 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; LA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
YONSA ORAL TABLET 125 MG	5	PA; QL (120 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA; QL (150 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; QL (120 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	2	
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	2	
<i>Molecular Target Inhibitors</i>		
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (240 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; QL (90 EA per 30 days)
<i>Treatment Adjuncts</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
MESNEX ORAL TABLET 400 MG	5	
ANTIPARASITICS		
<i>Anthelmintics</i>		
<i>albendazole oral tablet 200 mg</i>	4	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	
EMVERM ORAL TABLET CHEWABLE 100 MG	4	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>Antiprotozoals</i>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	4	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML	3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 mg</i>	4	
<i>quinine sulfate oral capsule 324 mg</i>	4	PA; QL (42 EA per 7 days)
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	4	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	4	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	4	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; QL (62 EA per 31 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; QL (31 EA per 31 days)
<i>Dopamine Agonists</i>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	2	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors- L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	5	
<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>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	3	
ANTIPSYCHOTICS		
1St Generation-Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 20 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<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	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG	4	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 4 MG	4	ST; QL (180 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; QL (60 EA per 30 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	4	ST; QL (18 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG	5	ST; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	ST; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	4	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	4	
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	2	QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 25 MG, 37.5 MG, 50 MG	5	
<i>risperidone oral solution 1 mg/ml</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 1 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST; QL (2 EA per 28 days)
<i>Antipsychotic, Other</i>		
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA
NUPLAZID ORAL TABLET 10 MG	5	PA; LA
<i>perphenazine oral tablet 16 mg, 2 mg</i>	2	
<i>perphenazine oral tablet 4 mg, 8 mg</i>	2	B/D
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet 100 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	4	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; QL (540 ML per 30 days)
ANTIVIRALS		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	
<i>valganciclovir hcl oral tablet 450 mg</i>	5	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
<i>Antihepatitis Agents</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA
<i>lamivudine oral tablet 100 mg</i>	4	
VEMLIDY ORAL TABLET 25 MG	5	PA
<i>Anti-Hepatitis C (Hcv) Agents, Direct Acting</i>		
EPCLUSA ORAL TABLET 400-100 MG	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA
SOVALDI ORAL TABLET 400 MG	5	PA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA
<i>Anti-Hepatitis C (Hcv) Agents, Other</i>		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA
RIBASPHERE ORAL CAPSULE 200 MG	2	
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA; QL (4 EA per 28 days)
<i>Antiherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors</i>		
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (480 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	5	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	2	QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg</i>	2	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 400 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	2	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine oral capsule 30 mg</i>	2	QL (60 EA per 30 days)
<i>stavudine oral capsule 40 mg</i>	4	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 200-300 MG	5	QL (30 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	QL (90 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	QL (1200 ML per 30 days)
VIREAD ORAL POWDER 40 MG/GM	3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<i>Anti-Hiv Agents, Other</i>		
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	3	QL (60 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (180 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Protease Inhibitors</i>		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL SOLUTION 100 MG/ML	5	QL (285 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (450 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (270 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	3	QL (150 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	QL (400 ML per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (420 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	
<i>ritonavir oral tablet 100 mg</i>	4	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
<i>Anti-Influenza Agents</i>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg</i>	2	
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet 100 mg</i>	4	
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG	4	QL (4 EA per 365 days)
<i>Antiretroviral Combinations</i>		
ATRIPLA ORAL TABLET 600-200-300 MG	5	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	5	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	QL (30 EA per 30 days)

ANXIOLYTICS

Anxiolytics, Other

<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	

Benzodiazepines

ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 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)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<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, 3.75 mg, 7.5 mg</i>	4	
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	1	QL (600 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>oxazepam oral capsule 15 mg</i>	1	
BIPOLAR AGENTS		
<i>Mood Stabilizers</i>		
<i>carbamazepine er oral capsule extended release 12 hour 200 mg</i>	2	
<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	
<i>valproic acid oral capsule 250 mg</i>	2	
BLOOD GLUCOSE REGULATORS		
<i>Antidiabetic Agents, Supply</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	
<i>global alcohol prep ease pad 70 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 10 PACK	4	
OMNIPOD 5 PACK	4	
OMNIPOD DASH 5 PACK	4	
OMNIPOD DASH SYSTEM KIT	NF	
OMNIPOD STARTER KIT	4	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	
<i>Antidiabetic Agents</i>		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (150 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (150 EA per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<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, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg</i>	2	QL (90 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>	2	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	4	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	4	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	3	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	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	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (6 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
<i>repaglinide-metformin hcl oral tablet 1-500 mg</i>	4	QL (90 EA per 30 days)
<i>repaglinide-metformin hcl oral tablet 2-500 mg</i>	4	QL (150 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (18 ML per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	1	QL (180 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 28 days)
<i>Glycemic Agents</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	5	
<i>Insulins</i>		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
BLOOD PRODUCTS-MODIFIERS-VOLUME EXPANDERS		
<i>Anticoagulants</i>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
ELIQUIS STARTER PACK ORAL TABLET 5 MG	3	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	4	QL (18 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	4	QL (24 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	4	QL (36 ML per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	4	QL (14 ML per 28 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (7 ML per 28 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
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	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<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	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
<i>Blood Formation Modifiers</i>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	1	
<i>anagrelide hcl oral capsule 1 mg</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	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	4	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; QL (14 ML per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; QL (14 ML per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)
PROCRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	4	PA; QL (12 ML per 30 days)
PROMACTA ORAL PACKET 12.5 MG	5	QL (360 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	QL (60 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
<i>tranexamic acid oral tablet 650 mg</i>	3	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
<i>Platelet Modifying Agents</i>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; LA; QL (32 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 75 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agonists</i>		
CATAPRES ORAL TABLET 0.3 MG	2	
<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>	2	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>Alpha-Adrenergic Blocking Agents</i>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	5	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	
<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>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
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, 25 mg</i>	2	
<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>	2	
<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	
<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, 400 mg</i>	2	
<i>amiodarone hcl oral tablet 200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 250 mg</i>	2	
<i>mexiletine hcl oral capsule 200 mg</i>	4	
MULTAQ ORAL TABLET 400 MG	3	
PACERONE ORAL TABLET 100 MG, 400 MG	4	
PACERONE ORAL TABLET 200 MG	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 300 mg</i>	2	
<i>propafenone hcl oral tablet 225 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 80 MG	1	
SORINE ORAL TABLET 240 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 240 mg</i>	2	
<i>Antihypertensive Combinations</i>		
<i>amlodipine besy-benazepril hcl oral capsule 10-40 mg</i>	2	
<i>amlodipine besy-benazepril hcl oral capsule 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	4	
<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>	4	
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>propranolol-hctz oral tablet 80-25 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	4	
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg</i>	4	
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	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<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	
<i>nadolol oral tablet 20 mg, 40 mg</i>	1	
<i>nadolol oral tablet 80 mg</i>	4	
<i>pindolol oral tablet 10 mg</i>	2	
<i>pindolol oral tablet 5 mg</i>	4	
<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>propranolol-hctz oral tablet 40-25 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<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 360 mg</i>	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<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>	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	
<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	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg</i>	2	
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	
<i>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>	2	
<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>	2	
<i>captopril oral tablet 12.5 mg, 50 mg</i>	4	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>	4	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
CORLANOR ORAL SOLUTION 5 MG/5ML	4	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
DEMSEER ORAL CAPSULE 250 MG	5	
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	
<i>digoxin oral solution 0.05 mg/ml</i>	2	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	
<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	3	PA
<i>eprosartan mesylate oral tablet 600 mg</i>	3	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 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</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; QL (180 EA per 30 days)
<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</i>	4	QL (60 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	4	QL (120 EA per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	5	PA
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; LA; QL (4 ML per 28 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	4	
<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	
WELCHOL ORAL TABLET 625 MG	3	
<i>Diuretics, Carbonic Anhydrase Inhibitors</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg</i>	1	
<i>acetazolamide oral tablet 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg</i>	2	
<i>methazolamide oral tablet 50 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	5	
<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>	4	
<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</i>	2	
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	
<i>fenofibrate micronized oral capsule 130 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 150 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 45 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<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>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	4	PA
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	4	PA
PREVALITE ORAL PACKET 4 GM	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4	
<i>Vasodilators, Direct-Acting Arterial</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>Vasodilators, Direct-Acting Arterial-Venous</i>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	4	
<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 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR	4	
<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, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.2 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
CENTRAL NERVOUS SYSTEM AGENTS		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	2	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 20 MG, 5 MG, 7.5 MG	4	QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 30 MG	4	QL (60 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</i>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	QL (90 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg</i>	2	PA
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 60 mg</i>	2	PA
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg</i>	3	PA
<i>methylphenidate hcl er oral tablet extended release 27 mg, 36 mg, 54 mg, 72 mg</i>	3	PA
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	2	PA; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	2	PA; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG	4	QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA
FIRDAPSE ORAL TABLET 10 MG	5	PA; QL (240 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
<i>riluzole oral tablet 50 mg</i>	4	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA; QL (6 ML per 28 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	QL (600 ML per 30 days)
<i>Fibromyalgia Agents</i>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	
<i>pregabalin oral solution 20 mg/ml</i>	3	
SAVELLA ORAL TABLET 100 MG	3	
SAVELLA ORAL TABLET 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
<i>Multiple Sclerosis Agents</i>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; LA; QL (30 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (28 EA per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
DENTAL AND ORAL AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>Dental And Oral Agents</i>		
<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
DERMATOLOGICAL AGENTS		
<i>Antifungals - Topical</i>		
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	2	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	
JUBLIA EXTERNAL SOLUTION 10 %	4	
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
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-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>Dermatological Agents</i>		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	4	
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	PA
<i>acitretin oral capsule 17.5 mg</i>	5	PA
<i>acyclovir external ointment 5 %</i>	4	
<i>ala-cort external cream 1 %, 2.5 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
ALTRENO EXTERNAL LOTION 0.05 %	4	PA
<i>amcinonide external ointment 0.1 %</i>	4	
<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	4	
AVITA EXTERNAL CREAM 0.025 %	2	PA
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	2	
<i>betamethasone valerate external foam 0.12 %</i>	4	
<i>betamethasone valerate external lotion 0.1 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate external ointment 0.1 %</i>	2	
<i>calcipotriene external ointment 0.005 %</i>	4	
<i>calcipotriene external solution 0.005 %</i>	4	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	QL (400 GM per 28 days)
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	4	
CLINDACIN-P EXTERNAL SWAB 1 %	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	4	
<i>clindamycin phosphate external foam 1 %</i>	4	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	4	PA
<i>clobetasol propionate e external cream 0.05 %</i>	2	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external foam 0.05 %</i>	4	
<i>clobetasol propionate external gel 0.05 %</i>	4	
<i>clobetasol propionate external liquid 0.05 %</i>	4	
<i>clobetasol propionate external lotion 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	4	
<i>clobetasol propionate external shampoo 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	2	
COLOCORT RECTAL ENEMA 100 MG/60ML	2	
<i>dapsone external gel 5 %</i>	4	
<i>desonide external cream 0.05 %</i>	2	
<i>desonide external lotion 0.05 %</i>	4	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.05 %</i>	4	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external gel 0.05 %</i>	4	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	
<i>diclofenac epolamine transdermal patch 1.3 %</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium transdermal gel 1 %</i>	2	
<i>diclofenac sodium transdermal solution 1.5 %</i>	4	
<i>ery external pad 2 %</i>	2	
<i>erythromycin external gel 2 %</i>	2	
<i>erythromycin external solution 2 %</i>	1	
EUCRISA EXTERNAL OINTMENT 2 %	4	ST
<i>fluocinolone acetonide external cream 0.01 %</i>	2	
<i>fluocinolone acetonide external cream 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.1 %</i>	4	
<i>fluocinonide external gel 0.05 %</i>	2	
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %, 5 %</i>	2	
<i>flurandrenolide external cream 0.05 %</i>	2	
<i>flurandrenolide external lotion 0.05 %</i>	2	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	4	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	
<i>halobetasol propionate external ointment 0.05 %</i>	2	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<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	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
<i>imiquimod external cream 5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>lidocaine external ointment 5 %</i>	4	
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	
<i>malathion external lotion 0.5 %</i>	4	
<i>methoxsalen rapid oral capsule 10 mg</i>	5	
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i>	4	
<i>metronidazole external lotion 0.75 %</i>	2	
<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>mupirocin calcium external cream 2 %</i>	2	
<i>mupirocin external ointment 2 %</i>	1	
NEUAC EXTERNAL GEL 1.2-5 %	2	
PANRETIN EXTERNAL GEL 0.1 %	5	
<i>permethrin external cream 5 %</i>	3	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	4	
<i>pimecrolimus external cream 1 %</i>	4	ST
<i>podofilox external solution 0.5 %</i>	1	
<i>prednicarbate external cream 0.1 %</i>	4	
<i>prednicarbate external ointment 0.1 %</i>	1	
PROCTO-MED HC RECTAL CREAM 2.5 %	2	
PROCTO-PAK RECTAL CREAM 1 %	1	
PROCTOSOL HC RECTAL CREAM 2.5 %	1	
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 %	4	
REGANEX EXTERNAL GEL 0.01 %	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
SSD EXTERNAL CREAM 1 %	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	
TARGRETIN EXTERNAL GEL 1 %	5	PA
<i>tazarotene external cream 0.1 %</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	3	PA
TOLAK EXTERNAL CREAM 4 %	4	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA
<i>tretinoin microsphere external gel 0.1 %</i>	4	PA
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	2	
<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 %, 0.1 %, 0.5 %</i>	1	
TRIDERM EXTERNAL CREAM 0.1 %	1	
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
ENZYME REPLACEMENT/ MODIFIERS		
<i>Enzyme Replacement/ Modifiers</i>		
CYSTADANE ORAL POWDER	5	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA; QL (15 EA per 30 days)
KUVAN ORAL PACKET 100 MG	5	PA; LA
KUVAN ORAL PACKET 500 MG	5	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	5	PA
<i>levocarnitine oral solution 1 gm/10ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral tablet 330 mg</i>	2	
XURIDEN ORAL PACKET 2 GM	5	PA; QL (120 EA per 30 days)
GASTROINTESTINAL AGENTS		
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>Digestive Enzymes</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
<i>Gastrointestinal Agents, Other</i>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG	4	QL (30 EA per 30 days)
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	3	PA
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<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	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	4	PA; QL (36 ML per 28 days)
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i>	4	
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>cimetidine oral tablet 400 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>Irritable Bowel Syndrome Agents</i>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG	3	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	3	QL (90 EA per 30 days)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	3	
<i>balsalazide disodium oral capsule 750 mg</i>	2	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	QL (30 EA per 30 days)
LINZESS ORAL CAPSULE 72 MCG	3	QL (120 EA per 30 days)
<i>mesalamine rectal enema 4 gm</i>	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>Laxatives</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	4	
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose oral packet 10 gm</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	4	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
<i>Phosphate Binders</i>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	5	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	3	
<i>sevelamer carbonate oral tablet 800 mg</i>	3	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	3	
<i>Protectants</i>		
CARAFATE ORAL SUSPENSION 1 GM/10ML	4	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
<i>Proton Pump Inhibitors</i>		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	4	
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	4	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	

**GENETIC OR ENZYME DISORDER:
REPLACEMENT, MODIFIERS,
TREATMENT**

<i>Enzyme Replacement/ Modifiers</i>		
CARBAGLU ORAL TABLET 200 MG	5	PA
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ENDARI ORAL PACKET 5 GM	5	PA; LA; QL (180 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	5	PA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	5	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA

GENITOURINARY AGENTS

<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	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>	4	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg</i>	2	
<i>tolterodine tartrate er oral capsule extended release 24 hour 4 mg</i>	4	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>tropium chloride oral tablet 20 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>bethanechol chloride oral tablet 50 mg</i>	2	
DEPEN TITRATABS ORAL TABLET 250 MG	5	
ELMIRON ORAL CAPSULE 100 MG	4	
<i>Vaginal Products</i>		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
VANAZOLE VAGINAL GEL 0.75 %	2	
YUVAFEM VAGINAL TABLET 10 MCG	4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>Glucocorticoids/Mineralocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

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>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	4	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5ml</i>	4	
<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	
UCERIS RECTAL FOAM 2 MG/ACT	4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
<i>Anabolic Steroids</i>		
ANADROL-50 ORAL TABLET 50 MG	5	
<i>oxandrolone oral tablet 10 mg</i>	4	PA
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA
<i>Androgens</i>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	
<i>danazol oral capsule 100 mg, 50 mg</i>	2	
<i>danazol oral capsule 200 mg</i>	4	
<i>methyltestosterone oral capsule 10 mg</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<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%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	2	
Contraceptives		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	4	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	1	QL (91 EA per 91 days)
APRI ORAL TABLET 0.15-30 MG-MCG	1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	4	
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
CAMILA ORAL TABLET 0.35 MG	1	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	4	QL (91 EA per 91 days)
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	4	
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 ORAL TABLET 0.15-30 MG-MCG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	4	QL (1 ML per 84 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02- 0.451 mg</i>	4	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
EMOQUETTE ORAL TABLET 0.15-30 MG- MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	4	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ERRIN ORAL TABLET 0.35 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG- MCG	4	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg- mcg, 1-50 mg-mcg</i>	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	
GIANVI ORAL TABLET 3-0.02 MG	4	
HAILEY 24 FE ORAL TABLET 1-20 MG- MCG(24)	1	
INCASSIA ORAL TABLET 0.35 MG	1	
INTROVALE ORAL TABLET 0.15-0.03 MG	1	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	
JASMIEL ORAL TABLET 3-0.02 MG	4	
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	4	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG- MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 24 ORAL TABLET 1-20 MG- MCG(24)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	4	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	4	
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	4	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	4	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	4	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	4	QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	1	QL (91 EA per 91 days)
<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, 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	4	
<i>levonorg-eth estrad triphasic oral tablet</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	4	
LORYNA ORAL TABLET 3-0.02 MG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
LUTERA ORAL TABLET 0.1-20 MG-MCG	4	
LYZA ORAL TABLET 0.35 MG	4	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	4	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	4	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	4	
MILI ORAL TABLET 0.25-35 MG-MCG	4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	4	
NIKKI ORAL TABLET 3-0.02 MG	1	
NORA-BE ORAL TABLET 0.35 MG	4	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	4	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	4	
NORLYROC 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	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	4	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	4	
OCELLA ORAL TABLET 3-0.03 MG	4	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	4	
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	4	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	4	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	4	
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	4	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	4	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	1	
ZARAH ORAL TABLET 3-0.03 MG	1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG- MCG	4	
<i>Estrogens</i>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
<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>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG	4	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OSPHENA ORAL TABLET 60 MG	4	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>Progestins</i>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; HR
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA; HR
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA; HR
<i>norethindrone acetate oral tablet 5 mg</i>	3	
<i>progesterone micronized oral capsule 100 mg</i>	1	
<i>progesterone micronized oral capsule 200 mg</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)</i>		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)		
<i>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<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	1	
<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	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	3	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; LA; QL (60 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	5	PA; QL (0.2 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	5	PA; QL (0.3 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; QL (60 EA per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Antithyroid Agents

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	4	

IMMUNOLOGICAL AGENTS

Immune Suppressants

ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	4	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	B/D
GENGRAF ORAL CAPSULE 100 MG	4	B/D
GENGRAF ORAL CAPSULE 25 MG	2	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate oral tablet 2.5 mg</i>	1	B/D
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	B/D
<i>methotrexate sodium injection solution 50 mg/2ml</i>	4	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	B/D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	B/D
<i>sirolimus oral solution 1 mg/ml</i>	5	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	B/D
<i>tacrolimus oral capsule 0.5 mg</i>	2	B/D
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	4	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B/D
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG	5	B/D; QL (60 EA per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	5	B/D; QL (120 EA per 30 days)
<i>Immunizing Agents, Passive</i>		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	B/D
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	B/D
<i>Immunomodulators</i>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK)	5	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (3 EA per 28 days)
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	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA; QL (30 EA per 30 days)
<i>Vaccines</i>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	
<i>bcg vaccine injection injectable</i>	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	B/D
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II SUBCUTANEOUS INJECTABLE	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	B/D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B/D
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	B/D
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	QL (1 EA per 365 days)

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
<i>alendronate sodium oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	4	B/D
<i>cinacalcet hcl oral tablet 30 mg</i>	3	PA; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	PA; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	PA; QL (120 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA; QL (2.4 ML per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	3	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	2	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA

MISCELLANEOUS THERAPEUTIC AGENTS

Miscellaneous Therapeutic Agents

V-GO 20 KIT	4	
V-GO 30 KIT	4	
V-GO 40 KIT	4	

OPHTHALMIC AGENTS

Ophthalmic Prostaglandin And Prostanoid Analogs

<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	4	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL (60 EA per 30 days)
<i>Ophthalmic Anti Infectives</i>		
AZASITE OPHTHALMIC SOLUTION 1 %	4	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	2	
<i>Ophthalmic Anti-Allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	
PAZEO OPHTHALMIC SOLUTION 0.7 %	3	
<i>Ophthalmic Antiglaucoma Agents</i>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %, 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	
<i>Ophthalmic Anti-Inflammatories</i>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	4	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 % , 0.5 %</i>	1	
LOTEMAX OPHTHALMIC GEL 0.5 %	4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	4	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	4	
OTIC AGENTS		
<i>Otic Agents</i>		
<i>acetic acid otic solution 2 %</i>	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	4	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	4	
RESPIRATORY TRACT AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	4	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (11 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	
<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>	2	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	B/D
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 20 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	4	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (54 GM per 30 days)
<i>Cystic Fibrosis Agents</i>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; LA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; QL (56 EA per 28 days)
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
<i>Nasal Agents</i>		
<i>azelastine hcl nasal solution 0.1 %</i>	1	QL (30 ML per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	2	QL (30 ML per 25 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	QL (34 GM per 30 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	2	QL (30.5 GM per 30 days)
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	2	
<i>Pulmonary Antihypertensives</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
ALYQ ORAL TABLET 20 MG	5	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	5	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG	5	PA; LA; QL (120 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG	5	PA; LA; QL (90 EA per 30 days)
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG	5	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; LA; QL (240 EA per 30 days)
UPTRAVI ORAL TABLET 400 MCG	5	PA; LA; QL (320 EA per 30 days)
UPTRAVI ORAL TABLET 600 MCG	5	PA; LA; QL (150 EA per 30 days)
UPTRAVI ORAL TABLET 800 MCG	5	PA; LA; QL (120 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; QL (270 ML per 30 days)
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET ORAL CAPSULE 267 MG	5	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	B/D
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	ST; QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA

SKELETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg</i>	4	QL (120 EA per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (120 EA per 30 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	4	QL (240 EA per 30 days)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	4	QL (240 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
SLEEP DISORDER AGENTS		
<i>Gaba Receptor Modulators</i>		
<i>eszopiclone oral tablet 2 mg, 3 mg</i>	2	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	2	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>Sleep Disorders, Other</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	
HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	4	
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	2	QL (120 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 ML per 30 days)
THERAPEUTIC NUTRIENTS- MINERALS- ELECTROLYTES		
<i>Electrolyte-Mineral Modifiers</i>		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	5	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	5	PA
KIONEX ORAL SUSPENSION 15 GM/60ML	1	
SAMSCA ORAL TABLET 15 MG, 30 MG	5	QL (60 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	
<i>trientine hcl oral capsule 250 mg</i>	5	PA
<i>Electrolyte-Mineral Replacement</i>		
<i>dextrose intravenous solution 10 %</i>	2	B/D
<i>dextrose intravenous solution 5 %</i>	4	B/D
<i>dextrose-nacl intravenous solution 10-0.2 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	B/D
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.225 %, 5-0.33 %</i>	2	B/D
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	B/D
ISOLYTE-S INTRAVENOUS SOLUTION	4	B/D
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%</i>	4	B/D
<i>kcl in dextrose-nacl intravenous solution 20-5-0.2 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	B/D
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 8 MEQ	2	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	4	B/D
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	4	B/D
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	B/D
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	B/D
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	B/D
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	B/D
<i>potassium chloride in dextrose intravenous solution 40-5 meq/l-%</i>	4	B/D
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	B/D
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride intravenous solution 20 meq/100ml</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	4	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride intravenous solution 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	4	B/D
Nutrients		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	4	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	4	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	2	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	B/D
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4	B/D
HEPATAMINE INTRAVENOUS SOLUTION 8 %	4	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	4	B/D
<i>nutrilipid intravenous emulsion 20 %</i>	4	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D
PREMASOL INTRAVENOUS SOLUTION 6 %	2	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 12/12/2019.

INDEX

A		
abacavir sulfate	34	
abacavir sulfate-lamivudine ...	34	
abacavir-lamivudine-zidovudine	34	
ABELCET	19	
ABILIFY MAINTENA	30	
ABILIFY MYCITE	30	
abiraterone acetate	22	
ABSORICA	57	
acamprosate calcium	4	
acarbose	39	
acebutolol hcl	47	
acetaminophen-codeine	2	
acetaminophen-codeine #3	2	
acetazolamide	50	
acetazolamide er	50	
acetic acid	85	
acetylcysteine	89	
acitretin	57	
ACTEMRA	77	
ACTEMRA ACTPEN	77	
ACTHAR	74	
ACTHIB	79	
ACTIMMUNE	77	
acyclovir	33, 57	
acyclovir sodium	33	
ADACEL	79	
adefovir dipivoxil	33	
ADEMPAS	89	
ADVAIR DISKUS	89	
ADVAIR HFA	89	
AFINITOR	22	
AFINITOR DISPERZ	22	
ala-cort	57	
albendazole	27	
albuterol sulfate	87	
albuterol sulfate er	87	
alclometasone dipropionate ...	57	
ALECENSA	22	
alendronate sodium	81	
alfuzosin hcl er	66	
ALINIA	27	
aliskiren fumarate	45	
allopurinol	27	
almotriptan malate	20	
ALORA	73	
alosetron hcl	63	
ALPHAGAN P	84	
alprazolam	37	
ALPRAZOLAM INTENSOL	37	
ALTAVERA	68	
ALTRENO	57	
ALUNBRIG	26, 27	
ALYQ	89	
amantadine hcl	28	
AMBISOME	19	
ambrisentan	89	
amcinonide	57	
AMETHIA	68	
amikacin sulfate	5	
amiloride hcl	51	
amiloride-hydrochlorothiazide	49	
AMINOSYN II	94	
AMINOSYN-PF	94	
amiodarone hcl	45	
AMITIZA	63	
amitriptyline hcl	17	
amlodipine besy-benazepril hcl	46, 49	
amlodipine besylate	48	
amlodipine besylate-valsartan	46	
amlodipine-atorvastatin	49	
amlodipine-olmesartan	46	
amlodipine-valsartan-hctz	46	
ammonium lactate	57	
AMNESTEEM	57	
amoxapine	17	
amoxicillin	8	
amoxicillin-pot clavulanate ..	8, 9	
amoxicillin-pot clavulanate er ..	8	
amphetamine- dextroamphetamine	53	
amphotericin b	19	
ampicillin	9	
ampicillin sodium	9	
ampicillin-sulbactam sodium ...	9	
ANADROL-50	67	
anagrelide hcl	43	
anastrozole	26	
ANDRODERM	67	
ANGELIQ	73	
ANORO ELLIPTA	89	
ANTARA	51	
APOKYN	28	
apraclonidine hcl	84	
aprepitant	18	
APRI	68	
APRISO	63	
APTIOM	13	
APTIVUS	35, 36	
ARANELLE	68	
ARANESP (ALBUMIN FREE)	43	
ARCALYST	78	
ARIKAYCE	5	
aripiprazole	30	
armodafinil	91	
ARNUITY ELLIPTA	86	
ASMANEX (120 METERED DOSES)	86	
ASMANEX (30 METERED DOSES)	86	
ASMANEX (60 METERED DOSES)	86	
ASMANEX HFA	86	
aspirin-dipyridamole er	44	
ASSURE ID INSULIN SAFETY SYR	38	
ASTAGRAF XL	76	
atazanavir sulfate	36	
atenolol	47	
atenolol-chlorthalidone	49	
atomoxetine hcl	54	
atorvastatin calcium	52	
atovaquone	27	
atovaquone-proguanil hcl	27	
ATRIPLA	36	
atropine sulfate	82	
ATROVENT HFA	87	
AUBAGIO	55	
AUBRA	68	
AURYXIA	64	
AUSTEDO	55	
AVIANE	68	
AVITA	57	
AZACTAM	8	
AZASITE	83	
azathioprine	76	
azelastine hcl	83, 88	
azithromycin	10	
AZOPT	84	
aztreonam	8	

B		
bacitracin	83	
bacitracin-polymyxin b	83	
bacitra-neomycin-polymyxin-hc	84	
baclofen	90	
balsalazide disodium	63	
BALVERSA	22, 23	
BALZIVA	68	
BANZEL	13	
BARACLUDGE	33	
bcg vaccine	79	
BELSOMRA	91	
benazepril hcl	45	
benazepril-hydrochlorothiazide	49	
BENLYSTA	76	
benznidazole	27	
benzoyl peroxide-erythromycin	57	
benztropine mesylate	28	
BEPREVE	83	
BESIVANCE	83	
betamethasone dipropionate... ..	57	
betamethasone dipropionate aug	57	
betamethasone valerate	57, 58	
BETASERON	55	
betaxolol hcl	47, 84	
bethanechol chloride	66	
BETHKIS	89	
bexarotene	23	
BEXSERO	79	
bicalutamide	22	
BICILLIN L-A	9	
BIKTARVY	35	
bisoprolol fumarate	47	
bisoprolol-hydrochlorothiazide	49	
BLEPHAMIDE S.O.P.	84	
BLISOVI 24 FE	68	
BLISOVI FE 1.5/30	68	
BOOSTRIX	79	
bosentan	89	
BOSULIF	23	
BRAFTOVI	23	
BREO ELLIPTA	90	
briellyn	68	
BRILINTA	44	
brimonidine tartrate	84	
BRIVIACT	11	
bromfenac sodium (once-daily)	83	
bromocriptine mesylate	28	
BROMSITE	83	
budesonide	66, 86	
budesonide er	66	
bumetanide	51	
BUPAP	2	
buprenorphine hcl	4	
buprenorphine hcl-naloxone hcl	4	
bupropion hcl	15	
bupropion hcl er (smoking det) ..	4	
bupropion hcl er (sr)	15	
bupropion hcl er (xl)	15	
bupirone hcl	37	
butalbital-acetaminophen	2	
butalbital-apap-caff-cod	2	
butalbital-apap-caffeine	3	
butalbital-asa-caff-codeine	3	
butalbital-aspirin-caffeine	3	
BYSTOLIC	47	
C		
cabergoline	74	
CABLIVI	44	
CABOMETYX	23	
calcipotriene	58	
calcipotriene-betameth diprop ..	58	
calcitonin (salmon)	81	
calcitriol	81	
calcium acetate (phos binder) ..	64	
CALQUENCE	23	
CAMILA	68	
CAMRESE LO	68	
candesartan cilexetil	45	
candesartan cilexetil-hctz	49	
CAPRELSA	23	
captopril	45, 49	
captopril-hydrochlorothiazide ..	49	
CARAFATE	64	
CARBAGLU	65	
carbamazepine	14	
carbamazepine er	14, 38	
carbidopa	29	
carbidopa-levodopa	29	
carbidopa-levodopa er	29	
carbidopa-levodopa-entacapone ..	29	
carbinoxamine maleate	86	
carisoprodol	90	
carisoprodol-aspirin	90	
carisoprodol-aspirin-codeine ..	90	
carteolol hcl	84	
CARTIA XT	48	
carvedilol	47	
carvedilol phosphate er	47	
casprofungin acetate	19	
CATAPRES	44	
CAYSTON	8	
CAZIENT	68	
cefaclor	6	
cefaclor er	6	
cefadroxil	6, 7	
cefazolin sodium	7	
cefdinir	7	
cefepime hcl	7	
cefixime	7	
cefoxitin sodium	7	
cefpodoxime proxetil	7	
cefprozil	7	
ceftazidime	7	
ceftriaxone sodium	7	
cefuroxime axetil	7	
cefuroxime sodium	8	
celecoxib	1	
CELONTIN	12	
cephalexin	8	
CERDELGA	65	
cetirizine hcl	86	
cevimeline hcl	56	
CHANTIX	4	
CHANTIX CONTINUING MONTH PAK ..	4	
CHANTIX STARTING MONTH PAK ..	5	
CHEMET	91	
chlordiazepoxide hcl	37	
chlorhexidine gluconate	56	
chloroquine phosphate	28	
chlorothiazide	51	
chlorpromazine hcl	18, 32	
chlorthalidone	51	
chlorzoxazone	90	
CHOLBAM	65	
cholestyramine	52	
cholestyramine light	52	
ciclopirox	56	
ciclopirox olamine	56	
cilostazol	44	

CIMDUO.....	34	COLOCORT	58	deferasirox.....	91		
cimetidine.....	63	COMBIGAN	84	DELSTRIGO	37		
cinacalcet hcl.....	81	COMBIVENT RESPIMAT ..	87	DELYLA.....	68		
CIPRODEX.....	85	COMETRIQ (100 MG DAILY	DOSE)	23	DEM SER	49	
ciprofloxacin	10	COMETRIQ (140 MG DAILY	DOSE)	23	DEPEN TITRATABS	66	
ciprofloxacin hcl	10, 83, 85	COMETRIQ (60 MG DAILY	DOSE)	23	DEPO-PROVERA.....	23	
ciprofloxacin in d5w.....	10	COMFORT ASSIST INSULIN	SYRINGE.....	38	DEPO-SUBQ PROVERA 104	.....
citalopram hydrobromide	16	COMPLERA	36	DESCOVY	37	desipramine hcl	17
CLARAVIS.....	58	COMPRO	18	desloratadine	86	desmopressin ace spray refrig.	74
clarithromycin	10	constulose	64	desmopressin acetate	74	desogestrel-ethinyl estradiol ..	69
clarithromycin er.....	10	COPAXONE	55	desonide.....	58	desoximetasone.....	58
clemastine fumarate.....	86	COPIKTRA.....	23	desvenlafaxine er	16, 17	desvenlafaxine succinate er....	17
CLENPIQ.....	64	CORLANOR.....	49	dexamethasone.....	66, 67	DEXAMETHASONE	
CLINDACIN-P.....	58	COSENTYX (300 MG DOSE)	.....	INTENSOL.....	66	dexamethasone sodium	
clindamycin hcl.....	5	COSENTYX SENSOREADY	(300 MG).....	phosphate	84	DEXILANT	64
clindamycin palmitate hcl	5	COTELLIC.....	23	dexamethasone sodium		dexmethylphenidate hcl ...	53, 54
clindamycin phos-benzoyl perox	.....	CREON.....	62	phosphate	84	dextroamphetamine sulfate	54
.....	58	CRESEMBA	19	DEXAMETHASONE		dextroamphetamine sulfate er	53,
clindamycin phosphate .5, 58, 66		CRIXIVAN	36	INTENSOL.....	66	54	
clindamycin phosphate in d5w	5	cromolyn sodium.....	83, 88	dextrose	92	dextrose	
clindamycin-tretinoin	58	CRYSELLE-28	68	dextrose-nacl.....	92	DIASTAT ACUDIAL.....	12
CLINIMIX/DEXTROSE		cvs gauze sterile	38	DIASTAT PEDIATRIC.....	12	diazepam	12, 38
(4.25/10).....	94	CYCLAFEM 1/35.....	68	diclofenac epolamine.....	58	diclofenac potassium	1
CLINIMIX/DEXTROSE		CYCLAFEM 7/7/7.....	68	diclofenac potassium	1	diclofenac sodium.....	1, 59, 84
(4.25/5).....	94	cyclobenzaprine hcl	90	diclofenac sodium er	1	diclofenac sodium	9
CLINIMIX/DEXTROSE (5/15)		cyclophosphamide.....	21	dicloxacillin sodium	9	dicyclomine hcl.....	62
.....	94	CYCLOSET	39	didanosine	34	diflunisal.....	1
CLINIMIX/DEXTROSE (5/20)		cyclosporine.....	76	DIGITEK	49	DIGOX	49
.....	94	cyclosporine modified	76	DIGOXIN.....	49	digoxin.....	49
clobazam	12	cyproheptadine hcl	86	dihydroergotamine mesylate...20		DILANTIN	14
clobetasol propionate.....	58	CYRED.....	68	diltiazem hcl.....	48	diltiazem hcl er	48
clobetasol propionate e.....	58	CYSTADANE.....	61	diltiazem hcl er	48	diltiazem hcl er beads	48
clobetasol propionate emulsion	.....	CYSTAGON	65	diltiazem hcl er coated beads..48			
.....	58	CYSTARAN	82				
clomipramine hcl	17	D					
clonazepam.....	37, 38	dalfampridine er	55				
clonidine	44	DALIRESP	88				
clonidine hcl.....	44	danazol.....	67				
clopidogrel bisulfate	44	dapsone	5, 58				
clorazepate dipotassium	38	DAPTACEL	79				
clotrimazole.....	56	daptomycin	5				
clotrimazole-betamethasone ..	56	darifenacin hydrobromide er ..	65				
clozapine	32	DAURISMO.....	23				
COARTEM	28	DEBLITANE	68				
codeine sulfate	3						
colchicine	20						
colchicine-probenecid	20						
colesevelam hcl.....	49						
colestipol hcl	52						
colistimethate sodium (cba)	5						

dilt-xr	48	ENDOCET	3	EXEL COMFORT POINT PEN	
diphenoxylate-atropine	62	ENGERIX-B	79	NEEDLE	38
diphtheria-tetanus toxoids dt..	79	enoxaparin sodium	42	exemestane	26
dipyridamole	44	ENPRESSE-28	69	ezetimibe	52
disopyramide phosphate	22	ENSKYCE	69	ezetimibe-simvastatin	52
disulfiram	4	entacapone	28	F	
divalproex sodium	12, 13	entecavir	33	FALMINA	69
divalproex sodium er	12	ENTRESTO	49	famciclovir	33
dofetilide	46	enulose	64	famotidine	63
donepezil hcl	14	ENVARBUS XR	76	FANAPT	30
dorzolamide hcl	84	EPCLUSA	33	FANAPT TITRATION PACK	
dorzolamide hcl-timolol mal..	84	EPIDIOLEX	11	.....	30
dorzolamide hcl-timolol mal pf	84	epinephrine	87	FARYDAK	23
.....	84	EPIPEN 2-PAK	87	febuxostat	20
DOVATO	37	EPIPEN JR 2-PAK	87	felbamate	13
doxazosin mesylate	44	EPITOL	14	felodipine er	48
doxepin hcl	17	EPIVIR HBV	33	FEMYNOR	69
DOXY 100	11	eplerenone	51	fenofibrate	51
doxycycline hyclate	11	EPOGEN	43	fenofibrate micronized	51
doxycycline monohydrate	11	eprosartan mesylate	49	fenofibric acid	51
dronabinol	18	ergotamine-caffeine	20	fentanyl	2
drosipren-eth estrad-levomefol		ERIVEDGE	23	fentanyl citrate	2
.....	69	ERLEADA	22	FERRIPROX	91
drosiprenone-ethinyl estradiol	69	erlotinib hcl	23	FETZIMA	17
DROXIA	61	ERRIN	69	FETZIMA TITRATION	17
duloxetine hcl	17	ertapenem sodium	8	FIASP	41
DUREZOL	84	ery	59	FIASP FLEXTOUCH	41
dutasteride	66	ERY-TAB	10	finasteride	66
dutasteride-tamsulosin hcl	66	ERYTHROCIN		FIRDAPSE	55
E		LACTOBIONATE	10	FIRVANQ	5
econazole nitrate	56	ERYTHROCIN STEARATE	10	flecainide acetate	46
EDARBYCLOR	45	erythromycin	59, 83	FLOVENT DISKUS	86
EDURANT	34	erythromycin base	10	FLOVENT HFA	86
efavirenz	34	erythromycin ethylsuccinate ..	10	fluconazole	19
ELIGARD	75	ESBRIET	89	fluconazole in sodium chloride	
ELIQUIS	42	escitalopram oxalate	16	.....	19
ELIQUIS STARTER PACK ..	42	esomeprazole magnesium	64	flucytosine	19
ELMIRON	66	esomeprazole strontium	64	fludrocortisone acetate	67
EMCYT	22	ESTARYLLA	69	flunisolide	86
EMEND	18	estradiol	66, 73	fluocinolone acetonide	59, 85
EMOQUETTE	69	estradiol-norethindrone acet ..	73	fluocinonide	59
EMSAM	16	eszopiclone	91	fluocinonide emulsified base ..	59
EMTRIVA	34	ethacrynic acid	51	fluorometholone	84
EMVERM	27	ethambutol hcl	21	flurouracil	59
enalapril maleate	45	ethosuximide	12	fluoxetine hcl	16
enalapril-hydrochlorothiazide	49	ethynodiol diac-eth estradiol ..	69	fluphenazine decanoate	29
ENBREL	78	etodolac	1	fluphenazine hcl	29
ENBREL MINI	78	etodolac er	1	flurandrenolide	59
ENBREL SURECLICK	78	EUCRISA	59	flurazepam hcl	91
ENDARI	65	EVOTAZ	37	flurbiprofen	1

flurbiprofen sodium.....	84	GOCOVRI.....	28	IDHIFA.....	23
flutamide.....	22	granisetron hcl.....	18	ILEVRO.....	85
fluticasone propionate.....	59, 86	GRANIX.....	43	imatinib mesylate.....	23
fluticasone-salmeterol.....	90	griseofulvin microsize.....	19	IMBRUVICA.....	23, 24
fluvoxamine maleate.....	16	griseofulvin ultramicrosize.....	19	imipenem-cilastatin.....	8
fondaparinux sodium.....	42	guanfacine hcl.....	44	imipramine hcl.....	17
FORTEO.....	81	guanfacine hcl er.....	54	imipramine pamoate.....	18
fosamprenavir calcium.....	36	guanidine hcl.....	21	imiquimod.....	60
fosinopril sodium.....	45	H		IMOVAX RABIES.....	80
fosinopril sodium-hctz.....	49	HAILEY 24 FE.....	69	INCASSIA.....	69
FREAMINE HBC.....	94	halobetasol propionate.....	59	INCRELEX.....	74
furosemide.....	51	haloperidol.....	29	indapamide.....	51
FUZEON.....	35	haloperidol decanoate.....	29	indomethacin.....	1
FYCOMPA.....	13	haloperidol lactate.....	29	INFANRIX.....	80
G		HARVONI.....	33	INLYTA.....	24
gabapentin.....	13	HAVRIX.....	28, 80	INREBIC.....	24
GALAFOLD.....	61	heparin sodium (porcine).....	42	INTELENCE.....	34
galantamine hydrobromide....	14	HEPATAMINE.....	94	INTRALIPID.....	94
galantamine hydrobromide er	14	HETLIOZ.....	91	INTRAROSA.....	66
GARDASIL 9.....	80	HIBERIX.....	80	INTRON A.....	24, 33
gatifloxacin.....	83	HUMIRA.....	79	INTROVALE.....	69
GATTEX.....	62	HUMIRA PEDIATRIC		INVEGA.....	30
GAVILYTE-C.....	62	CROHNS START.....	78	INVEGA SUSTENNA.....	30, 31
GAVILYTE-G.....	62	HUMIRA PEN.....	78	INVEGA TRINZA.....	31
GAVILYTE-N WITH FLAVOR		HUMIRA PEN-CD/UC/HS		INVIRASE.....	36
PACK.....	62	STARTER.....	78	INVOKAMET.....	39
gemfibrozil.....	51	HUMIRA PEN-PS/UV/ADOL		INVOKAMET XR.....	39
generlac.....	64	HS START.....	78, 79	INVOKANA.....	39
GENGRAF.....	76	hydralazine hcl.....	53	IONOSOL-MB IN D5W.....	92
GENTAK.....	83	hydrochlorothiazide.....	51	IPOL.....	80
gentamicin in saline.....	5	hydrocodone-acetaminophen...3		ipratropium bromide.....	87
gentamicin sulfate.....	5, 59, 83	hydrocodone-ibuprofen.....	3	ipratropium-albuterol.....	90
GENVOYA.....	37	hydrocortisone.....	59, 67	irbesartan.....	45
GEODON.....	30	hydrocortisone ace-pramoxine	59	irbesartan-hydrochlorothiazide	
GIANVI.....	69	hydrocortisone butyrate.....	59	.....	46, 50
GILENYA.....	55	hydrocortisone valerate.....	60	IRESSA.....	24
GILOTRIF.....	23	hydrocortisone-acetic acid.....	85	ISENTRESS.....	35
glatiramer acetate.....	55	hydromorphone hcl.....	3	ISENTRESS HD.....	35
GLATOPA.....	55	hydromorphone hcl er.....	3	ISIBLOOM.....	69
GLEOSTINE.....	21	hydromorphone hcl pf.....	3	ISOLYTE-P IN D5W.....	92
glimepiride.....	39	hydroxychloroquine sulfate....	28	ISOLYTE-S.....	92
glipizide.....	39	hydroxyurea.....	22	isoniazid.....	21
glipizide er.....	39	hydroxyzine hcl.....	37	isosorbide dinitrate.....	53
glipizide-metformin hcl.....	39	hydroxyzine pamoate.....	37	isosorbide dinitrate er.....	53
global alcohol prep ease.....	38	I		isosorbide mononitrate.....	53
GLUCAGEN HYPOKIT.....	41	ibandronate sodium.....	81	isosorbide mononitrate er.....	53
GLUCAGON EMERGENCY	41	IBRANCE.....	23	isotretinoin.....	60
glyburide.....	39	IBU.....	1	isradipine.....	48
glyburide micronized.....	39	ibuprofen.....	1	itraconazole.....	19
glycopyrrolate.....	62	ICLUSIG.....	23	ivermectin.....	27

IXIARO.....	80	K-TAB.....	93	levobunolol hcl.....	84
J		KURVELO.....	70	levocarnitine.....	61, 62
JADENU.....	91	KUVAN.....	61	levocetirizine dihydrochloride	86
JADENU SPRINKLE.....	92	L		levofloxacin.....	11, 83
JAKAFI.....	24	labetalol hcl.....	47	levofloxacin in d5w.....	11
JANTOVEN.....	42	lactulose.....	64	LEVONEST.....	70
JANUMET.....	39	lamivudine.....	33, 34	levonorgest-eth est & eth est...	70
JANUMET XR.....	39	lamivudine-zidovudine.....	34	levonorgest-eth estrad 91-day.	70
JANUVIA.....	40	lamotrigine.....	13	levonorgestrel-ethinyl estrad...	70
JARDIANCE.....	40	lamotrigine er.....	13	levonorg-eth estrad triphasic...	70
JASMIEL.....	69	lansoprazole.....	64	LEVORA 0.15/30 (28).....	70
JUBLIA.....	56	LANTUS.....	41	LEVO-T.....	75
JULEBER.....	69	LANTUS SOLOSTAR.....	41	levothyroxine sodium.....	75
JULUCA.....	37	LARIN 1.5/30.....	70	LEVOXYL.....	75
JUNEL 1.5/30.....	69	LARIN 1/20.....	70	LEXIVA.....	36
JUNEL 1/20.....	69	LARIN FE 1.5/30.....	70	LIALDA.....	63
JUNEL FE 1.5/30.....	69	LARIN FE 1/20.....	70	lidocaine.....	60
JUNEL FE 1/20.....	69	LARISSIA.....	70	lidocaine hcl.....	60
JUNEL FE 24.....	69	latanoprost.....	82	lidocaine hcl urethral/mucosal	60
JUXTAPID.....	52	LATUDA.....	31	lidocaine viscous hcl.....	56
K		LAYOLIS FE.....	70	lidocaine-prilocaine.....	60
KAITLIB FE.....	70	ledipasvir-sofosbuvir.....	33	linezolid.....	6
KALETRA.....	36	LEENA.....	70	LINZESS.....	63
KALYDECO.....	88	leflunomide.....	79	liothyronine sodium.....	75
KARIVA.....	70	LENVIMA (10 MG DAILY DOSE)	24	lisinopril.....	45
kcl in dextrose-nacl.....	92	LENVIMA (12 MG DAILY DOSE)	24	lisinopril-hydrochlorothiazide	50
KELNOR 1/35.....	70	LENVIMA (14 MG DAILY DOSE)	24	lithium.....	38
KELNOR 1/50.....	70	LENVIMA (18 MG DAILY DOSE)	24	lithium carbonate.....	38
ketoconazole.....	19, 56	LENVIMA (20 MG DAILY DOSE)	24	lithium carbonate er.....	38
ketoprofen.....	1	LENVIMA (24 MG DAILY DOSE)	24	LIVALO.....	52
ketorolac tromethamine....	20, 85	LENVIMA (4 MG DAILY DOSE)	24	LONSURF.....	24
KEVZARA.....	79	LENVIMA (8 MG DAILY DOSE)	24	loperamide hcl.....	62
KINRIX.....	80	LESSINA.....	70	lopinavir-ritonavir.....	36
KIONEX.....	92	letrozole.....	26	lorazepam.....	38
KISQALI (200 MG DOSE) ...	27	leucovorin calcium.....	24	LORBRENA.....	24
KISQALI (400 MG DOSE) ...	27	LEUKERAN.....	21	LORCET.....	3
KISQALI (600 MG DOSE) ...	27	LEUKINE.....	43	LORCET HD.....	3
KISQALI FEMARA (400 MG DOSE)	27	levuprolide acetate.....	75	LORYNA.....	70
KISQALI FEMARA (600 MG DOSE)	27	LEVEMIR.....	41	losartan potassium.....	45
KISQALI FEMARA(200 MG DOSE)	27	LEVEMIR FLEXTOUCH.....	41	losartan potassium-hctz....	46, 50
KLOR-CON.....	92	levetiracetam.....	12	LOTEMAX.....	85
KLOR-CON 10.....	92	levetiracetam er.....	12	LOTEMAX SM.....	85
KLOR-CON M10.....	92			loteprednol etabonate.....	85
KLOR-CON M15.....	92			lovastatin.....	52
KLOR-CON M20.....	92			LOW-OGESTREL.....	70
KLOR-CON SPRINKLE.....	93			loxapine succinate.....	30
KORLYM.....	40			LUMIGAN.....	82
				LUPRON DEPOT (1-MONTH)	
				.....	75

LUPRON DEPOT (3-MONTH)			
.....	75		
LUPRON DEPOT (4-MONTH)			
.....	75		
LUPRON DEPOT (6-MONTH)			
.....	75		
LUTERA	71		
LYNPARZA	24		
LYSODREN	24		
LYZA	71		
M			
magnesium sulfate	93		
malathion	60		
maprotiline hcl	15		
marlissa	71		
MARPLAN	16		
MATULANE	21		
meclizine hcl	18		
medroxyprogesterone acetate	71,		
74			
mefloquine hcl	28		
megestrol acetate	74		
MEKINIST	25		
MEKTOVI	25		
meloxicam	1		
memantine hcl	15		
memantine hcl er	15		
MENACTRA	80		
MENEST	73		
MENVEO	80		
meprobamate	37		
mercaptapurine	77		
meropenem	8		
mesalamine	63		
MESNEX	27		
METADATE ER	54		
metaxalone	90		
metformin hcl	40		
metformin hcl er	40		
methadone hcl	2, 3		
methazolamide	50		
methenamine hippurate	6		
methimazole	76		
methocarbamol	90		
methotrexate	77		
methotrexate sodium	77		
methotrexate sodium (pf)	77		
methoxsalen rapid	60		
methylclothiazide	51		
methylidopa	44		
methylphenidate hcl	54		
methylphenidate hcl er	54		
methylphenidate hcl er (cd)	54		
methylphenidate hcl er (la)	54		
methylprednisolone	67		
methyltestosterone	67		
metoclopramide hcl	62		
metolazone	51		
metoprolol succinate er	47		
metoprolol tartrate	47		
metoprolol-hydrochlorothiazide			
.....	50		
metronidazole	6, 60, 66		
metronidazole in nacl	6		
mexiletine hcl	46		
MICROGESTIN 1.5/30	71		
MICROGESTIN 1/20	71		
MICROGESTIN FE 1.5/30	71		
MICROGESTIN FE 1/20	71		
midodrine hcl	44		
MIGERGOT	20		
miglustat	65		
MILI	71		
minocycline hcl	11		
minoxidil	53		
mirtazapine	15		
misoprostol	64		
MITIGARE	20		
M-M-R II	80		
modafinil	91		
moexipril hcl	45		
molindone hcl	30		
mometasone furoate	60, 88		
montelukast sodium	87		
morphine sulfate	2, 3		
morphine sulfate (concentrate)	2		
morphine sulfate er	2		
MOVANTIK	62		
MOVIPREP	64		
MOXEZA	83		
moxifloxacin hcl	83		
MULTAQ	46		
mupirocin	60		
mupirocin calcium	60		
MYALEPT	65		
mycophenolate mofetil	77		
mycophenolate sodium	77		
MYRBETRIQ	65		
MYTESI	62		
N			
nabumetone	1		
nadolol	47		
nafcillin sodium	9		
naloxone hcl	4		
naltrexone hcl	4		
NAMENDA XR TITRATION			
PACK	15		
NAMZARIC	15		
naproxen	1		
naproxen dr	1		
naproxen sodium	1		
naproxen sodium er	1		
naratriptan hcl	20		
NARCAN	4		
NATACYN	83		
nateglinide	40		
NATPARA	81		
NEBUPENT	6		
NECON 0.5/35 (28)	71		
nefazodone hcl	15		
neomycin sulfate	5		
neomycin-bacitracin zn-			
polymyx	83		
neomycin-polymyxin-dexameth			
.....	85		
neomycin-polymyxin-			
gramicidin	83		
neomycin-polymyxin-hc	85		
NEPHRAMINE	94		
NERLYNX	25		
NEUAC	60		
NEULASTA	43		
NEUPOGEN	43		
NEUPRO	28		
nevirapine	34		
nevirapine er	34		
NEXAVAR	25		
niacin er (antihyperlipidemic)	52		
nicardipine hcl	48		
NICOTROL	5		
nifedipine er	48		
nifedipine er osmotic release	48		
NIKKI	71		
nilutamide	22		
NINLARO	25		
NITRO-BID	53		
NITRO-DUR	53		
nitrofurantoin	6		
nitrofurantoin macrocrystal	6		

nitrofurantoin monohyd macro	6	ODEFSEY	37	paromomycin sulfate	5
nitroglycerin	53	ODOMZO	25	paroxetine hcl	16
NOCDURNA	74	OFEV	89	PASER	21
NORA-BE	71	ofloxacin	11, 83, 85	PAXIL	16
NORDITROPIN FLEXPRO ..	74	olanzapine	31	PAZEO	84
norethin ace-eth estrad-fe	71	olanzapine-fluoxetine hcl	17	PEDIARIX	80
norethindrone	71	olmesartan medoxomil	45	PEDVAX HIB	80
norethindrone acetate	74	olmesartan medoxomil-hctz ...	46	peg 3350/electrolytes	62
norethindrone acet-ethinyl est	71	olmesartan-amlodipine-hctz ...	47	peg 3350-kcl-na bicarb-nacl ...	63
norethindrone-eth estradiol	73	olopatadine hcl	84, 88	peg-3350/electrolytes	63
norethin-eth estradiol-fe	71	omega-3-acid ethyl esters	52	PEGANONE	14
norgestimate-eth estradiol	71	omeprazole	64	PEGASYS	33
norgestim-eth estrad triphasic	71	OMNIPOD 10 PACK	39	PEGASYS PROCLICK	33
NORLYROC	71	OMNIPOD 5 PACK	39	penicillin g pot in dextrose	9
NORMOSOL-M IN D5W	93	OMNIPOD DASH 5 PACK ...	39	penicillin g potassium	9
NORMOSOL-R IN D5W	93	OMNIPOD DASH SYSTEM	39	penicillin g procaine	9
NORMOSOL-R PH 7.4	93	OMNIPOD STARTER	39	penicillin g sodium	9
NORTHERA	50	ondansetron	18	penicillin v potassium	9
NORTREL 0.5/35 (28)	71	ondansetron hcl	18	PENTAM	6
NORTREL 1/35 (21)	71	OPSUMIT	89	pentoxifylline er	50
NORTREL 1/35 (28)	72	ORFADIN	65	perindopril erbumine	45
NORTREL 7/7/7	72	ORKAMBI	88	permethrin	60
nortriptyline hcl	18	orphenadrine citrate er	91	perphenazine	32
NORVIR	36	ORSYTHIA	72	perphenazine-amitriptyline	32
NOVOLIN 70/30	41	oseltamivir phosphate	36	PERSERIS	31
NOVOLIN 70/30 FLEXPEN	41	OSPHENA	73	phenelzine sulfate	16
NOVOLIN 70/30 FLEXPEN		oxacillin sodium	9	phenobarbital	12
RELION	41	oxandrolone	67	phenoxybenzamine hcl	44
NOVOLIN N	41	oxaprozin	1	phenytoin	14
NOVOLIN R	41	oxazepam	38	phenytoin sodium extended	14
NOVOLOG	42	oxcarbazepine	14	PICATO	60
NOVOLOG FLEXPEN	41	OXERVATE	82	PIFELTRO	34
NOVOLOG MIX 70/30	41	oxybutynin chloride	65	pilocarpine hcl	56, 82
NOVOLOG MIX 70/30		oxybutynin chloride er	65	pimecrolimus	60
FLEXPEN	41	oxycodone hcl	3	pimozide	30
NOVOLOG PENFILL	41	oxycodone-acetaminophen	4	PIMTREA	72
NOXAFIL	19	oxycodone-aspirin	4	pindolol	47
NUBEQA	22	oxycodone-ibuprofen	4	pioglitazone hcl	40
NUEDEXTA	55	OXYCONTIN	2	piperacillin sod-tazobactam so	10
NUPLAZID	32	oxymorphone hcl	4	PIQRAY (200 MG DAILY	
nutrilipid	94	OZEMPIC (0.25 OR 0.5		DOSE)	25
NUVARING	72	MG/DOSE)	40	PIQRAY (250 MG DAILY	
NYAMYC	56	OZEMPIC (1 MG/DOSE)	40	DOSE)	25
nystatin	19, 56	P		PIQRAY (300 MG DAILY	
nystatin-triamcinolone	56	PACERONE	46	DOSE)	25
NYSTOP	57	paliperidone er	31	PIRMELLA 1/35	72
O		PANRETIN	60	piroxicam	1
OCELLA	72	pantoprazole sodium	64	PLASMA-LYTE 148	93
OCTAGAM	77	PANZYGA	77	PLASMA-LYTE A	93
octreotide acetate	75	paricalcitol	82	podofilox	60

polymyxin b sulfate	5	PROCTOZONE-HC	60	REPATHA	52
polymyxin b-trimethoprim	83	progesterone micronized.....	74	REPATHA PUSHTRONEX	
POMALYST	25	PROGLYCEM	41	SYSTEM.....	52
PORTIA-28	72	PROGRAF.....	77	REPATHA SURECLICK.....	52
potassium chloride.....	93	PROLASTIN-C.....	90	RESCRIPTOR	34
potassium chloride crys er.....	93	PROLENSA	85	RESTASIS	83
potassium chloride er.....	93	PROLIA.....	82	RESTASIS MULTIDOSE	83
potassium chloride in dextrose		PROMACTA.....	44	RETACRIT	44
.....	93	promethazine hcl	18	REVLIMID	22
potassium chloride in nacl.....	93	propafenone hcl.....	46	REXULTI	31
potassium citrate er	93	propafenone hcl er.....	46	REYATAZ.....	36
PRADAXA	42	propranolol hcl	47	RIBASPHERE.....	33
PRALUENT.....	52	propranolol hcl er.....	47	ribavirin	33
pramipexole dihydrochloride .	28	propranolol-hctz	47	rifabutin	21
pramipexole dihydrochloride er		propylthiouracil	76	rifampin	21
.....	28	PROQUAD.....	80	RIFATER.....	21
prasugrel hcl.....	44	PROSOL	94	riluzole.....	55
pravastatin sodium.....	52	protriptyline hcl.....	18	rimantadine hcl	36
prazosin hcl	44	PULMOZYME	90	risedronate sodium	82
prednicarbate.....	60	PURIXAN	22	RISPERDAL CONSTA.....	31
prednisolone	67	pyrazinamide	21	risperidone.....	31, 32
prednisolone acetate	85	pyridostigmine bromide.....	21	ritonavir	36
prednisolone sodium phosphate		Q		rivastigmine	15
.....	67, 85	QUADRACEL	80	rivastigmine tartrate.....	14
prednisone	67	quetiapine fumarate.....	31	rizatriptan benzoate	20
PREDNISONO INTENSOL ..	67	quetiapine fumarate er	31	ropinirole hcl.....	29
preferred plus insulin syringe	39	quinapril hcl.....	45	ropinirole hcl er	29
pregabalin.....	55	quinapril-hydrochlorothiazide	50	rosuvastatin calcium.....	52
PREMARIN	73, 74	quinidine sulfate	46	ROTARIX.....	80
PREMASOL	94	quinine sulfate	28	ROTATEQ.....	80
PREMPHASE	74	R		ROWEEPRA XR.....	12
PREMPRO	74	RABAVERT	80	ROZLYTREK.....	25
prenatal	93	rabeprazole sodium	65	RUBRACA	27
PREPOPIK.....	64	raloxifene hcl.....	82	RUCONEST	50
PREVALITE.....	52	ramipril	45	RYDAPT.....	27
PREVIFEM.....	72	ranitidine hcl.....	63	S	
PREZCOBIX	37	ranolazine er	50	SAMSCA	92
PREZISTA	36	RAPAMUNE	77	SANDIMMUNE.....	77
PRIFTIN.....	21	rasagiline mesylate.....	29	SANTYL	61
primaquine phosphate.....	28	RAVICTI.....	65	SAPHRIS	32
primidone	12	RECLIPSEN.....	72	SAVELLA	55
PRIVIGEN	77	RECOMBIVAX HB	80	SAVELLA TITRATION PACK	
probenecid.....	20	RECTIV	60	.....	55
PROCALAMINE	94	REGRANEX	60	scopolamine	18
prochlorperazine	18	RELENZA DISKHALER	36	selegiline hcl	29
prochlorperazine maleate	18	RELI-ON INSULIN SYRINGE		selenium sulfide.....	61
PROCRIT	43, 44	.....	39	SELZENTRY	35
PROCTO-MED HC.....	60	RELISTOR.....	63	SEREVENT DISKUS	88
PROCTO-PAK	60	repaglinide	40	sertraline hcl.....	16
PROCTOSOL HC	60	repaglinide-metformin hcl.....	40	SETLAKIN	72

sevelamer carbonate	64	sulfamethoxazole-trimethoprim	11	terbutaline sulfate	88
sevelamer hcl	64	sulfasalazine	63	terconazole	66
SHAROBEL	72	sulindac	1	testosterone	68
SHINGRIX.....	80	sumatriptan	20	testosterone cypionate	68
SIGNIFOR	75	sumatriptan succinate.....	20, 21	testosterone enanthate	68
sildenafil citrate	89	sumatriptan succinate refill ...	20	tetrabenazine	55
SILENOR.....	91	SUPREP BOWEL PREP KIT	64	tetracycline hcl.....	11
silodosin	66	SUTENT	25	THALOMID	22
silver sulfadiazine	61	SYEDA	72	theophylline	88
SIMBRINZA.....	84	SYLATRON.....	33	theophylline er	88
simvastatin	52	SYMDEKO	88	thioridazine hcl	30
sirolimus.....	77	SYMFI	37	thiothixene.....	30
SIRTURO.....	21	SYMFI LO	37	tiagabine hcl.....	13
SIVEXTRO.....	6	SYMPAZAN	12	TIBSOVO	25
sodium chloride	93, 94	SYMTUZA.....	37	tigecycline	6
sodium phenylbutyrate	65	SYNAREL.....	76	TIGLUTIK.....	55
sodium polystyrene sulfonate	92	SYNDROS	18	timolol maleate	47, 84
sofosbuvir-velpatasvir	33	SYNJARDY	40	tinidazole	6
solifenacin succinate.....	65	SYNJARDY XR	40	TIVICAY	35
SOLIQUA	40	SYNRIBO.....	25	TIVORBEX	20
SOLTAMOX	22	SYNTHROID.....	75	tizanidine hcl.....	91
SOMATULINE DEPOT	76	T		TOBI PODHALER	88
SOMAVERT.....	76	TABLOID.....	22	tobramycin	83, 90
SORINE	46	tacrolimus	61, 77	tobramycin sulfate	5
sotalol hcl	46	tadalafil (pah)	89	tobramycin-dexamethasone ...	85
sotalol hcl (af)	46	TAFINLAR	25	TOLAK	61
SOVALDI	33	TAGRISSE	25	tolbutamide	40
SPIRIVA HANDIHALER	87	TAKHZYRO	50	tolcapone	25
SPIRIVA RESPIMAT	87	TALZENNA.....	25	tolterodine tartrate	65
spironolactone	51	tamoxifen citrate	22	tolterodine tartrate er	65
spironolactone-hctz.....	50	tamsulosin hcl.....	66	topiramate	13
SPRINTEC 28.....	72	TARGRETIN	61	toremifene citrate.....	22
SPRITAM	12	TARINA 24 FE	72	torsemide	51
SPRYCEL	25	TARINA FE 1/20.....	72	TOUJEO MAX SOLOSTAR .	42
SPS	92	TASIGNA.....	25	TOUJEO SOLOSTAR	42
SRONYX	72	tazarotene.....	61	TPN ELECTROLYTES.....	94
SSD.....	61	TAZORAC	61	TRACLEER.....	89
stavudine	34, 35	TAZTIA XT	48	tramadol hcl	4
STELARA.....	79	TDVAX	81	tramadol hcl er	2
STIOLTO RESPIMAT	90	TEFLARO	8	tramadol hcl er (biphasic)	2
STIVARGA	25	TEGSEDI	55	tramadol-acetaminophen	4
STRIBILD.....	37	telmisartan	45	trandolapril.....	45
SUBOXONE.....	4	telmisartan-amlodipine	47	trandolapril-verapamil hcl er ..	47
SUCRAID	62	telmisartan-hctz	50	tranexamic acid.....	44
sucralfate	64	temazepam.....	91	TRANSDERM-SCOP (1.5 MG)	
sulfacetamide sodium.....	11	TENIVAC.....	81	.....	18
sulfacetamide sodium (acne)..	61	tenofovir disoproxil fumarate.	35	tranylcypramine sulfate.....	16
sulfacetamide-prednisolone ...	85	terazosin hcl.....	45	TRAVASOL	94
sulfadiazine	11	terbinafine hcl.....	19	TRAVATAN Z.....	82
				trazodone hcl.....	15, 16

TRECATOR	21	valganciclovir hcl	32	W	
TRELEGY ELLIPTA.....	90	valproic acid	13, 38	warfarin sodium	43
TRELSTAR MIXJECT	76	valsartan	45	WELCHOL	50
TRESIBA	42	valsartan-hydrochlorothiazide	50	WYMZYA FE	73
TRESIBA FLEXTOUCH	42	vancomycin hcl	6	X	
tretinoin	25, 61	VANDAZOLE	66	XALKORI.....	26
tretinoin microsphere.....	61	VAQTA	81	XARELTO.....	43
triamcinolone acetonide ...	56, 61	VARIVAX.....	81	XARELTO STARTER PACK	
triamterene-hctz	50	VARIZIG.....	81	.....	43
triazolam.....	12	VASCEPA.....	52	XATMEP	77
TRIDERM.....	61	VELIVET	73	XELJANZ	79
trientine hcl	92	VEMLIDY.....	33	XELJANZ XR	79
TRI-ESTARYLLA	72	VENCLEXTA.....	26	XGEVA.....	82
trifluoperazine hcl.....	30	VENCLEXTA STARTING		XIFAXAN.....	6
trifluridine	83	PACK.....	26	XIIDRA.....	83
trihexyphenidyl hcl.....	28	venlafaxine hcl	17	XOFLUZA	36
TRI-LEGEST FE	72	venlafaxine hcl er	17	XOLAIR.....	90
TRI-LO-ESTARYLLA	72	VENTAVIS.....	89	XOSPATA	26
TRI-LO-SPRINTEC.....	72	VENTOLIN HFA	88	XPOVIO (100 MG ONCE	
TRILYTE	63	verapamil hcl	48	WEEKLY)	26
trimethoprim	6	verapamil hcl er.....	48	XPOVIO (60 MG ONCE	
TRI-MILI	72	VERSACLOZ	32	WEEKLY)	26
trimipramine maleate.....	18	VERZENIO	26	XPOVIO (80 MG ONCE	
TRINTELLIX	16	V-GO 20	82	WEEKLY)	26
TRI-PREVIFEM.....	72	V-GO 30	82	XPOVIO (80 MG TWICE	
TRI-SPRINTEC.....	73	V-GO 40	82	WEEKLY)	26
TRIUMEQ	35	VICODIN ES	4	XTANDI	22
TRIVORA (28).....	73	VICTOZA.....	40	XULTOPHY	40
TRI-VYLIBRA.....	73	VIDEX.....	35	XURIDEN.....	62
TRI-VYLIBRA LO	73	VIDEX EC	35	XYREM	91
TROPHAMINE	94	VIENVA.....	73	Y	
tropium chloride.....	65	vigabatrin.....	13	YF-VAX.....	81
TRULICITY	40	VIGADRONE	13	YONSA	26
TRUMENBA	81	VIIBRYD	16	YUVAFEM.....	66
TRUVADA	35, 37	VIIBRYD STARTER PACK.	16	Z	
TURALIO	25	VIMPAT	14	zafirlukast.....	87
TWINRIX	81	VIRACEPT	36	zaleplon	91
TYBOST	35	VIREAD	35	ZARAH	73
TYKERB.....	26	VITRAKVI.....	26	ZARXIO.....	44
TYMLOS	82	VIVITROL	4	ZEJULA	27
TYPHIM VI	81	VIVLODEX	2, 20	ZELBORAF	26
U		VIZIMPRO	26	ZEMAIRA	90
UCERIS.....	67	voriconazole	19, 20	ZENPEP	62
UDENYCA	44	VOSEVI.....	33	ZENZEDI.....	54
UNITHROID	75	VOTRIENT	26	ZERBAXA.....	8
UPTRAVI	89	VRAYLAR.....	32	zidovudine.....	35
ursodiol.....	63	VYFEMLA.....	73	zileuton er.....	87
V		VYLIBRA	73	ziprasidone hcl	32
valacyclovir hcl.....	33	VYZULTA	82	ZIRGAN.....	32
VALCHLOR.....	61			ZOLINZA	26

zolmitriptan	21	ZORVOLEX	2	ZYLET	85
zolpidem tartrate	91	ZOSTAVAX	81	ZYPREXA RELPREVV	32
zolpidem tartrate er	91	ZOVIA 1/35E (28)	73	ZYTIGA	26
zonisamide	12	ZYDELIG	26		
ZORTRESS	77	ZYKADIA	26		

This formulary was updated on 12/12/2019. For more recent information or other questions, please contact **EnvisionRxPlus Employer Group Retiree PDP** Member Services, at 1-844-293-4760 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.envisionrxplus.com.