

2021 Comprehensive Formulary

Aetna Medicare (List of Covered Drugs) GRP B2 Plus 5 Tier

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

This formulary was updated on 01/01/2021. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-888-267-2637** or for **TTY users: 711**, 8 a.m. to 9 p.m., E.S.T., Monday through Friday, or visit **AetnaRetireePlans.com** choose "Manage your prescription drugs".

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Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-888-267-2637 (TTY: 711)** 8 a.m. to 9 p.m., E.S.T., Monday through Friday, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

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 Aetna Medicare. When it refers to “plan” or “our plan,” it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Aetna Medicare Comprehensive Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Aetna Medicare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may 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 the market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Aetna Medicare Formulary?”

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

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

The enclosed formulary is current as of 01/01/2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 10. 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 92. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us 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 Aetna Medicare formulary?" on page 6 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask us 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 Aetna Medicare Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to 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, our plan 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, we 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, *tiering* or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

If you have questions about our plan, 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>**.

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

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 Aetna Medicare has any special requirements for coverage of your drug.

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *rosuvastatin*.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-888-267-2637 (TTY: 711)**, 8 a.m. to 9 p.m., E.S.T., Monday through Friday.

MO: Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-888-267-2637 (TTY: 711)**, 8 a.m. to 9 p.m., E.S.T., Monday through Friday.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug tier copay levels

This 2021 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2021 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2021 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Preferred Generic Drugs
Tier 2	Generic Drugs
Tier 3	Preferred Brand Drugs
Tier 4	Non-Preferred Brand Drugs
Tier 5	Specialty Drugs

You may have drug coverage in the Coverage Gap Stage

There are four "drug payment stages" of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the Coverage Gap stage of the plan. Look in the 2021 Prescription Drug Benefits Chart (Prescription Drug Schedule of Cost Sharing) that was included in your EOC packet. The Prescription Drug Benefits Chart will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D
<i>Lowercase italics</i> = Generic medications		

Drug name Drug tier Requirements/Limits

ANALGESICS

GOUT

<i>allopurinol tabs</i>	1	MO
<i>colchicine</i>	2	QL (120 EA per 30 days) MO
<i>febuxostat</i>	2	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	2	MO
<i>probenecid/colchicine</i>	2	MO

NSAIDS

<i>celecoxib caps 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium/misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
DUEXIS	5	MO
<i>ec-naproxen tbec 375mg</i>	2	
<i>ec-naproxen tbec 500mg</i>	2	MO
<i>etodolac</i>	2	MO
<i>etodolac er</i>	2	MO
FENOPROFEN CALCIUM CAPS 400MG	4	MO
<i>fenopropfen calcium tabs</i>	2	MO
<i>flurbiprofen tabs 100mg</i>	2	MO
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen</i>	2	MO
<i>ketoprofen er</i>	2	MO
<i>ketoprofen caps 50mg, 75mg</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ketoprofen caps 25mg</i>	2	MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	2	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	2	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	2	MO
<i>naproxen dr</i>	2	MO
NAPROXEN SODIUM CR TABS 375MG	4	MO
<i>naproxen sodium er tabs 500mg</i>	2	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen/esomeprazole magnesium</i>	5	MO
<i>naproxen tabs</i>	1	MO
<i>naproxen susp</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>sulindac</i>	2	MO
VIMOVO	5	MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	2	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	2	QL (10 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	2	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	2	QL (90 EA per 30 days) PA MO
<i>methadone hcl conc</i>	2	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	2	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	2	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TRAMADOL HCL ER CP24 100MG, 200MG, 300MG	4	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	2	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	2	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	2	
<i>butorphanol tartrate inj 2mg/ml</i>	2	MO
CODEINE SULFATE TABS	4	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	2	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	2	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	2	B/D
<i>hydromorphone hcl inj 2mg/ml</i>	2	B/D MO
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml</i>	2	B/D
<i>lorcet</i>	2	QL (180 EA per 30 days)
<i>lorcet hd</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 8.

Drug name	Drug tier	Requirements/Limits
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ ML PF, 25MG/ML PF, 2MG/ML PF, 4MG/ML PF, 50MG/ML, 5MG/ML PF, 8MG/ML PF	4	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate pf inj 1mg/ml</i>	2	B/D MO
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	2	MO
<i>oxycodone hcl caps</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	2	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride soln</i>	2	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	2	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride immediate release tabs</i>	2	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/ acetaminophen</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	2	QL (120 EA per 30 days) MO

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	2	

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i>	5	MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ALINIA	5	MO
<i>amikacin sulfate</i>	2	MO
<i>atovaquone</i>	2	PA MO
<i>aztreonam</i>	2	MO
CAYSTON	5	PA LA
<i>chloramphenicol inj 1gm</i>	2	
<i>clindamycin hcl caps 300mg, 75mg</i>	2	MO
<i>clindamycin hydrochloride caps 150mg</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	2	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	2	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate inj</i>	2	PA MO
<i>dapsone tabs 100mg, 25mg</i>	2	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	MO
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	2	MO
<i>gentamicin sulfate pediatric</i>	2	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	2	MO
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO
<i>imipenem/cilastatin</i>	2	MO
<i>isotonic gentamicin</i>	2	MO
<i>ivermectin</i>	2	MO
<i>linezolid tabs</i>	2	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	2	PA
<i>meropenem inj 500mg</i>	2	
<i>meropenem inj 1gm</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methenamine hippurate</i>	2	MO
METHENAMINE MANDELATE	4	MO
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole caps 375mg</i>	2	MO
<i>metronidazole tabs 250mg, 500mg</i>	2	MO
<i>neomycin tabs</i>	2	MO
<i>nitrofurantoin macrocrystals</i>	2	MO
<i>nitrofurantoin monohydrate</i>	2	MO
<i>nitrofurantoin oral suspension</i>	2	MO
<i>paromomycin caps</i>	2	MO
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	B/D MO
<i>praziquantel</i>	2	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate inj</i>	2	MO
SULFADIAZINE	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	2	MO
SYNERCID	5	
<i>tinidazole</i>	2	MO
<i>tobramycin nebu 300mg/5ml</i>	2	QL (280 ML per 56 days) PA
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	2	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	2	MO
<i>trimethoprim tabs</i>	1	MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	2	
<i>vancomycin hydrochloride caps 125mg</i>	2	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	5	QL (240 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJ 4 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	2	
<i>vancomycin hydrochloride inj 500mg</i>	2	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML	4	
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	2	B/D MO
<i>casposungin acetate inj 70mg</i>	2	
<i>casposungin acetate inj 50mg</i>	5	
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl 200mg; 0.9%</i>	2	
<i>fluconazole in sodium chloride 400mg; 0.9%</i>	2	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	PA MO
<i>ketoconazole tabs 200mg</i>	2	PA MO
<i>micafungin inj 50mg</i>	2	
<i>micafungin inj 100mg</i>	5	
MYCAMINE INJ 50MG	4	MO
MYCAMINE INJ 100MG	5	
NOXAFIL	5	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	2	MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) MO
<i>terbinafine hcl tabs</i>	2	QL (90 EA per 365 days) MO
<i>voriconazole tabs</i>	2	MO
<i>voriconazole inj</i>	2	PA
<i>voriconazole oral susp</i>	2	PA MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>chloroquine phosphate</i>	2	MO
COARTEM	4	MO
<i>mefloquine hcl</i>	2	MO
<i>primaquine phosphate</i>	2	MO
<i>quinine sulfate</i>	2	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	2	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
<i>atazanavir sulfate caps 150mg, 300mg</i>	2	MO
<i>atazanavir sulfate caps 200mg</i>	5	MO
CRIXIVAN	4	MO
<i>didanosine caps 200mg, 250mg, 400mg</i>	2	MO
EDURANT	5	MO
<i>efavirenz caps</i>	2	MO
<i>efavirenz tabs</i>	5	MO
<i>emtricitabine</i>	2	
EMTRIVA	3	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE TABS	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK	3	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	2	MO
<i>lamivudine tabs 150mg, 300mg</i>	2	MO
LEXIVA	4	MO
<i>nevirapine er tb24 100mg</i>	2	
<i>nevirapine er tb24 400mg</i>	2	MO
<i>nevirapine susp</i>	2	
<i>nevirapine tabs</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NORVIR PACK, ORAL SOLN	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	4	MO
REYATAZ CAPS 150MG,200 MG, PACK	5	MO
<i>ritonavir</i>	2	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
<i>stavudine</i>	2	MO
<i>tenofovir tabs</i>	2	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIDEX EC CAPS 125MG	4	MO
VIDEX PEDIATRIC	4	MO
VIRACEPT TABS	5	MO
VIREAD	5	MO
<i>zidovudine</i>	2	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	2	MO
<i>abacavir sulfate/ lamivudine/zidovudine</i>	5	MO
ATRIPLA	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
<i>lamivudine/zidovudine</i>	2	MO
<i>lopinavir/ritonavir</i>	2	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRUVADA	5	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride tabs 400mg</i>	2	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid inj</i>	2	
<i>isoniazid syrp</i>	2	MO
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
<i>pyrazinamide</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin inj</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>rifampin caps</i>	2	MO
RIFATER	4	MO
SIRTURO TABS 20MG	5	PA
SIRTURO TABS 100MG	5	PA LA
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps 200mg</i>	2	MO
<i>acyclovir susp 200mg/5ml</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil</i>	2	QL (30 EA per 30 days) MO
BARACLUDE	4	MO
<i>entecavir</i>	2	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV SOLN	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
HARVONI	5	PA
<i>lamivudine tabs 100mg</i>	2	MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	2	QL (1080 ML per 365 days) MO
PEGASYS	5	PA
PREVYMIS	5	QL (28 EA per 28 days) MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin caps, tabs</i>	2	
<i>ribavirin inh</i>	5	
<i>rimantadine hydrochloride</i>	2	MO
<i>valacyclovir hcl tabs 1gm</i>	2	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	2	MO
<i>valganciclovir hydrochloride oral soln</i>	5	MO
<i>valganciclovir tabs</i>	5	MO
VEMLIDY	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VOSEVI	5	PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	MO
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium iv inj 1gm</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	MO
<i>cefdinir</i>	2	MO
<i>cefepime</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotetan</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	MO
<i>cefprozil</i>	2	MO
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	2	
<i>ceftazidime inj 1gm, 2gm</i>	2	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
CEFTRIAZONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium iv inj 1gm</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	MO
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	2	
<i>cefuroxime sodium inj 750mg</i>	2	MO
<i>cephalexin</i>	2	MO
SUPRAX ORAL SUSP 500MG/5ML	3	
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
<i>tazicef</i>	2	
TEFLARO	5	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	MO
<i>azithromycin inj, oral susp, tabs</i>	2	MO
<i>clarithromycin er</i>	2	MO
<i>clarithromycin oral susp, tabs</i>	2	MO
DIFICID	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<i>erythrocin stearate tabs 250mg</i>	2	MO
<i>erythromycin base</i>	2	MO
<i>erythromycin dr</i>	2	MO
<i>erythromycin ethylsuccinate tabs</i>	2	MO
<i>erythromycin stearate</i>	2	MO
<i>erythromycin cpep 250mg</i>	2	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	MO
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride inj</i>	2	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	2	MO
<i>ampicillin caps 500mg</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	2	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO
<i>ampicillin-sulbactam</i>	2	
BICILLIN L-A	4	MO
<i>dicloxacillin caps</i>	2	MO
<i>nafcillin sodium inj 10gm, 1gm, 2gm iv</i>	2	
<i>nafcillin sodium inj 2gm</i>	2	MO
<i>nafcillin sodium inj 10gm iv</i>	5	
<i>oxacillin sodium inj 10gm, 1gm</i>	2	
<i>oxacillin sodium inj 2gm</i>	2	MO
<i>penicillin g potassium</i>	2	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	2	
<i>piperacillin/tazobactam</i>	2	
TETRACYCLINES		
<i>doxy 100 inj</i>	2	MO
<i>doxycycline hyclate caps, tabs</i>	2	MO
<i>doxycycline hyclate dr</i>	2	MO
<i>doxycycline monohydrate</i>	2	MO
<i>doxycycline oral susp 25mg/5ml</i>	2	MO
<i>doxycycline tabs 50mg</i>	2	MO
<i>minocycline hcl caps 75mg</i>	2	MO
<i>minocycline hcl tabs</i>	2	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride er</i>	2	ST MO
<i>mondoxyne nl caps 100mg, 75mg</i>	2	
<i>morgidox 1x100mg</i>	2	
<i>morgidox 2x100mg</i>	2	
<i>okebo</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tetracycline hydrochloride</i>	2	MO
<i>tigecycline</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	
<i>busulfan</i>	5	
<i>carboplatin</i>	2	
<i>carmustine</i>	5	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	2	
<i>cyclophosphamide caps</i>	2	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	4	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	2	
GLEOSTINE CAPS 10MG	4	MO
GLEOSTINE CAPS 100MG, 40MG	5	MO
IFEX	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	2	
LEUKERAN	5	MO
<i>melphalan hydrochloride inj</i>	5	
<i>melphalan tabs</i>	2	B/D MO
<i>oxaliplatin</i>	2	
<i>paraplatin</i>	2	
<i>thiotepa</i>	5	
ZEPZELCA	5	PA
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
<i>dactinomycin</i>	5	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	2	
<i>doxorubicin hcl liposome 2mg/ml</i>	2	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>epirubicin hcl</i>	2	
<i>idarubicin hcl</i>	2	
<i>mitomycin inj 20mg, 5mg</i>	2	
<i>mitomycin inj 40mg</i>	5	
<i>mutamycin inj 20mg, 5mg</i>	2	
<i>mutamycin inj 40mg</i>	5	
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	
<i>azacitidine</i>	5	
<i>cladribine</i>	2	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	2	B/D
<i>decitabine</i>	2	
<i>fludarabine phosphate</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	2	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	2	
<i>gemcitabine inj 38mg/ml</i>	2	
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	2	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	2	MO
<i>methotrexate pf inj 50mg/2ml</i>	2	MO
ONUREG	5	QL (14 EA per 28 days) PA
PURIXAN	5	
TABLOID	4	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	2	MO
DEPO-PROVERA INJ 400MG/ML	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EMCYT	4	MO
ERLEADA	5	PA LA
<i>exemestane</i>	2	MO
<i>flutamide</i>	2	MO
<i>fulvestrant</i>	5	
<i>letrozole</i>	2	MO
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA
LYSODREN	3	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	2	PA MO
TRELSTAR MIXJECT	5	PA
XTANDI	5	PA LA
ZYTIGA	5	PA LA
IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG	5	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA
MISCELLANEOUS		
<i>arsenic trioxide</i>	5	
<i>bexarotene</i>	5	PA
<i>dacarbazine</i>	2	
<i>hydroxyurea</i>	2	MO
IMLYGIC	5	PA
INQOVI	5	QL (5 EA per 28 days) PA
<i>irinotecan hcl inj 100mg/5ml</i>	2	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>irinotecan inj 500mg/25ml</i>	2	
KISQALI FEMARA 200MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	5	PA
LONSURF	5	PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	2	
NIPENT	5	
SYLATRON KIT 200MCG, 300MCG	5	PA
SYNRIBO	5	PA
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	5	
<i>tretinoin caps 10mg</i>	5	MO
MITOTIC INHIBITORS		
ABRAXANE	5	
DOCETAXEL INJ 160MG/16ML	4	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	2	
<i>etoposide inj</i>	2	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
<i>toposar</i>	2	
<i>vinblastine sulfate</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
ALECENSA	5	PA LA
ALUNBRIG	5	PA LA
AVASTIN	5	PA LA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA
BELEODAQ	5	PA
BLENREP	5	PA
BORTEZOMIB	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	PA LA
CAPRELSA	5	PA LA
COMETRIQ	5	PA LA
COPIKTRA	5	PA LA
COTELLIC	5	PA LA
DAURISMO	5	PA LA
ENHERTU	5	PA
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
FARYDAK CAPS 10MG, 20MG	5	PA LA
GAVRETO	5	QL (120 EA per 30 days) PA
GILOTRIF	5	PA LA
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
IBRANCE TABS	5	QL (21 EA per 28 days) PA
IBRANCE CAPS	5	QL (21 EA per 28 days) PA LA
ICLUSIG	5	PA LA
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	PA LA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INREBIC	5	QL (120 EA per 30 days) PA
IRESSA	5	PA LA
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA	5	PA
KISQALI	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA
LORBRENA	5	PA LA
LUMOXITI	5	PA
LYNPARZA	5	PA LA
MEKINIST	5	PA LA
MEKTOVI	5	PA LA
MONJUVI	5	PA
MYLOTARG	5	PA LA
NERLYNX	5	PA LA
NEXAVAR	5	PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PADCEV	5	PA
PEMAZYRE	5	QL (14 EA per 21 days) PA
PHESGO	5	PA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA
POTELIGEO	5	PA
QINLOCK	5	QL (90 EA per 30 days) PA
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
ROMIDEPSIN INJ 10MG	5	
<i>romidepsin inj 27.5mg/5.5ml</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA
RUBRACA	5	PA LA
RYDAPT	5	PA
SARCLISA	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA LA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	PA LA
TAGRISO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	PA
TAZVERIK	5	QL (240 EA per 30 days) PA
TECENTRIQ INJ 840MG/14ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA LA
<i>temsirolimus</i>	5	
TIBSOVO	5	PA LA
TRODELVY	5	PA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA
TURALIO	5	QL (120 EA per 30 days) PA
TYKERB	5	PA LA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	PA LA
VENCLEXTA TABS 10MG	4	PA LA
VENCLEXTA TABS 100MG, 50MG	5	PA LA
VERZENIO	5	PA LA
VITRAKVI	5	PA LA
VIZIMPRO	5	PA LA
VOTRIENT	5	PA LA
XALKORI	5	PA LA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
XOSPATA	5	PA LA
XPOVIO 100 MG ONCE WEEKLY	5	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY	5	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	5	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	5	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	5	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA
YERVOY	5	PA
ZEJULA	5	PA LA
ZELBORAF	5	PA LA
ZOLINZA	5	PA
ZYDELIG	5	PA LA
ZYKADIA	5	PA
PROTECTIVE AGENTS		
<i>dexrazoxane</i>	2	
ELITEK	5	
KHAPZORY	5	B/D
<i>leucovorin calcium inj</i>	2	
<i>leucovorin calcium tabs</i>	2	MO
<i>levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml</i>	2	
<i>levoleucovorin inj 50mg</i>	5	
<i>mesna</i>	2	
MESNEX	5	MO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hcl tabs 10mg, 50mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	2	MO
<i>enalapril maleate</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	2	MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hcl caps 1mg, 5mg</i>	2	MO
<i>prazosin hydrochloride caps 2mg</i>	2	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/ hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan</i>	1	QL (30 EA per 30 days) MO
<i>cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>		

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>candesartan</i>	1	QL (60 EA per 30 days) MO
<i>cilexetil/hydrochlorothiazide tabs</i> 16mg; 12.5mg		
EDARBYCLOR	4	QL (30 EA per 30 days) ST MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/</i> <i>hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/</i> <i>hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>olmesartan</i> <i>medoxomil/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs</i> 12.5mg; 40mg, 25mg; 80mg	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs</i> 12.5mg; 80mg	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
EDARBI	4	QL (30 EA per 30 days) ST MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days)
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>amiodarone hcl tabs 200mg, 400mg</i>	2	MO
<i>amiodarone hydrochloride inj</i> 150mg/3ml, 450mg/9ml, 900mg/18ml	2	
<i>amiodarone hydrochloride tabs</i> 100mg	2	MO
<i>disopyramide phosphate</i>	2	PA MO
<i>dofetilide</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
<i>lidocaine hcl prefilled syringe inj 100mg/5ml, 50mg/5ml</i>	2	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone</i>	2	
<i>propafenone hcl tabs</i>	2	MO
<i>propafenone hydrochloride er</i>	2	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hcl (af)</i>	2	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	2	MO
<i>fenofibrate micronized</i>	2	MO
<i>fenofibric acid dr caps</i>	2	MO
<i>gemfibrozil</i>	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam hydrochloride</i>	2	MO
<i>colestipol hcl</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO
FENOFIBRIC ACID TABS	3	
JUXTAPID	5	PA LA
<i>niacin er tbc 1000mg, 750mg</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>niacin er tbc 500mg</i>	2	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	2	MO
<i>niacor</i>	2	MO
<i>omega-3-acid ethyl esters</i>	2	QL (120 EA per 30 days) MO
PRALUENT	3	PA MO
<i>prevalite</i>	2	MO
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	2	MO
<i>bisoprolol</i>	2	MO
<i>fumarate/hydrochlorothiazide</i>		
<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg</i>	2	MO
<i>acebutolol hydrochloride caps 400mg</i>	2	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
<i>carvedilol phosphate er caps</i>	2	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride</i>	2	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge</i> <i>5mg/5ml</i>	2	
<i>metoprolol tartrate vial 5mg/5ml</i>	2	MO
<i>nadolol</i>	2	MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er caps 120mg,</i> <i>160mg</i>	2	MO
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln, tabs 40mg,</i> <i>80mg</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>propranolol hydrochloride er caps</i> 60mg, 80mg	2	MO
<i>propranolol hydrochloride tabs</i> 10mg, 20mg, 60mg	2	MO
<i>timolol maleate tabs</i> 10mg, 20mg, 5mg	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr tb24</i> 30mg	2	
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd</i>	2	MO
<i>diltiazem hcl er caps, tabs</i>	2	MO
<i>diltiazem hcl tabs</i>	2	MO
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj</i> 125mg/25ml, 50mg/10ml	2	
<i>diltiazem hydrochloride er cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg	2	MO
<i>diltiazem hydrochloride inj</i> 25mg/5ml	2	
<i>felodipine er</i>	2	MO
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
<i>nicardipine hcl</i>	2	MO
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine er</i>	2	MO
NYMALIZE ORAL SOLN	5	
<i>taztia xt</i>	2	
<i>tiadylt er cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er cp24</i> 420mg	2	MO
<i>verapamil hcl</i> 40mg, 80mg	1	MO
<i>verapamil hcl er caps, tabs</i>	2	MO
VERAPAMIL HCL SR CP24 360MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hydrochloride er caps 200mg</i>	2	MO
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
<i>verapamil hcl inj 2.5mg/ml</i>	2	MO
DIURETICS		
<i>acetazolamide er caps</i>	2	MO
<i>acetazolamide tabs</i>	2	MO
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide</i>	2	MO
<i>chlorthalidone</i>	2	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>methazolamide</i>	2	MO
<i>metolazone</i>	2	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO
<i>toremide</i>	2	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	2	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
BIDIL	4	MO
<i>clonidine hcl weekly patch</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride</i>	2	MO
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
DEMSER	5	PA MO
<i>digitek</i>	2	QL (30 EA per 30 days)
<i>digox</i>	2	QL (30 EA per 30 days)
<i>digoxin inj, oral soln</i>	2	MO
<i>digoxin tabs</i>	2	QL (30 EA per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>epinephrine hcl inj soln inj 30mg/30ml</i>	2	
<i>guanfacine hcl</i>	2	PA MO
<i>hydralazine hcl</i>	2	MO
<i>hydralazine hydrochloride tabs</i>	2	MO
<i>methyldopa</i>	2	PA MO
<i>metyrosine</i>	5	PA
<i>midodrine hcl</i>	2	MO
<i>minoxidil</i>	2	MO
NORTHERA CAPS 200MG, 300MG	5	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	5	QL (90 EA per 30 days) PA LA
<i>ranolazine er</i>	2	MO
NITRATES		
<i>isosorbide dinitrate immediate release tabs</i>	2	MO
<i>isosorbide mononitrate er tabs</i>	2	MO
<i>isosorbide mononitrate immediate release tabs</i>	1	MO
<i>minitran</i>	2	
NITRO-BID	3	MO
NITRO-DUR	4	MO
<i>nitroglycerin lingual spray 0.4mg</i>	2	MO
<i>nitroglycerin patch</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin subl</i>	2	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	2	B/D LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	2	QL (90 EA per 30 days) PA
<i>tadalafil (generic adcirca) tabs 20mg</i>	5	PA
TRACLEER	5	QL (120 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>treprostinil</i>	5	PA
VENTAVIS	5	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam er tb24 0.5mg</i>	2	
<i>alprazolam er tb24 1mg</i>	2	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	2	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	2	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs 15mg, 30mg</i>	2	MO
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	MO
<i>chlordiazepoxide hcl tabs 10mg, 5mg</i>	2	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hydrochloride tabs 25mg</i>	2	QL (120 EA per 30 days) MO
<i>fluvoxamine maleate er</i>	2	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	2	MO
<i>lorazepam conc, inj</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
<i>meprobamate</i>	2	PA MO
<i>oxazepam</i>	2	QL (120 EA per 30 days) MO

ANTI-CONVULSANTS

APTiom	5	MO
BANZEL	5	PA MO
BRIVIACT INJ	5	PA
BRIVIACT ORAL SOLN, TABS	5	PA MO
<i>carbamazepine chew, susp, tabs</i>	2	MO
<i>carbamazepine er</i>	2	MO
CELONTIN	4	MO
<i>clobazam tabs</i>	2	PA MO
<i>clobazam susp</i>	5	PA MO
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL (90 EA per 30 days) PA MO
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam tabs</i>	2	QL (120 EA per 30 days) PA MO
<i>diazepam oral soln</i>	2	QL (1200 ML per 30 days) PA MO
<i>diazepam oral conc, inj</i>	2	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>divalproex sodium sprinkle caps</i>	2	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	2	
<i>ethosuximide</i>	2	MO
<i>felbamate</i>	2	MO
FINTEPLA	5	QL (360 ML per 30 days) PA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	2	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	2	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QL (90 EA per 30 days) MO
<i>lamotrigine chew, tabs</i>	2	MO
<i>lamotrigine er</i>	2	MO
<i>lamotrigine odt</i>	2	MO
<i>lamotrigine starter kit/blue</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>lamotrigine starter kit/green</i>	2	MO
<i>lamotrigine starter kit/orange</i>	2	MO
<i>levetiracetam er</i>	2	MO
<i>levetiracetam/sodium chloride</i>	2	
<i>levetiracetam inj</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	MO
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine</i>	2	MO
PEGANONE	4	MO
PHENOBARBITAL SODIUM INJ	4	PA
PHENOBARBITAL TABS	4	QL (120 EA per 30 days) PA MO
PHENOBARBITAL ELIX	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin chew, susp</i>	2	MO
<i>phenytoin sodium er caps</i>	2	MO
<i>phenytoin sodium inj</i>	2	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	2	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SPRITAM	4	PA MO
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN FILM 5MG	4	PA MO
SYMPAZAN FILM 10MG, 20MG	5	PA MO
<i>tiagabine hydrochloride tabs</i>	2	MO
TOPIRAMATE ER	4	MO
<i>topiramate sprinkle caps, tabs</i>	2	MO
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps, soln</i>	2	MO
VALTOCO	4	QL (10 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA
<i>vigadrone</i>	2	QL (180 EA per 30 days) PA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	MO
VIMPAT TABS 50MG	4	MO
VIMPAT TABS 100MG, 150MG, 200MG	5	MO
XCOPRI TABS	5	MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	MO
XCOPRI MAINTENACE PACK	5	
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	MO
<i>zonisamide</i>	2	MO
ANTIDEMENTIA		
<i>donepezil hcl odt tabs 5mg, 10mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	2	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	2	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	3	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er</i>	2	PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	2	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
<i>rivastigmine tartrate caps</i>	2	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	2	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 10mg, 150mg, 25mg, 75mg</i>	2	PA MO
<i>amitriptyline hydrochloride tabs 50mg</i>	2	PA MO
<i>amoxapine</i>	2	MO
<i>bupropion hcl tabs 100mg</i>	2	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>bupropion hydrochloride er (xl)</i>	2	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	2	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	2	PA
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	2	PA MO
<i>desipramine hcl tabs</i>	2	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 10mg, 50mg, 75mg, 100mg, 150mg, oral conc 10mg/ml</i>	2	PA MO
<i>doxepin hydrochloride caps 25mg</i>	2	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	2	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	2	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	2	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	2	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	2	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) oral soln, tabs</i>	2	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	2	PA MO
<i>imipramine pamoate</i>	2	PA MO
<i>maprotiline hcl</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	2	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	2	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	2	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	MO
<i>paroxetine hcl immediate release tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	2	QL (90 EA per 30 days) MO
<i>paroxetine hydrochloride immediate release tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
PAXIL	4	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	2	PA MO
<i>phenelzine sulfate</i>	2	MO
<i>protriptyline hcl</i>	2	MO
<i>sertraline hcl oral conc</i>	2	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA per 30 days) MO
<i>tranylcypromine sulfate</i>	2	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	2	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	2	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	2	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	2	QL (60 EA per 30 days) MO
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
ZOLOFT ORAL CONC	4	QL (300 ML per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl syrp, tabs</i>	2	MO
<i>amantadine hcl caps</i>	2	QL (120 EA per 30 days) MO
APOKYN	5	QL (60 ML per 30 days) PA LA
<i>benztropine mesylate inj</i>	2	MO
<i>benztropine mesylate tabs</i>	2	PA MO
<i>bromocriptine mesylate tabs, caps</i>	2	MO
<i>carbidopa tabs</i>	5	MO
<i>carbidopa/levodopa er</i>	2	MO
<i>carbidopa/levodopa odt</i>	2	
CARBIDOPA/LEVODOPA/ ENTACAPONE	4	MO
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tabs 25mg; 100mg, 25mg; 250mg</i>	2	MO
<i>entacapone</i>	2	MO
NEUPRO	4	MO
<i>pramipexole dihydrochloride er</i>	2	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO
<i>rasagiline mesylate</i>	2	MO
<i>ropinirole er tb24 6mg</i>	2	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	2	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	2	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	2	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	2	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	2	MO
<i>selegiline hcl tabs, caps</i>	2	MO
<i>trihexyphenidyl hcl oral soln</i>	2	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	2	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	2	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
CAPLYTA	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	2	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>chlorpromazine hcl inj 25mg/ml</i>	2	MO
CLOZAPINE ODT TBDP 200MG	4	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	2	PA
<i>clozapine odt tbdp 100mg</i>	2	QL (270 EA per 30 days) PA
<i>clozapine tabs</i>	2	
FANAPT TITRATION PACK	4	PA MO
FANAPT TABS 1MG	4	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO
GEODON	4	QL (6 EA per 3 days) MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate inj</i>	2	MO
<i>haloperidol lactate inj</i>	2	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	2	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	2	MO
<i>molindone hydrochloride</i>	2	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	2	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	2	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg</i>	2	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 9mg</i>	5	QL (30 EA per 30 days) MO
<i>perphenazine</i>	2	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	2	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	2	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	2	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	2	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate tabs 100mg, 50mg</i>	2	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	2	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SAPHRIS	5	QL (60 EA per 30 days) MO
SECUADO	5	QL (30 EA per 30 days)
<i>thioridazine hcl tabs</i>	2	PA MO
<i>thiothixene</i>	2	MO
<i>trifluoperazine hcl</i>	2	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl caps</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	2	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine er cp24</i>	2	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	2	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	2	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	2	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	2	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	2	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	2	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	2	QL (1800 ML per 30 days) MO
<i>guanfacine er</i>	2	QL (30 EA per 30 days) PA MO
<i>metadate er</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 20mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic ritalin la) 10mg, 20mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR) 20mg, 30mg, 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR) 10mg, 15mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	2	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 30mg, 40mg</i>	2	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	2	QL (180 EA per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride tabs 5mg, 10mg, 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride oral soln 5mg/5ml</i>	2	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride oral soln 10mg/5ml</i>	2	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
zenzedi	2	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	2	QL (30 EA per 30 days) PA MO
HETLIOZ	5	PA LA
<i>temazepam</i>	2	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	2	QL (60 EA per 30 days) MO
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs, subl</i>	2	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>almotriptan malate</i>	2	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	2	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	2	MO
<i>frovatriptan succinate</i>	2	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	2	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	2	QL (4 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>sumatriptan/naproxen sodium</i>	2	QL (9 EA per 30 days) MO
<i>zolmitriptan odt</i>	2	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	2	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
GUANIDINE HCL	4	
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er</i>	2	MO
LITHIUM ORAL SOLN	4	MO
LYRICA CR	3	QL (60 EA per 30 days) PA MO
NUDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide</i>	2	MO
<i>pyridostigmine bromide er</i>	2	MO
<i>riluzole</i>	2	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	5	PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA STARTER PACK	5	QL (60 EA per 365 days) PA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	2	MO
CHLORZOXAZONE TABS 250MG	3	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	2	MO
<i>tizanidine hcl caps</i>	2	
<i>tizanidine hcl tabs</i>	2	MO
<i>tizanidine hydrochloride tabs 4mg</i>	2	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	2	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	2	MO
<i>buprenorphine hcl</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tabs</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet 150mg</i>	2	QL (60 EA per 30 days) MO
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
<i>disulfiram tabs</i>	2	MO
<i>naloxone hcl inj 0.4mg/ml cartridge, 2mg/2ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hydrochloride vial 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	2	MO
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	MO
VIVITROL	5	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
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ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA MO
ANDRODERM	4	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	2	PA MO
<i>testosterone enanthate inj</i>	2	PA MO
<i>testosterone pump gel 1% (12.5mg/act)</i>	2	QL (300 GM per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	2	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	2	QL (300 GM per 30 days) PA MO
<i>testosterone topical soln 30mg/act</i>	2	QL (180 ML per 30 days) PA MO

ANTIDIABETICS, INSULINS

BD ALCOHOL SWABS	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	MO
BASAGLAR KWIKPEN	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	MO
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 6MM	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	2	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	2	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	3	QL (3 ML per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days)
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY INJ 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days)
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FORTEO	5	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	2	QL (3 ML per 90 days) MO
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ ML	4	
<i>pamidronate disodium inj</i> <i>30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	2	
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	2	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	2	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	2	QL (30 EA per 30 days) MO
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml,</i> <i>5mg/100ml</i>	2	
CHELATING AGENTS		
CHEMET	5	MO
<i>clovique</i>	5	PA
<i>deferasirox</i>	5	PA
<i>kionex</i>	2	
LOKELMA	3	MO
<i>penicillamine tabs</i>	5	MO
<i>sodium polystyrene sulfonate rectal</i> <i>susp</i>	2	
<i>sodium polystyrene sulfonate powd,</i> <i>oral susp</i>	2	MO
<i>sps oral susp 15gm/60ml</i>	2	MO
<i>trientine hydrochloride</i>	5	PA MO
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
AMETHIA LO	3	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	MO
<i>deblitane</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	MO
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	MO
<i>errin</i>	2	MO
<i>estarylla</i>	2	
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
ETONOGESTREL/ETHINYL ESTRADIOL	4	MO
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
GIANVI	3	MO
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i>	2	
JOLESSA	3	
JOLIVETTE	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
LEENA	3	MO
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	MO
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	MO
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	MO
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NORA-BE	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone tabs 0.35mg</i>	2	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
OCELLA	3	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	MO
<i>reclipsen</i>	2	
RIVELSA	3	
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	MO
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
TILIA FE	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	MO
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol caps</i>	2	MO
SYNAREL	5	MO
ESTROGENS		
<i>amabelz</i>	2	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>dotti</i>	2	QL (8 EA per 28 days)
DUAVEE	4	MO
<i>estradiol valerate inj</i>	2	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	2	MO
<i>estradiol vaginal crea, oral tabs, vaginal tabs</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	2	QL (8 EA per 28 days) MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO
<i>jinteli</i>	2	
LOPREEZA	3	
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
PREMARIN	4	MO
PREMPRO	4	MO
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate tabs</i>	2	MO
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	2	MO
<i>fludrocortisone acetate tabs</i>	2	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone acetate inj</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 125mg, 1000mg, 40mg</i>	2	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	2	B/D
<i>methylprednisolone tabs</i>	2	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	2	B/D MO
<i>prednisolone sodium phosphate odt</i>	2	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PREDNISONONE INTENSOL	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	2	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	2	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS	3	MO
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	2	
ALDURAZYME	5	PA LA
<i>cabergoline</i>	2	MO
CARBAGLU	5	PA LA
CERDELGA	5	PA
CEREZYME	5	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	2	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CYSTADANE	5	LA
CYSTAGON	4	PA LA
<i>desmopressin acetate</i>	2	MO
FABRAZYME	5	PA LA
<i>fomepizole</i>	5	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
KORLYM	5	PA LA
KUVAN	5	PA LA
LEVOCARNITINE TABS	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>levocarnitine soln</i>	2	MO
LUMIZYME	5	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
<i>methergine</i>	2	
<i>methylergonovine maleate tabs</i>	2	MO
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA LA
<i>nitisinone</i>	5	PA
NITYR	5	PA LA
<i>octreotide acetate</i>	2	PA
ORFADIN	5	PA LA
<i>raloxifene hydrochloride</i>	2	MO
<i>sapropterin dihydrochloride</i>	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ ML, 0.9MG/ML	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT INJ	5	PA LA
STIMATE	5	
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps, tabs 667mg</i>	2	QL (360 EA per 30 days) MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate susp 40mg/ml, 625mg/5ml</i>	2	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>progesterone</i>	2	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
LEVO-T	4	
<i>levothyroxine sodium tabs</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	2	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	2	MO
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	2	MO
SYNTHROID	4	MO
UNITHROID	3	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	MO
<i>doxercalciferol</i>	2	
<i>paricalcitol</i>	2	MO

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	2	B/D MO
<i>compro</i>	2	MO
DIMENHYDRINATE INJ	4	
<i>dronabinol</i>	2	QL (60 EA per 30 days) PA MO
EMEND	4	B/D MO
<i>granisetron hcl</i>	2	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	2	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	2	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	2	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hcl oral soln</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	2	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ondansetron hydrochloride inj</i>	2	MO
<i>ondansetron odt</i>	2	B/D MO
<i>phenadoz supp 25mg</i>	2	PA
<i>phenadoz supp 12.5mg</i>	2	PA MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine supp</i>	2	MO
<i>promethazine hcl inj, supp</i>	2	PA MO
<i>promethazine hcl plain syrpf 6.25mg/5ml</i>	2	PA MO
<i>promethazine hydrochloride tabs</i>	2	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	2	PA
<i>promethegan supp 50mg</i>	2	PA MO
SANCUSO	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	2	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	2	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	2	MO
<i>dicyclomine hydrochloride</i>	2	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	2	
<i>glycopyrrolate inj 1mg/5ml, 4mg/20ml</i>	2	MO
<i>methscopolamine bromide tabs</i>	2	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral soln</i>	2	MO
<i>cimetidine tabs</i>	2	MO
<i>famotidine premixed inj 20mg/50ml</i>	2	
<i>famotidine inj</i>	2	
<i>famotidine oral susp, tabs</i>	2	MO
<i>nizatidine</i>	2	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>budesonide er tab 9mg</i>	5	MO
<i>budesonide cpep 3mg</i>	2	MO
<i>colocort</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	MO
<i>mesalamine dr caps, tabs</i>	2	MO
<i>mesalamine kit, supp</i>	2	MO
<i>mesalamine enem</i>	2	QL (1680 ML per 28 days) MO
SULFASALAZINE DELAYED RELEASE TABS	3	MO
<i>sulfasalazine tabs</i>	2	MO
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	MO
<i>lactulose</i>	2	MO
NULYTELY/FLAVOR PACKS	3	MO
OSMOPREP	4	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	4	MO
SUPREP BOWEL PREP KIT	4	MO
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) PA MO
CARAFATE	4	MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	2	MO
<i>diphenoxylate/atropine</i>	2	MO
GATTEX	5	PA LA
<i>lansoprazole/amoxicillin/ clarithromycin</i>	2	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>loperamide hydrochloride</i>	2	
<i>misoprostol tabs</i>	2	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
RELISTOR	5	PA MO
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
<i>ursodiol</i>	2	MO
XIFAXAN TABS 550MG	5	PA MO
PANCREATIC ENZYMES		
CREON	3	MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole dr caps, odt</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
<i>pantoprazole sodium dr tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	2	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	2	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	2	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
<i>bethanechol chloride</i>	2	MO
ELMIRON	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>flavoxate hcl</i>	2	MO
<i>potassium citrate er</i>	2	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	2	QL (30 EA per 30 days) MO
MYRBETRIQ	4	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	2	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	2	QL (30 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) MO
<i>trospium chloride</i>	2	QL (60 EA per 30 days) MO
<i>trospium chloride er</i>	2	QL (30 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate crea 2%</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole 3</i>	2	MO
<i>terconazole</i>	2	MO

HEMATOLOGIC

ANTICOAGULANTS

ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	2	MO
<i>fondaparinux sodium</i>	2	MO
FRAGMIN	4	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
PRADAXA	4	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	2	MO
<i>cilostazol</i>	1	MO
DROXIA	3	MO
ENDARI	5	PA LA
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	2	MO
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	2	QL (30 EA per 30 days) MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole</i>	2	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BRILINTA	4	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	2	PA MO
<i>prasugrel</i>	2	MO

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
RENFLEXIS	5	PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI	5	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA
XELJANZ	5	QL (60 EA per 30 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i>	2	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	1	MO
XATMEP	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
IMMUNOGLOBULINS		
BIVIGAM	5	PA
FLEBOGAMMA DIF INJ 5% (5GM/100ML)	4	PA
FLEBOGAMMA DIF INJ 5% (0.5GM/10ML, 10GM/200ML, 2.5GM/50ML, 20GM/400ML), 10% (10GM/100ML, 20GM/200ML, 5GM/50ML)	5	PA
GAMASTAN	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A INJ 10MU	4	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	5	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs</i>	2	B/D MO
BENLYSTA	5	PA
<i>cyclosporine</i>	2	B/D MO
<i>cyclosporine modified caps, soln</i>	2	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	B/D MO
<i>engraf caps</i>	2	B/D
<i>engraf soln</i>	2	B/D MO
<i>mycophenolate mofetil caps, inj, tabs</i>	2	B/D MO
<i>mycophenolate mofetil oral susp</i>	5	B/D MO
<i>mycophenolic acid dr</i>	2	B/D MO
NULOJIX	5	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PROGRAF	4	B/D MO
SANDIMMUNE	3	B/D MO
<i>sirolimus tabs</i>	2	B/D MO
<i>sirolimus soln</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D MO
ZORTRESS	5	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 EA per 999 days)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.225%	4	
DEXTROSE 5%/NACL 0.3%	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.225%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers viaflex inj</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	2	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	2	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	2	
<i>sodium bicarbonate inj 8.4%</i>	2	MO
SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.45%</i>	2	
<i>sodium chloride inj 0.9% (flex cont), 3%</i>	2	MO
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
ADC/FLUORIDE	4	MO
EFFER-K TAB 25MEQ	3	MO
EFFERVESCENT POTASSIUM	3	MO
FLUORIDE	4	MO
FLUORITAB	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
KLOR-CON 10	3	
KLOR-CON 8	3	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con pow 20meq</i>	2	
KLOR-CON/EF	3	MO
LUDENT	4	MO
M-NATAL PLUS	3	MO
MULTI VITAMIN/FLUORIDE	4	MO
MULTI-VITAMIN/FLUORIDE DROPS	4	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	4	MO
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	4	
MULTIVITAMIN/FLUORIDE CHEW 0.25MG, 0.5MG	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
POLY-VITAMIN/FLUORIDE	4	
<i>potassium chloride cr</i>	2	MO
<i>potassium chloride er</i>	2	MO
<i>potassium chloride sr</i>	2	MO
<i>potassium chloride pack 20meq</i>	2	MO
<i>potassium chloride oral soln 10%, 20%</i>	2	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PREPLUS	3	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SODIUM FLUORIDE SOLN 0.5MG/ML	4	MO
TRI-VITE/FLUORIDE	4	MO
TRICARE PRENATAL TABS	3	MO
VOL-PLUS	3	MO
VP-PNV-DHA	3	MO
IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID	3	B/D
<i>plenamine</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE 10 %	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

BLEPHAMIDE S.O.P. OINT	4	MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	2	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone ophthalmic susp</i>	2	MO
ZYLET	3	MO
ANTI-INFECTIVES		
AZASITE	4	MO
<i>bacitracin</i>	2	MO
<i>bacitracin/polymyxin ophthalmic oint</i>	2	MO
BESIVANCE	3	MO
CILOXAN	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	2	QL (20 ML per 30 days) MO
<i>gentak</i>	2	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	2	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	2	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin topical ointment</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	QL (60 ML per 30 days) MO
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>sodium sulfacetamide ophthalmic soln</i>	2	QL (90 ML per 30 days) MO
<i>sulfacetamide sodium oint 10%</i>	2	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO
<i>bromfenac</i>	2	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
<i>diclofenac sodium soln 0.1%</i>	2	QL (10 ML per 30 days) MO
DUREZOL	3	MO
FLAREX	4	
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	2	MO
<i>prednisolone acetate ophthalmic soln</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
ANTIALLERGICS		
<i>azelastine hcl nasal soln 0.15% (137mcg/spray) ophthalmic soln 0.05%</i>	2	MO
BEPREVE	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>cromolyn sodium ophthalmic soln 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
LASTACAFT	4	MO
<i>olopatadine hcl ophthalmic soln 0.2%</i>	2	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	MO
PAZEO	3	MO
ZERVIATE	4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO
AZOPT	3	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	2	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	MO
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	2	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	4	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	2	MO
<i>travoprost</i>	2	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CYSTARAN	5	PA LA
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO

ANTIHISTAMINES

<i>azelastine hcl nasal soln 0.15% (137mcg/spray) nasal soln 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.15% (205.5mcg/spray)</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	2	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	2	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	2	QL (300 ML per 30 days) MO
<i>clemastine fumarate tab 2.68mg</i>	2	PA MO
<i>cyproheptadine hcl syrpf 2mg/5ml</i>	2	PA MO
<i>cyproheptadine hydrochloride tab 4mg</i>	2	PA MO
<i>desloratadine</i>	2	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	2	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	2	PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>hydroxyzine hcl inj, syrp</i>	2	PA MO
<i>hydroxyzine hydrochloride tabs</i>	2	PA MO
<i>hydroxyzine pamoate</i>	2	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	2	MO
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate er tabs</i>	2	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp, tabs</i>	2	MO
<i>levalbuterol hcl neb 1.25mg/0.5ml</i>	2	B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
<i>metaproterenol sulfate</i>	2	
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	2	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	2	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D MO
<i>aminophylline</i>	2	
ARALAST NP	5	PA LA
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
DALIRESP	4	MO
<i>epinephrine hcl inj soln inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EPIPEN 2-PAK	4	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	4	QL (2 EA per 30 days) MO
ESBRIET	5	PA
FASENRA	5	QL (1 ML per 28 days) PA
FASENRA PEN	5	QL (1 ML per 28 days) PA
KALYDECO	5	PA
OFEV	5	PA
ORKAMBI	5	PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
SYMDEKO TBPK 75MG; 50MG	5	PA
SYMDEKO TBPK 150MG; 100MG	5	PA LA
THEO-24	4	MO
<i>theophylline er</i>	2	MO
<i>theophylline soln 80 mg/15ml</i>	2	MO
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
NASAL STEROIDS		
<i>flunisolide</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO

TOPICAL

DERMATOLOGY, ACNE

<i>amnesteam</i>	2	PA
AVITA CREA	4	QL (45 GM per 30 days) PA
AVITA GEL	4	QL (45 GM per 30 days) PA MO
<i>claravis</i>	2	PA
<i>clindacin etz pledgets</i>	2	MO
<i>clindacin-p pad 1%</i>	2	MO
<i>clindamycin phosphate/benzoyl peroxide</i>	2	MO
<i>clindamycin phosphate foam 1%</i>	2	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%;1%</i>	2	MO
<i>dapsone gel 5%, 7.5%</i>	2	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	2	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	2	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	2	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	2	PA
<i>myorisan</i>	2	PA
<i>neuac gel</i>	2	MO
<i>sulfacetamide sodium lotn 10%</i>	2	MO
TRETINOIN MICROSPHERE GEL	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	2	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	2	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	2	QL (60 GM per 30 days) MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE	3	MO
SSD	3	
SULFAMYLON CREA	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	2	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
<i>ketconazole crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketconazole foam 2%</i>	2	QL (100 GM per 30 days) MO
<i>naftifine hcl crea 1%</i>	2	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>nyamyc</i>	2	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	2	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA MO
<i>calcipotriene crea, oint</i>	2	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	2	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	QL (100 GM per 30 days) MO
<i>methoxsalen</i>	5	MO
<i>tazarotene crea 0.1%</i>	2	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	4	QL (60 GM per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO
<i>selenium sulfide</i>	2	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	2	MO
<i>augmented betamethasone dipropionate</i>	2	MO
<i>beseer lotn 0.05%</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>calcipotriene/betamethasone dipropionate</i>	2	QL (400 GM per 30 days) PA MO
<i>clobetasol propionate emollient foam</i>	2	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient crea</i>	2	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	2	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	2	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	2	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	2	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	2	QL (60 GM per 30 days) MO
<i>clodan shampoo</i>	2	QL (118 ML per 30 days)
<i>desonide lotn</i>	2	QL (118 ML per 30 days) MO
<i>desonide gel</i>	2	QL (60 GM per 30 days)
<i>desonide crea, oint</i>	2	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	2	QL (100 GM per 30 days) MO
<i>desoximetasone gel</i>	2	QL (60 GM per 30 days) MO
<i>diflorasone diacetate</i>	2	QL (60 GM per 30 days) MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body oil</i>	2	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil</i>	2	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	2	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	2	QL (120 GM per 30 days) MO
<i>fluocinonide crea</i>	2	QL (120 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>fluocinonide gel, oint</i>	2	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	2	QL (60 ML per 30 days) MO
<i>flurandrenolide crea 0.05%</i>	2	QL (120 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	2	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	2	MO
<i>halobetasol propionate crea, oint</i>	2	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	2	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	2	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	2	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	2	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate crea, oint</i>	2	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone (generic Ala-Cort) crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	2	MO
<i>mometasone furoate oint 0.1%</i>	2	MO
<i>mometasone furoate soln 0.1%</i>	2	MO
<i>nolix cream</i>	2	QL (120 GM per 30 days) MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	2	QL (60 GM per 30 days) MO
TEXACORT	4	MO
<i>tovet foam</i>	2	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	2	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide crea 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triderm crea 0.5%</i>	2	
<i>triderm crea 0.1%</i>	2	QL (454 GM per 30 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external soln 4%</i>	2	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	2	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	2	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	2	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	2	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	2	MO
<i>azelaic acid</i>	2	QL (50 GM per 30 days) MO
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	4	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM	4	QL (50 GM per 30 days) MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA
FLUOROURACIL CREA 0.5%	4	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	2	QL (10 ML per 30 days) MO
<i>hydrocortisone (generic Proctosol HC) crea 2.5%</i>	2	MO
<i>imiquimod</i>	2	QL (24 EA per 30 days) MO
IMIQUIMOD PUMP	5	QL (7.5 GM per 30 days) MO
<i>metronidazole crea 0.75%</i>	2	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	2	MO
<i>metronidazole lotn 0.75%</i>	2	MO
NORITATE	5	QL (60 GM per 30 days) MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
PENNSAID	5	QL (224 GM per 28 days) PA MO
PICATO GEL 0.05%	5	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	5	QL (3 EA per 30 days) MO
<i>podofilox</i>	2	MO
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO

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Drug name	Drug tier	Requirements/Limits
<i>proctozone-hc</i>	2	
RECTIV	4	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	2	
<i>rosadan crea</i>	2	QL (45 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	2	QL (60 GM per 30 days) MO
TARGRETIN	5	QL (60 GM per 30 days) PA
VALCHLOR	5	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP 2.5%	5	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	2	MO
<i>permethrin</i>	2	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	3	MO
STERILE WATER IRRIGATION PLASTIC BOTTLE	3	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	2	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
CLINPRO 5000	4	MO
<i>clotrimazole troc 10mg</i>	2	MO
DENTAGEL	4	QL (56 GM per 30 days) MO
FLUORIDEX	4	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	4	
<i>lidocaine viscous</i>	2	MO
<i>nystatin susp 100000unit/ml</i>	2	MO
<i>oralone dental paste</i>	2	
<i>paroex oral soln</i>	1	
<i>periogard oral soln</i>	1	
<i>pilocarpine hydrochloride tabs</i>	2	MO
SF GEL	4	QL (56 GM per 30 days) MO
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 ppm sensitive</i>	2	
SODIUM FLUORIDE GEL 1.1%	4	QL (56 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>triamcinolone acetonide dental paste</i>	2	MO
OTIC		
<i>acetic acid otic soln</i>	2	MO
CIPRO HC OTIC SUSP	4	MO
CIPRODEX	3	MO
CIPROFLOXACIN OTIC SOLN 0.2%	3	MO
<i>ciprofloxacin/dexamethasone</i>	2	MO
<i>flac otic oil</i>	2	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	2	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin otic soln 0.3%</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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<i>acebutolol hydrochloride</i>	35	<i>albuterol sulfate hfa</i>	83	AMINOSYN-PF	78
<i>acetaminophen/codeine soln</i>	12	<i>alclometasone dipropionate</i>	87	<i>amiodarone hcl</i>	33
<i>acetaminophen/codeine tabs</i>	12	ALDURAZYME	64	<i>amiodarone hydrochloride</i>	33
<i>acetazolamide</i>	37	ALECENSA	27	<i>amitriptyline hcl</i>	42
<i>acetazolamide er</i>	37	<i>alendronate sodium</i>	56	<i>amitriptyline hydrochloride</i>	42
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ACETIC ACID 0.25%	69	ALIMTA	25	<i>amlodipine besylate/ atorvastatin calcium</i>	37
<i>acetylcysteine</i>	64, 83	ALINIA	14	<i>amlodipine</i>	31
<i>acitretin</i>	86	<i>aliskiren</i>	37	<i>besylate/benazepril hydrochloride</i>	31
ACTHIB	74	<i>allopurinol</i>	10	<i>amlodipine besylate/ valsartan</i>	32
ACTIMMUNE	73	<i>almotriptan malate</i>	50	<i>amlodipine/olmesartan medoxomil</i>	32
<i>acyclovir</i>	20, 89	<i>alosetron hydrochloride</i>	68	<i>amlodipine/valsartan/ hctz</i>	32
<i>acyclovir sodium</i>	20	ALPHAGAN P	81	<i>amlodipine/valsartan/ hydrochlorothiazide</i>	32
ADACEL	74	<i>alprazolam</i>	39	<i>ammonium lactate</i>	89
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<i>adefovir dipivoxil</i>	20	ALPRAZOLAM	39	<i>amoxapine</i>	42
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<i>adrucil</i>	25	ALREX	80		
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<i>hcl</i>		BASAGLAR KWIKPEN	53	<i>amoxicillin/clavulanate</i>	22
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<i>aubra eq</i>	58	MHC INSULIN SYRINGE		<i>dextroamphetamine er</i>	
<i>augmented</i>	87	SAFETYGLIDE/1ML/		<i>amphotericin b</i>	16
<i>betamethasone</i>		29G X 1/2		<i>ampicillin</i>	22
<i>dipropionate</i>		BD/ULTIMED/	53	<i>ampicillin sodium</i>	23
<i>aurovela 1.5/30</i>	58	ALLISON/TRIVIDIA/		<i>ampicillin-sulbactam</i>	23
<i>aurovela 24 fe</i>	58	MHC INSULIN		ANADROL-50	53
<i>aurovela fe 1.5/30</i>	58	SYRINGE ULTRA-		<i>anagrelide</i>	71
<i>aurovela fe 1/20</i>	58	AFINE/0.3ML/31G X		<i>hydrochloride</i>	
AURYXIA	65	6MM		<i>anastrozole</i>	25
AUSTEDO	51	BD/ULTIMED/	53	ANDRODERM	53
AVASTIN	27	ALLISON/TRIVIDIA/		ANORO ELLIPTA	82
<i>aviane</i>	58	MHC INSULIN		APOKYN	45
AVITA	85	SYRINGE ULTRA-		<i>aprepitant</i>	66
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<i>osmotic dextrose</i>		CILOXAN	79	CLINDAMYCIN/	14
<i>ceftriaxone sodium</i>	21	CIMDUO	18	SODIUM CHLORIDE	
CEFTRIAZONE	21	<i>cimetidine</i>	67	CLINIMIX 4.25%/	78
SODIUM		<i>cimetidine hcl</i>	67	DEXTROSE 5%	
<i>cefuroxime axetil</i>	21	<i>cinacalcet hydrochloride</i>	64	CLINIMIX 4.25%/	78
<i>cefuroxime sodium</i>	21	CIPRODEX	91	DEXTROSE 10%	
<i>celecoxib</i>	10	CIPROFLOXACIN	91	CLINIMIX 5%/	78
CELONTIN	39	<i>ciprofloxacin/</i>	91	DEXTROSE 15%	
<i>cephalexin</i>	21	<i>dexamethasone</i>		CLINIMIX 5%/	78
CERDELGA	64	<i>ciprofloxacin hcl</i>	22	DEXTROSE 20%	
CEREZYME	64	<i>ciprofloxacin</i>	22,	CLINIMIX 6/5	78
<i>cetirizine hydrochloride</i>	82	<i>hydrochloride</i>	79	CLINIMIX 8/10	78
<i>cevimeline</i>	90	<i>ciprofloxacin i.v.-in d5w</i>	22	CLINIMIX 8/14	78
<i>hydrochloride</i>		CIPRO HC	91	<i>clinisol sf</i>	78
CHANTIX	52	<i>cisplatin</i>	24	CLINOLIPID	78
CHANTIX CONTINUING	52	<i>citalopram</i>	43	CLINPRO 5000	90
MONTH PAK		<i>hydrobromide</i>		<i>clobazam</i>	39
CHANTIX STARTING	52	<i>cladribine</i>	25	<i>clobetasol propionate</i>	87
MONTH PAK		<i>claravis</i>	85	<i>clodan shampoo</i>	87
<i>chateal</i>	58	<i>clarithromycin</i>	22	<i>clofarabine</i>	25
<i>chateal eq</i>	58	<i>clarithromycin er</i>	22	<i>clomipramine hcl</i>	43
CHEMET	57	<i>clemastine fumarate</i>	82	<i>clonazepam</i>	40
<i>chloramphenicol</i>	14	<i>clindacin etz pledgets</i>	85	<i>clonazepam odt</i>	39
<i>chlordiazepoxide/</i>	43	<i>clindacin-p</i>	85	<i>clonidine hcl</i>	37
<i>amitriptyline</i>		<i>clindamycin/benzoyl</i>	85	<i>clonidine hydrochloride</i>	37
<i>chlordiazepoxide hcl</i>	39	<i>peroxide</i>		<i>clopidogrel</i>	72
<i>chlordiazepoxide</i>	39	<i>clindamycin hcl</i>	14	<i>clorazepate</i>	40
<i>hydrochloride</i>		<i>clindamycin</i>	14	<i>dipotassium</i>	
<i>chlorhexidine gluconate</i>	90	<i>hydrochloride</i>		<i>clotrimazole</i>	86

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<i>clotrimazole/</i>	86	<i>cyproheptadine hcl</i>	82	<i>desloratadine odt</i>	82
<i>betamethasone</i>		<i>cyproheptadine</i>	82	<i>desmopressin acetate</i>	64
<i>dipropionate</i>		<i>hydrochloride</i>		<i>desogestrel/ethinyl</i>	59
<i>clotrimazole troc</i>	90	<i>cyred</i>	58	<i>estradiol</i>	
<i>clovique</i>	57	<i>cyred eq</i>	58	<i>desonide</i>	87
<i>clozapine</i>	46	CYSTADANE	64	<i>desoximetasone</i>	87
<i>clozapine odt</i>	46	CYSTAGON	64	<i>desvenlafaxine er</i>	43
CLOZAPINE ODT	46	CYSTARAN	82	DESVENLAFAXINE ER	43
COARTEM	17	<i>cytarabine aqueous</i>	25	<i>dexamethasone</i>	63
<i>colchicine</i>	10	<i>dacarbazine</i>	26	DEXAMETHASONE	63
<i>colesevelam</i>	34	<i>dactinomycin</i>	24	INTENSOL	
<i>hydrochloride</i>		<i>dalfampridine er</i>	51	<i>dexamethasone sodium</i>	63,
<i>colestipol hcl</i>	34	DALIRESP	83	<i>phosphate</i>	80
<i>colistimethate</i>	14	<i>danazol</i>	62	DEXILANT	69
<i>colocort</i>	68	<i>dantrolene sodium</i>	52	<i>dexmethylphenidate hcl</i>	49
COMBIGAN	81	<i>dapsone</i>	14,	<i>dexmethylphenidate</i>	49
COMBIVENT RESPIMAT	82		85	<i>hcl er</i>	
COMETRIQ	28	DAPTACEL	74	<i>dexmethylphenidate</i>	49
COMPLERA	18	<i>daptomycin</i>	14	<i>hydrochloride</i>	
<i>compro</i>	66	DAPTOMYCIN	14	<i>dexrazoxane</i>	31
<i>constulose</i>	68	<i>darifenacin</i>	70	<i>dextroamphetamine</i>	49
COPAXONE	51	<i>hydrobromide er</i>		<i>sulfate</i>	
COPIKTRA	28	<i>dasetta 1/35</i>	58	<i>dextroamphetamine</i>	49
CORLANOR	37	<i>dasetta 7/7/7</i>	58	<i>sulfate er</i>	
<i>cortisone acetate</i>	63	<i>daunorubicin</i>	24	DEXTROSE 2.5%/NACL	75
COTELLIC	28	<i>hydrochloride</i>		0.45%	
CREON	69	DAUNORUBICIN	24	<i>dextrose 5%</i>	75,
CRIXIVAN	17	HYDROCHLORIDE			78
<i>cromolyn sodium</i>	68,	DAURISMO	28	DEXTROSE 5% /	75
	81,	<i>daysee</i>	58	ELECTROLYTE #48	
	83	<i>deblitane</i>	58	VIAFLEX	
<i>cryselle-28</i>	58	<i>decitabine</i>	25	DEXTROSE 5%/	75
<i>cyclafem 1/35</i>	58	<i>deferasirox</i>	57	LACTATED RINGERS	
<i>cyclafem 7/7/7</i>	58	DELESTROGEN	62	DEXTROSE 5%/NACL	75
<i>cyclobenzaprine</i>	51	DELSTRIGO	18	0.2%	
<i>hydrochloride</i>		DEMSEER	37	DEXTROSE 5%/NACL	75
<i>cyclophosphamide</i>	24	DENTAGEL	90	0.3%	
CYCLOPHOSPHAMIDE	24	DEPO-PROVERA	25	DEXTROSE 5%/NACL	75
<i>cycloserine</i>	19	DESCOVY	19	0.9%	
<i>cyclosporine</i>	73	<i>desipramine hcl</i>	43	DEXTROSE 5%/NACL	75
<i>cyclosporine modified</i>	73	<i>desloratadine</i>	82	0.33%	

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DEXTROSE 5%/NACL	75	<i>diltiazem hcl cd</i>	36	<i>doxorubicin hcl</i>	24
0.45%		<i>diltiazem hcl er</i>	36	<i>liposome</i>	
DEXTROSE 5%/NACL	75	<i>diltiazem hcl inj</i>	36	<i>doxorubicin</i>	24
0.225%		<i>diltiazem hydrochloride</i>	36	<i>hydrochloride liposomal</i>	
<i>dextrose 10%</i>	75, 78	<i>diltiazem hydrochloride</i>	36	<i>doxy 100</i>	23
DEXTROSE 10%/NACL	75	<i>er</i>		<i>doxycycline</i>	23
0.2%		<i>dilt-xr</i>	36	DOXYCYCLINE	89
DEXTROSE 10%/NACL	75	DIMENHYDRINATE	66	<i>doxycycline hyclate</i>	23
0.45%		<i>diphenhydramine hcl</i>	82	<i>doxycycline hyclate dr</i>	23
DEXTROSE 50%	78	<i>diphenoxylate/atropine</i>	68	<i>doxycycline</i>	23
DEXTROSE 70%	78	DIPHThERIA/TETANUS	74	<i>monohydrate</i>	
<i>diazepam</i>	40	TOXOIDS ADSORBED		DRIZALMA	43
DIAZEPAM RECTAL	40	PEDIATRIC		<i>dronabinol</i>	66
GEL		<i>dipyridamole</i>	72	<i>drospirenone/ethinyl</i>	59
<i>diazoxide</i>	64	<i>disopyramide</i>	33	<i>estradiol</i>	
<i>diclofenac potassium</i>	10	<i>phosphate</i>		<i>drospirenone/ethinyl</i>	59
<i>diclofenac sodium</i>	80, 89	<i>disulfiram</i>	52	<i>estradiol/levomefolate</i>	
<i>diclofenac sodium dr</i>	10	<i>divalproex sodium</i>	40	<i>calcium</i>	
<i>diclofenac sodium er</i>	10	<i>divalproex sodium dr</i>	40	DROXIA	71
<i>diclofenac sodium/</i>	10	<i>divalproex sodium er</i>	40	DUAVEE	62
<i>misoprostol</i>		<i>docetaxel</i>	27	DUEXIS	10
<i>dicloxacillin</i>	23	DOCETAXEL	27	<i>duloxetine</i>	43
<i>dicyclomine hcl</i>	67	<i>dofetilide</i>	33	<i>hydrochloride</i>	
<i>dicyclomine</i>	67	<i>donepezil hc</i>	42	DUREZOL	80
<i>hydrochloride</i>		<i>donepezil hcl</i>	42	<i>dutasteride</i>	69
<i>didanosine</i>	17	<i>donepezil hydrochloride</i>	42	<i>dutasteride/tamsulosin</i>	69
DIFICID	22	<i>dorzolamide hcl</i>	81	<i>hcl</i>	
<i>diflorasone diacetate</i>	87	<i>doxolamide hcl/timolol</i>	81	<i>ec-naproxen</i>	10
<i>diflunisal</i>	10	<i>maleate</i>		<i>econazole nitrate</i>	86
<i>digitek</i>	37	<i>dorzolamide</i>	81	EDARBI	33
<i>digox</i>	37	<i>hydrochloride/timolol</i>		EDARBYCLOR	33
<i>digoxin</i>	37	<i>maleate pf</i>		EDURANT	17
<i>dihydroergotamine</i>	50	<i>dotti</i>	62	<i>efavirenz</i>	17, 19
<i>mesylate</i>		DOVATO	19	<i>efavirenz/emtricitabine/</i>	19
DILANTIN	40	<i>doxazosin mesylate</i>	32	<i>tenofovir disoproxil</i>	
DILANTIN-125	40	DOXEPINE	89	<i>fumarate</i>	
DILANTIN INFATABS	40	HYDROCHLORIDE		<i>efavirenz/lamivudine/</i>	19
<i>diltiazem hcl</i>	36	<i>doxepin hcl</i>	43	<i>tenofovir disoproxil</i>	
DILTIAZEM HCL	36	<i>doxepin hydrochloride</i>	43, 50	<i>fumarate</i>	
		<i>doxercalciferol</i>	66	EFFER-K	76

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POTASSIUM		<i>epinastine hcl</i>	81		63
<i>eletriptan</i>	50	<i>epinephrine hcl</i>	38,	<i>estradiol/norethindrone</i>	62
<i>hydrobromide</i>			83	<i>acetatemg</i>	
<i>elinest</i>	59	EPIPEN	84	<i>estradiol valerate</i>	62
ELIQUIS	70	EPIPEN-JR	84	ESTRING	63
ELIQUIS STARTER PACK	70	<i>epirubicin hcl</i>	25	<i>eszopiclone</i>	50
ELITEK	31	<i>epitol</i>	40	<i>ethambutol</i>	19
ELMIRON	69	EPIVIR HBV	20	<i>hydrochloride</i>	
<i>eluryng</i>	59	<i>eplerenone</i>	32	<i>ethosuximide</i>	40
EMBRE;	72	<i>epoprostenol sodium</i>	38	<i>ethynodiol diacetate/</i>	59
EMCYT	26	<i>eprosartan mesylate</i>	33	<i>ethinyl estradiol</i>	
EMEND	66	<i>ergotamine tartrate/</i>	50	<i>etodolac</i>	10
<i>emoquette</i>	59	<i>caffeine</i>		<i>etodolac er</i>	10
EMSAM	43	ERIVEDGE	28	ETONOGESTREL/	59
<i>emtricitabine</i>	17,	ERLEADA	26	ETHINYL ESTRADIOL	
	19	<i>erlotinib hydrochloride</i>	28	<i>etoposide</i>	27
<i>emtricitabine/tenofovir</i>	19	<i>errin</i>	59	<i>euthyrox</i>	65
<i>disoproxil fumarate</i>		ERTACZO	86	<i>everolimus</i>	28,
EMTRIVA	17	<i>ertapenem</i>	14		73
EMVERM	14	<i>ery pad</i>	85	EVOTAZ	19
<i>enalapril maleate</i>	31,	ERYTHROCIN	22	<i>exemestane</i>	26
	32	LACTOBIONATE		<i>ezetimibe</i>	34
<i>enalapril maleate/</i>	31	<i>erythrocin stearate</i>	22	<i>ezetimibe/simvastatin</i>	34
<i>hydrochlorothiazide</i>		<i>erythromycin</i>	22,	FABRAZYME	64
ENBREL	72		79,	<i>falmina</i>	59
ENBREL MINI	72		85	<i>famciclovir</i>	20
ENBREL SURECLICK	72	<i>erythromycin base</i>	22	<i>famotidine</i>	67
ENDARI	71	<i>erythromycin/benzoyl</i>	85	<i>famotidine premixedl</i>	67
<i>endocet</i>	12	<i>peroxide</i>		FANAPT	46
ENGERIX-B	74	<i>erythromycin dr</i>	22	FANAPT TITRATION	46
ENHERTU	28	<i>erythromycin</i>	22	PACK	
<i>enoxaparin sodium</i>	70	<i>ethylsuccinate</i>		FARXIGA	54
<i>enpresse-28</i>	59	<i>erythromycin stearate</i>	22	FARYDAK	28
<i>enskyce</i>	59	ESBRIET	84	FASENRA	84
ENSTILAR	87	<i>escitalopram oxalate</i>	43	FASENRA PEN	84
<i>entacapone</i>	45	<i>esomeprazole</i>	69	<i>fayosim</i>	59
<i>entecavir</i>	20	<i>magnesium</i>		<i>febuxostat</i>	10
ENTRESTO	33	<i>esomeprazole sodium</i>	69	<i>felbamate</i>	40
<i>enulose</i>	68	<i>estarylla</i>	59	<i>felodipine er</i>	36
EPCLUSA	20			<i>femynor</i>	59

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<i>fenofibrate micronized</i>	34		88	FREAMINE HBC	78
FENOFIBRIC ACID	34	<i>fluocinonide emulsified</i>	87	FREAMINE III	78
<i>fenofibric acid dr</i>	34	FLUORIDE	76	<i>frovatriptan succinate</i>	50
<i>fenopropfen calcium</i>	10	FLUORIDEX	90	<i>fulvestrant</i>	26
FENOPROFEN	10	FLUORIDEX	90	<i>furosemide</i>	37
CALCIUM		SENSITIVITY RELIEF/ SLS FREE		FUZEON	17
<i>fentanyl</i>	11	FLUORITAB	76	<i>fyavolv</i>	63
<i>fentanyl citrate oral transmucosal</i>	12	FLUOROMETHOLONE	80	FYCOMPA	40
FETZIMA	43	FLUOROPLEX	89	<i>gabapentin</i>	40
FETZIMA TITRATION PACK	43	<i>fluorouracil</i>	25, 89	<i>galantamine hydrobromide</i>	42
FIASP	53, 54	FLUOROURACIL CREA 0.5%	89	<i>galantamine hydrobromide er</i>	42
FIASP FLEXTOUCH	53	<i>fluoxetine dr</i>	43	GAMASTAN	73
FIASP PENFILL	54	<i>fluoxetine hcl</i>	43	GAMMAGARD	73
FINACEA	89	<i>fluoxetine hydrochloride</i>	43	GAMMAKED	73
<i>finasteride</i>	69	<i>fluphenazine decanoate</i>	46	GAMMAPLEX	73
FINTEPLA	40	<i>fluphenazine hcl</i>	46	GAMUNEX-C	73
<i>flac</i>	91	<i>fluphenazine hydrochloride</i>	46	<i>ganciclovir</i>	20
FLAREX	80	<i>flurandrenolide crea</i>	88	GARDASIL 9	74
<i>flavoxate hcl</i>	70	<i>flurbiprofen</i>	10	<i>gatifloxacin</i>	79
FLEBOGAMMA DIF	73	<i>flurbiprofen sodium</i>	80	GATTEX	68
<i>flecainide acetate</i>	34	<i>flutamide</i>	26	GAUZE PADS	53
FLOVENT DISKUS	84	<i>fluticasone propionate</i>	84, 88	<i>gavilyte-c</i>	68
FLOVENT HFA	84	<i>fluvastatin</i>	34	<i>gavilyte-g</i>	68
<i>fluconazole</i>	16	<i>fluvastatin sodium er</i>	34	<i>gavilyte-n/ flavor pack</i>	68
<i>fluconazole in nacl</i>	16	<i>fluvoxamine maleate</i>	39	GAVRETO	28
<i>fluconazole in sodium chloride</i>	16	<i>fluvoxamine maleate er</i>	39	<i>gemcitabine</i>	25
<i>flucytosine</i>	16	<i>fomepizole</i>	64	<i>gemcitabine hcl</i>	25
<i>fludarabine phosphate</i>	25	<i>fondaparinux sodium</i>	70	<i>gemcitabine hydrochloride</i>	25
<i>fludrocortisone acetate</i>	63	FORTEO	57	GEMCITABINE	25
<i>flunisolide</i>	84	<i>fosamprenavir calcium</i>	17	HYDROCHLORIDE	
<i>fluocinolone acetonide</i>	87, 91	<i>fosinopril sodium</i>	31, 32	<i>gemfibrozil</i>	34
<i>fluocinolone acetonide body oil</i>	87	<i>fosinopril sodium/ hydrochlorothiazide</i>	31	<i>generlac</i>	68
<i>fluocinolone acetonide scalp oil</i>	87	<i>fosphenytoin sodium</i>	40	<i>gengraf</i>	73
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				GENOTROPIN	64
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				<i>gentak</i>	79

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<i>gentamicin sulfate pediatric</i>	14	HAVRIX	74	<i>hydrocortisone butyrate</i>	88
<i>gentamicin sulfate/ sodium chloride</i>	14	<i>heather</i>	59	<i>hydrocortisone butyrate (lipophilic)</i>	88
GENVOYA	19	<i>heparin sodium</i>	71	<i>hydrocortisone valerate</i>	88
GEODON	46	HEPARIN SODIUM	71	<i>hydromorphone hcl</i>	12
GIANVI	59	HEPARIN SODIUM/ D5W	70	HYDROMORPHONE	12
GILENYA	51	HEPARIN SODIUM/ DEXTROSE	70	HCL	
GILOTRIF	28	HEPARIN SODIUM/ NACL 0.45%	70	<i>hydromorphone hydrochloride</i>	12
GLEOSTINE	24	HEPARIN SODIUM/ SODIUM CHLORIDE	71	HYDROMORPHONE	12
<i>glimepiride</i>	54	HEPATAMINE	78	HYDROCHLORIDE	
<i>glipizide</i>	55	HERCEPTIN	28	<i>hydroxychloroquine sulfate</i>	72
<i>glipizide er</i>	54, 55	HERCEPTIN HYLECTA	28	<i>hydroxyurea</i>	26
<i>glipizide/metformin hydrochloride</i>	55	HETLIOZ	50	<i>hydroxyzine hcl</i>	83
<i>glipizide xl</i>	55	HIBERIX	74	<i>hydroxyzine hydrochloride</i>	83
<i>glycopyrrolate</i>	67	HUMIRA	72	<i>hydroxyzine pamoate</i>	83
GLYXAMBI	55	HUMIRA PEDIATRIC	72	HYSINGLA ER	11
GOLYTELY	68	CROHNS DISEASE STARTER PACK		<i>ibandronate sodium</i>	57
<i>granisetron hcl</i>	66	HUMIRA PEN	72	IBRANCE	28
<i>griseofulvin microsize</i>	16	HUMIRA PEN-CD/UC/ HS STARTER	72	<i>ibu</i>	10
<i>griseofulvin ultramicrosize</i>	16	HUMIRA PEN-PS/UV STARTER	72	<i>ibuprofen</i>	10
<i>guanfacine er</i>	49	HUMULIN R U-500	54	<i>icatibant acetate</i>	71
<i>guanfacine hcl</i>	38	<i>hydralazine hcl</i>	38	ICLUSIG	28
GUANIDINE HCL	51	<i>hydralazine hydrochloride</i>	38	<i>idarubicin hcl</i>	25
GVOKE HYPOPEN	64	<i>hydrochlorothiazide</i>	37	IDHIFA	28
GVOKE PFS	64	<i>hydrocodone/ acetaminophen</i>	12	IFEX	24
HAEGARDA	71	<i>hydrocodone bitartrate/ acetaminophen</i>	12	<i>ifosfamide</i>	24
<i>hailey 1.5/30</i>	59	<i>hydrocodone/ibuprofen</i>	12	IFOSFAMIDE	24
<i>hailey 24 fe</i>	59	<i>hydrocortisone</i>	63, 68, 88, 89	ILEVRO	80
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<i>hailey fe 1/20</i>	59			IMBRUVICA	28
<i>halobetasol propionate</i>	88			<i>imipenem/cilastatin</i>	14
<i>haloperidol</i>	46			<i>imipramine hcl</i>	43
<i>haloperidol decanoate</i>	46			<i>imipramine hydrochloride</i>	43
<i>haloperidol lactate</i>	46			<i>imipramine pamoate</i>	43
				<i>imiquimod</i>	89

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IMIQUIMOD PUMP	89	<i>isosorbide dinitrate</i>	38	KCL 0.3%/D5W/NACL	75
IMLYGIC	26	<i>immediate release</i>		0.9%	
IMOVAX RABIES	74	<i>isosorbide mononitrate</i>	38	KCL 0.3%/D5W/NACL	75
(H.D.C.V.)		<i>isosorbide mononitrate</i>	38	0.45%	
<i>incassia</i>	59	<i>er</i>		KCL 0.15%/D5W/NACL	75
INCRELEX	64	<i>isotonic gentamicin</i>	14	0.2%	
INCRUSE ELLIPTA	82	<i>isotretinoin</i>	85	KCL 0.15%/D5W/NACL	75
<i>indapamide</i>	37	<i>isradipine</i>	36	0.9%	
INFANRIX	74	<i>itraconazole</i>	16	KCL 0.15%/D5W/NACL	75
INLYTA	28	<i>ivermectin</i>	14	0.45%	
INQOVI	26	IXIARO	74	KCL 0.15%/D5W/NACL	75
INREBIC	29	<i>jaimiess</i>	59	0.225%	
INTELENCE	17	JAKAFI	29	KCL 0.075%/D5W/	75
INTRON A	73	<i>jantoven</i>	71	NACL 0.45%	
<i>introvale</i>	59	JANUMET	55	<i>kelnor 1/35</i>	60
INVEGA SUSTENNA	46,	JANUMET XR	55	<i>kelnor 1/50</i>	60
	47	JANUVIA	55	<i>ketoconazole</i>	16,
INVEGA TRINZA	47	JARDIANCE	55		86,
INVIRASE	17	<i>jasmiel</i>	59		87
IONOSOL-MB/	75	<i>jencycla</i>	59	<i>ketoprofen</i>	10,
DEXTROSE 5%		JENTADUETO	55		11
IPOL INACTIVATED IPV	74	JENTADUETO XR	55	<i>ketoprofen er</i>	10
<i>ipratropium bromide</i>	82	<i>jinteli</i>	63	<i>ketorolac tromethamine</i>	11,
<i>ipratropium bromide/</i>	82	JOLESSA	59		80
<i>albuterol sulfata</i>		JOLIVETTE	59	KEYTRUDA	29
<i>irbesartan</i>	33	<i>juleber</i>	59	KHAPZORY	31
<i>irbesartan/</i>	33	JULUCA	19	KINRIX	74
<i>hydrochlorothiazide</i>		<i>junel 1.5/30</i>	59	<i>kionex</i>	57
IRESSA	29	<i>junel 1/20</i>	59	KISQALI	27,
<i>irinotecan</i>	27	<i>junel fe 1.5/30</i>	59		29
<i>irinotecan hcl</i>	26	<i>junel fe 1/20</i>	59	KISQALI FEMARA CO-	27
<i>irinotecan</i>	26	<i>junel fe 24</i>	59	PACK	
<i>hydrochloride</i>		JUXTAPID	34	<i>klor-con</i>	77
ISENTRESS	17	KADCYLA	29	KLOR-CON 8	77
ISENTRESS HD	17	<i>kaitlib fe</i>	60	KLOR-CON 10	77
<i>isibloom</i>	59	KALETRA	19	KLOR-CON/EF	77
ISOLYTE-P/DEXTROSE	75	<i>kalliga</i>	60	<i>klor-con m10</i>	77
5%		KALTETRA	19	<i>klor-con m15</i>	77
ISOLYTE-S	75	KALYDECO	84	<i>klor-con m20</i>	77
<i>isoniazid</i>	19	<i>kariva</i>	60	KORLYM	64
				<i>kurvelo</i>	60
				KUVAN	64

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<i>labetalol hydrochloride</i>	35	LENVIMA 18 MG DAILY	29	LEVOXYL	66
<i>lactated ringers viaflex</i>	75	DOSE		LEXIVA	17
<i>lactulose</i>	68	LENVIMA 20 MG DAILY	29	LIBTAYO	29
<i>lamivudine</i>	17, 20	DOSE		<i>lidocaine</i>	89
<i>lamivudine/zidovudine</i>	19	LENVIMA 24 MG DAILY	29	<i>lidocaine hcl</i>	13, 89
<i>lamotrigine</i>	40	DOSE		LIDOCAINE HCL	34
<i>lamotrigine er</i>	40	<i>lessina</i>	60	LIDOCAINE HCL IN	34
<i>lamotrigine odt</i>	40	<i>letrozole</i>	26	D5W	
<i>lamotrigine starter kit/ blue</i>	40	<i>leucovorin calcium</i>	31	<i>lidocaine hcl prefilled syringe</i>	34
<i>lamotrigine starter kit/ green</i>	41	LEUKERAN	24	<i>lidocaine hydrochloride</i>	13
<i>lamotrigine starter kit/ orange</i>	41	<i>leuprolide acetate</i>	26	<i>lidocaine hydrochloride pf</i>	13
<i>lansoprazole/ amoxicillin/ clarithromycin</i>	68	<i>levalbuterol hcl</i>	83	<i>lidocaine/prilocaine</i>	89
<i>lansoprazole dr</i>	69	<i>levalbuterol hydrochloride</i>	83	<i>lidocaine viscous</i>	90
<i>lapatinib ditosylate</i>	29	LEVALBUTEROL	83	<i>lillow</i>	60
<i>larin 1.5/30</i>	60	TARTRATE HFA		<i>linezolid</i>	14
<i>larin 1/20</i>	60	LEVEMIR	54	LINEZOLID	14
<i>larin 24 fe</i>	60	LEVEMIR FLEXTOUCH	54	LINZESS	68
<i>larin fe 1.5/30</i>	60	<i>levetiracetam</i>	41	<i>liothyronine sodium</i>	66
<i>larin fe 1/20</i>	60	<i>levetiracetam er</i>	41	<i>lisinopril</i>	31, 32
<i>larissia</i>	60	<i>levetiracetam/sodium chloride</i>	41	<i>lisinopril/ hydrochlorothiazide</i>	31
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<i>latanoprost</i>	81	<i>levocarnitine</i>	65		
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<i>leflunomide</i>	72	<i>dihydrochloride</i>			
LENVIMA 4 MG DAILY	29	<i>levofloxacin</i>	22, 79		
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DOSE		<i>levoleucovorin calcium</i>	31		
LENVIMA 10 MG DAILY	29	<i>levonest</i>	60		
DOSE		<i>levonorgestrel/ethinyl estradiol</i>	60		
LENVIMA 12MG DAILY	29	<i>levora 0.15/30-28</i>	60		
DOSE		LEVO-T	65		
LENVIMA 14 MG DAILY	29	<i>levothyroxine sodium</i>	65, 66		
DOSE		LEVOTHYROXINE	66		
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				<i>lorcet</i>	12, 13
				<i>lorcet hd</i>	12

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<i>loryna</i>	60	<i>medroxyprogesterone acetate</i>	60, 65	<i>methimazole</i>	66
<i>losartan potassium</i>	33	<i>mefloquine hcl</i>	17	<i>methotrexate</i>	25, 72
<i>losartan potassium/hydrochlorothiazide</i>	33	<i>megestrol acetate</i>	26, 65	<i>methotrexate sodium</i>	25
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<i>loteprednol etabonate</i>	80	<i>melodetta 24 fe</i>	60	<i>methyl dopa</i>	38
<i>lovastatin</i>	34	<i>meloxicam</i>	11	<i>methylergonovine maleate</i>	65
<i>low-ogestrel</i>	60	<i>melphalan</i>	24	<i>methylphenidate hydrochloride</i>	49, 50
<i>loxapine</i>	47	<i>melphalan hydrochloride</i>	24	<i>methylphenidate hydrochloride/5ml</i>	50
<i>loxapine succinate</i>	47	MEMANTINE HCL	42	<i>methylphenidate hydrochloride cd er</i>	49
<i>lo-zumandimine</i>	60	TITRATION PAK		<i>methylphenidate hydrochloride er</i>	49
LUDENT	77	<i>memantine hydrochloride</i>	42	METHYLPHENIDATE	49
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LUPRON DEPOT-PED (1-MONTH)	65	<i>mercaptapurine</i>	25	<i>metoclopramide hydrochloride</i>	66
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<i>mafenide acetate</i>	86	<i>metaproterenol sulfate</i>	83	<i>metoprolol tartrate</i>	35
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<i>mimvey</i>	63	MULTI-VITAMIN/	77	<i>hydrochloride</i>	
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<i>minocycline hcl</i>	23	MULTI-VITAMIN/	77	<i>neomycin/bacitracin/</i>	79
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<i>misoprostol</i>	69	MYLOTARG	29	<i>neomycin/polymyxin/</i>	79
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<i>mitomycin</i>	25	MYRBETRIQ	70	<i>neomycin/polymyxin/</i>	79,
<i>mitoxantrone hcl</i>	27	<i>nabumetone</i>	11	<i>hydrocortisone</i>	91
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<i>moexipril hcl</i>	32	<i>naftifine hydrochloride</i>	86	NERLYNX	29
<i>molindone</i>	47	NAGLAZYME	65	<i>neuac</i>	85
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<i>praziquantel</i>	15	PRIVIGEN	73	PURIXAN	25
<i>prazosin hcl</i>	32	<i>probenecid</i>	10	<i>pyrazinamide</i>	19
<i>prazosin hydrochloride</i>	32	<i>probenecid/colchicine</i>	10	<i>pyridostigmine bromide</i>	51
<i>prednicarbate</i>	88	PROCALAMINE	78	<i>pyridostigmine bromide er</i>	51
PREDNICARBATE	88	<i>prochlorperazine</i>	67	QINLOCK	29
<i>prednisolone</i>	63	<i>prochlorperazine edisylate</i>	67	QUADRACEL	74
<i>prednisolone acetate</i>	80	<i>prochlorperazine maleate</i>	67	<i>quetiapine fumarate</i>	47, 48
<i>prednisolone sodium phosphate</i>	63	PROCRT	71	<i>quetiapine fumarate er</i>	47
<i>prednisolone sodium phosphate odt</i>	63	<i>procto-med hc</i>	89	<i>quinapril hcl</i>	32
PREDNISOLONE	80	<i>procto-pak</i>	89	<i>quinapril hydrochloride</i>	32
SODIUM PHOSPHATE		<i>proctosol hc</i>	89	<i>quinapril/ hydrochlorothiazide</i>	31
OPHTHALMIC SOLN 1%		<i>proctozone-hc</i>	90	<i>quinidine sulfate</i>	34
<i>prednisone</i>	64	<i>progesterone</i>	65	<i>quinine sulfate</i>	17
PREDNISONE	64	PROGRAF	74	RABAVERT	74
INTENSOL		PROLASTIN-C	84	<i>rabeprazole sodium dr</i>	69
<i>pregabalin</i>	41	PROLENSA	80	<i>raloxifene hydrochloride</i>	65
PREMARIN	63	PROLIA	57	<i>ramipril</i>	32
		PROMACTA	71	<i>ranolazine er</i>	38
		<i>promethazine hcl</i>	67	<i>rasagiline mesylate</i>	45
		<i>promethazine hcl plain</i>	67		
		<i>promethazine hydrochloride</i>	67		
		<i>promethegan</i>	67		

Drug name	Page	Drug name	Page	Drug name	Page
REBIF	51	<i>rivastigmine tartrate</i>	42	<i>sildenafil</i>	38
REBIF REBIDOSE	51	RIVELSA	61	<i>sildenafil citrate</i>	38
REBIF REBIDOSE	51	<i>rizatriptan benzoate</i>	50	<i>silodosin</i>	69
TITRATION PACK		<i>rizatriptan benzoate odt</i>	50	SILVER SULFADIAZINE	86
REBIF TITRATION PACK	51	<i>romidepsin</i>	30	SIMBRINZA	81
<i>reclipsen</i>	61	ROMIDEPSIN	30	<i>simliya</i>	61
RECOMBIVAX HB	74	<i>ropinirole er</i>	45	<i>simpesse</i>	61
RECTIV	90	<i>ropinirole hcl</i>	45	<i>simvastatin</i>	34
REGRANEX	90	<i>ropinirole hydrochloride</i>	46	<i>sirolimus</i>	74
RELENZA DISKHALER	20	<i>rosadan</i>	90	SIRTURO	20
RELISTOR	69	<i>rosuvastatin calcium</i>	34	SIVEXTRO	15
RENFLEXIS	72	ROTARIX	74	SIVEXTRO TABS	15
<i>repaglinide</i>	56	ROTATEQ	74	SKYRIZI	72
RESCRIPTOR	18	<i>roweepira</i>	41	<i>sodium bicarbonate</i>	76
RESTASIS	82	<i>roweepira xr</i>	41	SODIUM	76
RESTASIS MULTIDOSE	82	ROZYL TREK	30	BICARBONATE	
RETEVMO	29, 30	RUBRACA	30	<i>sodium chloride</i>	76
REVLIMID	26	RUKOBIA	18	SODIUM CHLORIDE	90
REXULTI	48	RYBELSUS	56	0.9% IRRIGATION	
REYATAZ	18	RYDAPT	30	SOLN	
RHOPRESSA	81	SANCUSO	67	<i>sodium chloride inj</i>	76
<i>ribavirin</i>	20	SANDIMMUNE	74	SODIUM CHLORIDE INJ	76
<i>rifabutin</i>	19	SANTYL	90	SODIUM FLUORIDE	77, 78, 90
<i>rifampin</i>	19, 20	SAPHRIS	48	<i>sodium fluoride 5000 ppm</i>	90
RIFATER	20	<i>sapropterin dihydrochloride</i>	65	<i>sodium fluoride 5000 ppm sensitive</i>	90
<i>riluzole</i>	51	SARCLISA	30	<i>sodium phenylbutyrate</i>	65
<i>rimantadine hydrochloride</i>	20	<i>scopolamine</i>	67	<i>sodium polystyrene sulfonate</i>	57
RINGERS INJECTION	76	SECUADO	48	<i>sodium sulfacetamide</i>	80
RINVOQ	72	<i>selegiline hcl</i>	46	<i>solifenacin succinate</i>	70
<i>risedronate sodium</i>	57	<i>selenium sulfide</i>	87	SOLIQUA 100/33	54
<i>risedronate sodium dr</i>	57	SELZENTRY	18	SOLTAMOX	26
RISPERDAL CONSTA	48	SEREVENT DISKUS	83	SOLU-CORTEF INJ	64
<i>risperidone</i>	48	<i>sertraline hcl</i>	44	SOMATULINE DEPOT	65
<i>risperidone odt</i>	48	<i>sertraline hydrochloride</i>	44	SOMAVERT	65
<i>ritonavir</i>	18	<i>setlakin</i>	61	<i>sorine</i>	34
RITUXAN	30	SF	90	<i>sotalol hcl</i>	34
RITUXAN HYCELA	30	<i>sharobel</i>	61		
<i>rivastigmine</i>	42	SHINGRIX	75		
		SIGNIFOR	65		

Drug name	Page	Drug name	Page	Drug name	Page
<i>sotalol hcl (af)</i>	34	<i>sulindac</i>	11	<i>tazarotene</i>	86
<i>spironolactone</i>	32, 37	<i>sumatriptan</i>	50	<i>tazicef</i>	21
<i>spironolactone/ hydrochlorothiazide</i>	37	<i>sumatriptan/naproxen</i>	51	TAZORAC	86
<i>sprintec</i>	28	<i>sodium</i>		<i>taztia xt</i>	36
SPRITAM	41	<i>sumatriptan succinate</i>	50	TAZVERIK	30
SPRYCEL	30	SUPRAX	21	TDVAX	75
<i>sps</i>	57	SUPREP BOWEL PREP	68	TECENTRIQ	30
<i>sronyx</i>	61	KIT		TECFIDERA	51
SSD	86	SUTENT	30	TECFIDERA STARTER	51
<i>stavudine</i>	18	<i>syeda</i>	61	PACK	
STELARA	72	SYLATRON	27	TEFLARO	21
STERILE WATER	90	SYMBICORT	85	<i>telmisartan</i>	33
IRRIGATION PLASTIC		SYMDEKO	84	<i>telmisartan/amlodipine</i>	33
BOTTLE		SYMFI	19	<i>telmisartan/ hydrochlorothiazide</i>	33
STIMATE	65	SYMFI LO	19	<i>temazepam</i>	50
STIVARGA	30	SYMLINPEN 60	56	TEMIXYS	19
<i>streptomycin sulfate</i>	15	SYMLINPEN 120	56	<i>temsirolimus</i>	30
STRIBILD	19	SYMPAZAN	41	TENIVAC	75
<i>subvenite</i>	41	SYMTUZA	19	<i>tenofovir</i>	18
<i>subvenite starter kit/ blue</i>	41	SYNAREL	62	<i>terazosin hcl</i>	32
<i>subvenite starter kit/ green</i>	41	SYNERCID	15	<i>terazosin hydrochloride</i>	32
<i>subvenite starter kit/ orange</i>	41	SYNJARDY	56	<i>terbinafine hcl</i>	16
SUCRALFATE SUSP	69	SYNJARDY XR	56	<i>terbutaline sulfate</i>	83
<i>sucralfate tabs</i>	69	SYNRIBO	27	<i>terconazole</i>	70
<i>sulfacetamide sodium</i>	80, 85	SYNTHROID	66	<i>testosterone cypionate</i>	53
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	79	TABLOID	25	<i>testosterone enanthate</i>	53
SULFADIAZINE	15	TABRECTA	30	<i>testosterone gel</i>	53
<i>sulfamethoxazole/ trimethoprim</i>	15	<i>tacrolimus</i>	74, 90	<i>testosterone pump gel</i>	53
<i>sulfamethoxazole/ trimethoprim ds</i>	15	<i>tadalafil</i>	38	<i>testosterone topical</i>	53
SULFAMYLON	86	TAFINLAR	30	<i>tetrabenazine</i>	51
<i>sulfasalazine</i>	68	TAGRISSO	30	<i>tetracycline hydrochloride</i>	24
SULFASALAZINE	68	TALTZ	72	TEXACORT	88
		TALZENNA	30	THALOMID	26
		<i>tamoxifen citrate</i>	26	THEO-24	84
		<i>tamsulosin</i>	69	<i>theophylline</i>	84
		<i>hydrochloride</i>		<i>theophylline er</i>	84
		TARGRETIN	90	<i>thioridazine hcl</i>	48
		<i>tarina fe 1/20</i>	61	<i>thiotepa</i>	24
		<i>tarina fe 1/20 eq</i>	61		
		TASIGNA	30		

Drug name	Page	Drug name	Page	Drug name	Page
<i>thiothixene</i>	48	<i>tramadol hcl er tabs</i>	12	<i>trihexyphenidyl</i>	46
<i>tiadylt er</i>	36	<i>tramadol hydrochloride</i>	13	<i>hydrochloride</i>	
<i>tiagabine hydrochloride</i>	41	<i>tramadol</i>	13	TRIJARDY XR	56
TIBSOVO	30	<i>hydrochloride/</i>		<i>tri-legest fe</i>	61
<i>tigecycline</i>	24	<i>acetaminophen</i>		<i>tri-linyah</i>	62
TILIA FE	61	<i>trandolapril</i>	32	<i>tri-lo-estarylla</i>	62
<i>timolol maleate</i>	81	<i>trandolapril/verapamil</i>	32	<i>tri-lo-marzia</i>	62
TIMOLOL MALEATE	81	<i>hcl er</i>		<i>tri-lo-mili</i>	62
OPHTHALMIC		<i>tranexamic acid</i>	71	<i>tri-lo-sprintec</i>	62
<i>timolol maleate soln</i>	81	<i>tranylcypromine sulfate</i>	44	<i>trilyte</i>	68
<i>timolol maleate tabs</i>	36	TRAVASOL	78	<i>trimethobenzamide</i>	67
<i>tinidazole</i>	15	<i>travoprost</i>	81	<i>hydrochloride</i>	
TIVICAY	18	<i>trazodone</i>	44	<i>trimethoprim</i>	15
TIVICAY PD	18	<i>hydrochloride</i>		<i>trimethoprim sulfate/</i>	80
<i>tizanidine hcl</i>	52	TRECTOR	20	<i>polymyxin b sulfate</i>	
<i>tizanidine hydrochloride</i>	52	TRELEGY ELLIPTA	82	<i>tri-mili</i>	62
TOBRADEX	79	TRELSTAR MIXJECT	26	<i>trimipramine maleate</i>	44
TOBRADEX ST	79	<i>treprostinil</i>	39	TRINTELLIX	44
<i>tobramycin</i>	15	TRESIBA	54	<i>tri-previfem</i>	62
<i>tobramycin/</i>	79	TRESIBA FLEXTOUCH	54	<i>tri-sprintec</i>	62
<i>dexamethasone</i>		<i>tretinoin</i>	27,	TRIUMEQ	19
<i>tobramycin sulfate</i>	15,		85	TRI-VITE/FLUORIDE	78
	80	TRETINOIN	85	<i>trivora-28</i>	62
<i>tolterodine tartrate</i>	70	MICROSPHERE		<i>tri-vylibra</i>	62
<i>tolterodine tartrate er</i>	70	<i>triamcinolone acetonide</i>	88	<i>tri-vylibra lo</i>	62
<i>topiramate</i>	41	<i>triamcinolone acetonide</i>	91	TRODELVY	30
TOPIRAMATE ER	41	<i>dental paste</i>		TROGARZO	18
<i>toposar</i>	27	<i>triamcinolone acetonide</i>	64	TROPHAMINE	78
<i>topotecan</i>	27	<i>inj</i>		<i>trospium chloride</i>	70
TOPOTECAN	27	<i>triamterene/</i>	37	<i>trospium chloride er</i>	70
<i>toremifene citrate</i>	26	<i>hydrochlorothiazide</i>		TRULICITY	56
<i>torseamide</i>	37	<i>triazolam</i>	50	TRUMENBA	75
<i>tovet foam</i>	88	TRICARE PRENATAL	78	TRUVADA	19
TOVIAZ	70	<i>triderm</i>	88	TUKYSA	30
TPN ELECTROLYTES	76	<i>trientine hydrochloride</i>	57	<i>tulana</i>	62
TRACLEER	38	<i>tri-estarylla</i>	61	TURALIO	30
TRADJENTA	56	<i>tri femynor</i>	61	TWINRIX	75
TRAMADOL ER CAPS	12	<i>trifluoperazine hcl</i>	48	TYBOST	18
<i>tramadol hcl</i>	13	<i>trifluridine</i>	80	<i>tydemy</i>	62
TRAMADOL HCL ER	12	<i>trihexyphenidyl hcl</i>	46	TYKERB	30

Drug name	Page	Drug name	Page	Drug name	Page
TYMLOS	57	<i>verapamil hcl</i>	36,	<i>vyfemla</i>	62
TYPHIM VI	75		37	<i>vylibra</i>	62
UNITHROID	66	<i>verapamil hcl er</i>	36	VYVANSE	50
<i>ursodiol</i>	69	<i>verapamil hcl sr</i>	37	<i>warfarin sodium</i>	71
<i>valacyclovir hcl</i>	20	VERAPAMIL HCL SR	36	<i>wera</i>	62
<i>valacyclovir</i>	20	CP24 360MG		<i>wymzya fe</i>	62
<i>hydrochloride</i>		<i>verapamil</i>	37	XALKORI	30
VALCHLOR	90	<i>hydrochloride</i>		XARELTO	71
<i>valganciclovir</i>	20	<i>verapamil</i>	37	XARELTO STARTER	71
<i>valganciclovir</i>	20	<i>hydrochloride er</i>		PACK	
<i>hydrochloride</i>		VERSACLOZ	48	XATMEP	72
<i>valproate sodium</i>	41	VERZENIO	30	XCOPRI	42
<i>valproic acid</i>	41	VICTOZA	56	XCOPRI MAINTENACE	42
<i>valsartan</i>	33	VIDEX EC	18	PACK	
<i>valsartan/</i>	33	VIDEX PEDIATRIC	18	XCOPRI TITRATION	42
<i>hydrochlorothiazide</i>		<i>vienva</i>	62	PACK	
VALTOCO	41	<i>vigabatrin</i>	42	XELJANZ	72
VANCOMYCIN	16	<i>vigadrone</i>	42	XELJANZ XR	72
<i>vancomycin hcl</i>	15	VIIBRYD	45	XGEVA	57
VANCOMYCIN HLC	15	VIIBRYD STARTER	45	XIFAXAN	69
<i>vancomycin</i>	15,	PACK		XIGDUO XR	56
<i>hydrochloride</i>	16	VIMOVO	11	XOLAIR	84
VANCOMYCIN	16	VIMPAT	42	XOSPATA	31
HYDROCHLORIDE		<i>vinblastine sulfate</i>	27	XPOVIO	31
VAQTA	75	<i>vincristine sulfate</i>	27	XPOVIO 60 MG ONCE	31
VARIVAX	75	<i>vinorelbine tartrate</i>	27	WEEKLY	
VASCEPA	35	<i>viorele</i>	62	XPOVIO 80 MG ONCE	31
VELCADE	30	VIRACEP	18	WEEKLY	
<i>velivet</i>	62	VIREAD	18	XPOVIO 80 MG TWICE	31
VELTASSA PACK	57	VITRAKVI	30	WEEKLY	
VEMLIDY	20	VIVITROL	52	XPOVIO 100 MG ONCE	31
VENCLEXTA	30	VIZIMPRO	30	WEEKLY	
VENCLEXTA STARTING	30	<i>volnea</i>	62	XTANDI	26
PACK		VOL-PLUS	78	XULTOPHY	54
<i>venlafaxine hcl</i>	44	<i>voriconazole</i>	16	XYREM	52
<i>venlafaxine hcl er</i>	44	VOSEVI	21	YERVOY	31
<i>venlafaxine</i>	45	VOTRIENT	30	YF-VAX	75
<i>hydrochloride er</i>		VP-PNV-DHA	78	<i>yuvafem</i>	63
VENTAVIS	39	VRAYLAR	48	<i>zafirlukast</i>	83
VENTOLIN HFA	83	VRAYLAR CAP	48	<i>zaleplon</i>	50
		THERAPY PACK		<i>zarah</i>	62

Drug name	Page
ZARXIO	71
ZEJULA	31
ZELBORAF	31
ZEMAIRA	84
<i>zenatane</i>	85
ZENPEP	69
<i>zenzedi</i>	50
ZEPZELCA	24
ZERVIATE	81
<i>zidovudine</i>	18
<i>ziprasidone hcl</i>	48
<i>ziprasidone mesylate</i>	48
ZIRGAN	80
<i>zoledronic acid</i>	57
ZOLEDRONIC ACID	57
ZOLINZA	31
<i>zolmitriptan</i>	51
<i>zolmitriptan odt</i>	51
ZOLOFT	45
<i>zolpidem tartrate</i>	50
<i>zonisamide</i>	42
ZORTRESS	74
ZOSTAVAX	75
<i>zovia 1/35e</i>	62
<i>zumandimine</i>	62
ZYCLARA PUMP	90
ZYDELIG	31
ZYKADIA	31
ZYLET	79
ZYPREXA RELPREVV	48
ZYTIGA	26

Enhanced Drug Benefit List*

Please check your Prescription Drug Schedule of Cost Sharing to find out if your plan includes an “Enhanced Drug Benefit.” The enhanced drugs are listed in this guide by Enhanced Drug Benefit Categories. If your plan includes enhanced drug benefits, look for the Enhanced Drug Benefit Category in the following pages to determine which drugs are covered. For example, if your Prescription Drug Schedule of Cost Sharing says that your plan includes coverage for “Vitamins and Minerals” and “Erectile Dysfunction”, find the lists titled “Vitamins and Minerals” and “Erectile Dysfunction” to find which drugs are covered. For more information, call the toll-free telephone number on your Aetna identification card or our member service center at **1-888-267-2637**. Representatives are available to assist you 8 a.m. to 9 p.m., E.S.T., Monday through Friday. For TTY assistance please dial **711**.

Key**

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization
<i>Lowercase italics</i> = Generic medications		

Drug name Drug tier Requirements/Limits

COSMETIC		
ACUICYN ANTIMICROBIAL EY ELID & EYELASH HYGIENE	3	
<i>alphaquin hp</i>	1	
ARNICA FLOWER	3	
AVENOVA	3	
BENZOIN TINCTURE	3	
BETAMETHASONE DIPROPIONATE/ MINOXIDIL	3	
<i>bimatoprost</i>	1	
<i>blanche</i>	1	
BORIC ACID	3	
BOTOX COSMETIC	3	
DRYSOL	3	
EPICYN	3	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your Prescription Drug Schedule of Cost Sharing to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

**You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EPIQUIN MICRO	3	
<i>finasteride</i>	1	
FINASTERIDE/MINOXIDIL	3	
HYALURONIC ACID SODIUM/ HYDROQUINONE	3	
HYCLODEX	3	
HYDROCORTISONE/ HYDROQUINONE	3	
HYDROCORTISONE/ HYDROQUINONE/TRETINOIN	3	
<i>hydroquinone time release</i>	1	
HYDROQUINONE EMUL	3	
<i>hydroquinone crea</i>	1	
HYPOCYN	3	
KYBELLA	3	
LACTIC ACID/NIACINAMIDE	3	
LATISSE	3	
LUSTRA	3	
LUSTRA-AF	3	
LUSTRA-ULTRA	3	
<i>melpaque hp</i>	1	
<i>melquin hp</i>	1	
MINOXIDIL/PROGESTERONE	3	
MINOXIDIL/PROGESTERONE/ TRETINOIN	3	
<i>nuquin hp</i>	1	
PROPECIA	3	
REFISSA	3	
<i>remergent hq</i>	1	
RENOVA	3	
RENOVA PUMP	3	
<i>skin bleaching</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>skin bleaching/sunscreen</i>	1	
<i>tl hydroquinone</i>	1	
<i>tretinoin emollient</i>	1	
TRI-LUMA	3	
VANIQA	3	
XERAC AC	3	

COUGH AND COLD

<i>benzonatate</i>	1	
<i>biotuss</i>	1	
<i>biotuss pediatric</i>	1	
<i>bromfed dm</i>	1	
CARBAPHEN 12	3	
CARBAPHEN 12 PED	3	
<i>centergy dm</i>	1	
CODAR AR	3	
CPB WC	3	
DECON-G	3	
<i>dextromethorphan hbr/ phenylephrine hcl/chlorpheniramine</i>	1	
EXACTUSS	3	
<i>exefen-ir</i>	1	
FLOWTUSS	3	
GILPHEX TR	3	
GILTUSS	3	
<i>giltuss pediatric</i>	1	
GILTUSS TR	3	
<i>guaifenesin/dextromethorphan sr</i>	1	
HDC DM	3	
HYCOFENIX	3	
<i>hydrocodone bitartrate/ chlorpheniramine maleate/pse</i>	1	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your Prescription Drug Schedule of Cost Sharing to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

**You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>hydrocodone bitartrate/homatropine methylbromide</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>hydromet</i>	1	
<i>lexuss 210</i>	1	
MUCINEX DM	3	
NARIZ	3	
NASOTUSS	3	
NEOTUSS PLUS	3	
<i>nohist-dm</i>	1	
<i>nortuss-de</i>	1	
NORTUSS-EX	3	
OBREDON	3	
<i>phenylephrine/guaiifenesin</i>	1	
PROHIST CD	3	
PROHIST CF	3	
PROMETHAZINE VC/CODEINE	3	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	
RELHIST	3	
RHINOLAR	3	
TESSALON PERLES	3	
TGQ 15DM/5PEH/2CPM	3	
TGQ 30PSE/150GFN/15DM	3	
TGQ 30PSE/3BRM/15DM	3	
TUSNEL PED-C	3	
TUSSICAPS	3	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	3	
TUXARIN ER	3	

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Drug name	Drug tier	Requirements/Limits
TUZISTRA XR	3	
VAZOTAN	3	
VIRAVAN-DM	3	
VITUZ	3	
ZONATUSS	3	
<i>zotex-12d</i>	1	
ZOTEX-C	3	
ZUTRIPRO	3	

ERECTILE DYSFUNCTION

BI-MIX	3	QL (6 EA per 30 days)
CAVERJECT	3	QL (6 EA per 30 days)
CAVERJECT IMPULSE	3	QL (6 EA per 30 days)
CIALIS	3	QL (6 EA per 30 days)
EDEX	3	QL (6 EA per 30 days)
LEVITRA	3	QL (6 EA per 30 days)
MUSE	3	QL (6 EA per 30 days)
<i>papaverine-phentolamine mesylate</i>	1	QL (5 ML per 30 days)
QUAD-MIX	3	QL (6 EA per 30 days)
STAXYN	3	QL (6 EA per 30 days)
STENDRA	3	QL (6 EA per 30 days)
SUPER BI-MIX	3	QL (6 EA per 30 days)
SUPER QUAD-MIX	3	QL (6 EA per 30 days)
SUPER TRI-MIX	3	QL (6 EA per 30 days)
<i>tadalafil</i>	1	QL (6 EA per 30 days)
TRI-MIX	3	QL (6 EA per 30 days)
<i>varденаfil hydrochloride</i>	1	QL (6 EA per 30 days)
VIAGRA	3	QL (6 EA per 30 days)

FERTILITY

CETROTIDE	3	
<i>clomiphene citrate</i>	1	
ENDOMETRIN	3	

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Drug name	Drug tier	Requirements/Limits
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	3	
FOLLISTIM AQ	3	
<i>ganirelix acetate</i>	1	
GONAL-F	3	
GONAL-F RFF	3	
GONAL-F RFF REDIJECT	3	
MENOPUR	3	
OVIDREL	3	

MISCELLANEOUS

<i>aero otic hc</i>	1	
ALA-QUIN	3	
ALCORTIN A	3	
ALOQUIN	3	
<i>aminobenzoate potassium</i>	1	
ANALPRAM-HC	3	
ANALPRAM-HC SINGLES	3	
<i>anucort-hc</i>	1	
ANUSOL-HC	3	
<i>arzol silver nitrate applicators</i>	1	
ASCOR	3	
<i>ascorbic acid</i>	1	
<i>benzoyl peroxide 8%</i>	1	
<i>bpm/pse/dm</i>	1	
<i>bromfed dm</i>	1	
CETACAINE	3	
CORTANE-B	3	
CORTANE-B-OTIC	3	
<i>cortic-nd</i>	1	
<i>covaryx</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>covaryx hs</i>	1	
<i>cyotic</i>	1	
<i>dermazene</i>	1	
DONNATAL	3	
DRYSOL	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>esterified estrogens/ methyltestosterone</i>	1	
<i>exactacain</i>	1	
<i>exotic-hc</i>	1	
FIRST-MOUTHWASH BLM	3	
GILPHEX TR	3	
GILTUSS TR	3	
<i>grx hicort 25</i>	1	
<i>hemorrhoidal-hc</i>	1	
<i>hydrocodone polistirex/ chlorpheniramine polistirex</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone acetate/pramoxine</i>	1	
<i>hydrocortisone/iodoquinol</i>	1	
HYOPHEN	3	
<i>hyoscyamine sulfate er</i>	1	
<i>hyosyne</i>	1	
<i>iodoquinol/hydrocortisone acetate/ aloe polysaccharides</i>	1	
IODOSORB	3	
<i>isoxsuprine hcl</i>	1	
K-PHOS	3	
K-PHOS NEUTRAL	3	
LEVBID	3	
<i>lidocaine hcl/hydrocortisone acetate</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>me/naphos/mb/hyo 1</i>	1	
MEZPAROX-HC FORTE	3	
NATURE-THROID	3	
NEOTUSS PLUS	3	
NITRO-TIME	3	
<i>nohist-dm</i>	1	
NOVACORT	3	
OTICIN HC NR	3	
<i>oto-end 10</i>	1	
<i>otomax-hc</i>	1	
<i>phenazopyridine hcl</i>	1	
<i>phenazopyridine hydrochloride</i>	1	
<i>phospha 250 neutral</i>	1	
POTABA	3	
PRAMOSONE	3	
PROCORT	3	
PROCTOCORT	3	
<i>promethazine hydrochloride/ dextromethorphan hydrobromide</i>	1	
<i>promethazine vc/codeine</i>	1	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	
<i>promethazine/phenylephrine/codeine</i>	1	
<i>pyridoxine hcl</i>	1	
QUINJA	3	
<i>rectacort-hc</i>	1	
RHINOLAR	3	
<i>sodium chloride</i>	1	
<i>sodium sulfacetamide/sulfur</i>	1	
<i>thiamine hcl</i>	1	
TUSSICAPS	3	

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TUXARIN ER	3	
TUZISTRA XR	3	
<i>urea</i>	1	
<i>uribel</i>	1	
<i>uro-458</i>	1	
<i>uro-mp</i>	1	
<i>ustell</i>	1	
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
VIRATAN-DM	3	
VYTONE	3	
WP THYROID	3	

VITAMINS AND MINERALS

ACTIVE FE	3	
ADRENAL C FORMULA	3	
<i>airavite</i>	1	
ALBAFORT	3	
<i>aminobenzoate potassium</i>	1	
ANIMI-3	3	
ANIMI-3/VITAMIN D	3	
AP-ZEL	3	
AQUASOL A PARENTERAL	3	
ASCOR	3	
ASCORBIC ACID INJ 15000MG/30ML	3	
<i>ascorbic acid inj 500mg/ml</i>	1	
ASTAMED MYO	3	
AVAILNEX	3	
AXONA	3	
<i>b-6 folic acid</i>	1	
<i>b-complex 100</i>	1	
<i>b-plex</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>b-plex plus</i>	1	
BACMIN	3	
<i>bioceI</i>	1	
BP VIT 3	3	
CENFOL	3	
CENTRATEX	3	
CEREFOLIN	3	
CEREFOLIN NAC	3	
CHOLECAL DF	3	
CIFEREX	3	
<i>cod liver oil</i>	1	
<i>corvita</i>	1	
<i>corvita 150</i>	1	
CORVITE	3	
CORVITE 150	3	
CORVITE FE	3	
<i>corvite free</i>	1	
CYANOCOBALAMIN INJ 2000MCG/ ML	3	
<i>cyanocobalamin inj 1000mcg/ml</i>	1	
DEPLIN 15	3	
DEPLIN 7.5	3	
<i>dialyvite</i>	1	
DIALYVITE 3000	3	
DIALYVITE 5000	3	
DIALYVITE SUPREME D	3	
DIALYVITE/ZINC	3	
DRISDOL	3	
DURACHOL	3	
ELFOLATE PLUS	3	
ENLYTE	3	

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Drug name	Drug tier	Requirements/Limits
ENTERAGAM	3	
ERGOCAL	3	
<i>ergocalciferol</i>	1	
<i>fabb</i>	1	
FE 90 PLUS	3	
FERAHEME	3	
FERIVA 21/7	3	
FERIVAFA	3	
<i>ferocon</i>	1	
<i>ferotrinsic</i>	1	
FERRALET 90	3	
FERRAPLUS 90	3	
FERRO-PLEX HEMATINIC	3	
<i>ferrocite plus</i>	1	
<i>ferrogels forte</i>	1	
FERROTRIN	3	
FIBRIK	3	
<i>folbee</i>	1	
<i>folbee plus</i>	1	
<i>folbee plus cz</i>	1	
<i>folbic</i>	1	
FOLBIC RF	3	
FOLGARD RX	3	
FOLI-D	3	
<i>folic acid</i>	1	
<i>folic acid/cyanocobalamin/pyridoxine hydrochloride</i>	1	
<i>folic acid/vitamin b-6/vitamin b-12</i>	1	
FOLIKA-V	3	
FOLITE	3	
FOLIVANE-F	3	

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Drug name	Drug tier	Requirements/Limits
FOLIVANE-PLUS	3	
FOLIXAPURE	3	
<i>folplex 2.2</i>	1	
FOLTANX	3	
FOLTANX RF	3	
FOLTRATE	3	
<i>foltrin</i>	1	
FOLTX	3	
FOLVITE FE	3	
FORTAVIT	3	
FOSTEUM	3	
FOSTEUM PLUS	3	
FOVEX	3	
FUSION PLUS	3	
FUSION SPRINKLES	3	
GABADONE	3	
GENICIN VITA-D	3	
<i>hematinic plus complex</i>	1	
<i>hematinic plus vitamins/minerals</i>	1	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
HEMATOGEN FA	3	
<i>hematogen forte</i>	1	
HEMATRON-AF	3	
HEMENATAL OB + DHA	3	
HEMOCYTE PLUS	3	
<i>hemocyte-f</i>	1	
<i>hemocyte-plus</i>	1	
<i>hydroxocobalamin</i>	1	
HYPERTENSA	3	
ICAR-C PLUS	3	

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Drug name	Drug tier	Requirements/Limits
<i>iferex 150 forte</i>	1	
<i>infed</i>	1	
<i>infuvite adult</i>	1	
<i>infuvite pediatric</i>	1	
INJECTAFER	3	
INTEGRA F	3	
INTEGRA PLUS	3	
IROSPAN 24/6	3	
<i>l-methyl-b6-b12</i>	1	
L-METHYL-MC	3	
L-METHYL-MC NAC	3	
<i>l-methylfolate</i>	1	
L-METHYLFOLATE CA ME-CBL NAC	3	
<i>l-methylfolate ca/p-5-p/me-cbl</i>	1	
<i>l-methylfolate calcium</i>	1	
L-METHYLFOLATE FORMULA 15	3	
L-METHYLFOLATE FORMULA 7.5	3	
L-METHYLFOLATE FORTE	3	
LIMBREL	3	
LIPICHOL 540	3	
LISTER-V	3	
<i>lmthf/pyridoxine hcl/cyanocobalamin</i>	1	
<i>lysiplex plus</i>	1	
M.V.I. ADULT	3	
M.V.I. PEDIATRIC	3	
M.V.I.-12 WITHOUT VITAMIN K	3	
MEPHYTON	3	
METAFOLBIC	3	
METAFOLBIC PLUS	3	
METAFOLBIC PLUS RF	3	
METANX	3	

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Drug name	Drug tier	Requirements/Limits
<i>methionine/inositol/choline/cyanocobalamin</i>	1	
METHYLCOBALAMIN	3	
<i>multi-b-plus</i>	1	
MULTIGEN	3	
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	
<i>myferon 150 forte</i>	1	
<i>mynephrocaps</i>	1	
NASCOBAL	3	
NATALVIRT FLT	3	
NEPHPLEX RX	3	
NEPHRO-VITE RX	3	
NEPHROCAPS	3	
NEPHRON FA	3	
<i>nephronex</i>	1	
NEUREPA	3	
NEURIN-SL	3	
<i>niacin</i>	1	
NICADAN	3	
NICAZEL	3	
NICAZEL FORTE	3	
NICOMIDE	3	
<i>nufol</i>	1	
NUTRICAP	3	
<i>nutrifac zx</i>	1	
NUTRIVIT	3	
OCUVEL	3	
ORTHO-FOLIC	3	
PERCURA	3	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	3	

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Drug name	Drug tier	Requirements/Limits
PHYTONADIONE	1	
PNV-VP-U	3	
PODIAPN	3	
<i>poly-iron 150 forte</i>	1	
<i>polysaccharide iron forte</i>	1	
POTABA	3	
PROTECT PLUS	3	
PROTECTIRON	3	
PROTEOLIN	3	
PULMONA	3	
PUREFE PLUS	3	
<i>purevit dualfe plus</i>	1	
PYRIDOXAL-5-PHOSPHATE	3	
<i>pyridoxine hcl</i>	1	
<i>renal caps</i>	1	
RENATABS	3	
RENATABS WITH IRON	3	
<i>reno caps</i>	1	
REQ 49+	3	
REVESTA	3	
RHEUMATE	3	
<i>se-tan plus</i>	1	
SENTRA AM	3	
SENTRA PM	3	
SIDEROL	3	
<i>sodium ferric gluconate complex/ sucrose</i>	1	
STROVITE FORTE	3	
STROVITE ONE	3	
SUPERVITE	3	
SUPPORT	3	

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Drug name	Drug tier	Requirements/Limits
SUPPORT-500	3	
SYNAGEX	3	
SYNATEK	3	
TANDEM PLUS	3	
TARON FORTE	3	
THERAMINE	3	
<i>thiamine hcl</i>	1	
<i>tl gard rx</i>	1	
<i>tl icon</i>	1	
<i>tl-hem 150</i>	1	
TL-ICARE	3	
TOZAL	3	
TREPADONE	3	
<i>tricon</i>	1	
TRIFERIC	3	
<i>trigels-f forte</i>	1	
<i>triphrocaps</i>	1	
UDAMIN SP	3	
<i>v-c forte</i>	1	
VASCAZEN	3	
VASCULERA	3	
VENOFER	3	
<i>vic-forte</i>	1	
<i>vicap forte</i>	1	
<i>virt-caps</i>	1	
<i>virt-vite</i>	1	
<i>virt-vite forte</i>	1	
<i>virt-vite plus</i>	1	
<i>vita s forte</i>	1	
<i>vita-min</i>	1	
<i>vitacel</i>	1	

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Drug name	Drug tier	Requirements/Limits
VITAL-D RX	3	
<i>vitamax pediatric</i>	1	
<i>vitamin b-complex 100</i>	1	
<i>vitamin d</i>	1	
VITAMIN K1	1	
VITAROCA PLUS	3	
<i>vol-care rx</i>	1	
VP-GSTN	3	
VP-ZEL	3	
<i>wheat germ</i>	1	
XAQUIL XR	3	
<i>xyzbac</i>	1	

WEIGHT LOSS

ADIPEX-P	3	PA
APPTRIM	3	PA
APPTRIM-D	3	PA
<i>benzphetamine hcl</i>	1	PA
CONTRAVE	3	PA
<i>diethylpropion hcl</i>	1	PA
<i>diethylpropion hcl er</i>	1	PA
LOMAIRA	3	PA
MEDACTIV	3	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phendimetrazine tartrate er</i>	1	PA
<i>phentermine hcl</i>	1	PA
<i>phentermine hydrochloride</i>	1	PA
QSYMIA	3	PA
SAXENDA	3	PA
XENICAL	3	PA

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