

2021 Comprehensive Formulary

Aetna Medicare (List of Covered Drugs) GRP A1 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 84. 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 84.

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
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>diflunisal</i>	2	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
<i>flurbiprofen tabs 100mg</i>	2	MO
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen</i>	2	MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	2	MO
<i>naproxen dr</i>	2	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen tabs</i>	1	MO
<i>naproxen susp</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>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>sulindac</i>	2	MO
OPIOID ANALGESICS, LONG-ACTING		
<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
<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 tbc 100mg, 200mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 15mg</i>	2	QL (90 EA per 30 days) PA MO
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>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

*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>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>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>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

*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>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
ALINIA	5	MO
<i>amikacin sulfata</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</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

*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>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
<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	

*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>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	2	MO
<i>trimethoprim tabs</i>	2	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
<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>casprofungin acetate inj 70mg</i>	2	
<i>casprofungin 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

*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>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
<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

*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
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
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

*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
ATRIPLA	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
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 syrup</i>	2	MO
PASER	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
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	
<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</i>	2	MO
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<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

*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>valganciclovir hydrochloride oral soln</i>	5	MO
<i>valganciclovir tabs</i>	5	MO
VEMLIDY	5	MO
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
<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		
<i>azithromycin</i>	2	MO
<i>clarithromycin oral susp, tabs</i>	2	MO
DIFICID	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<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>	2	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	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
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
<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>oxacillin sodium inj 10gm, 1gm</i>	2	
<i>oxacillin sodium inj 2gm</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>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 oral soln</i>	1	MO
<i>penicillin v potassium tabs</i>	2	MO
<i>piperacillin sodium/tazobactam sodium</i>	2	
<i>piperacillin/tazobactam</i>	2	
TETRACYCLINES		
<i>doxy 100 inj</i>	2	MO
<i>doxycycline</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>minocycline hcl</i>	2	MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	MO
<i>mondoxyne nl caps 100mg, 75mg</i>	2	
<i>morgidox 1x100mg</i>	2	
<i>morgidox 2x100mg</i>	2	
<i>okebo</i>	2	
<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	

*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
GLEOSTINE CAPS 10MG	4	MO
GLEOSTINE CAPS 100MG, 40MG	5	MO
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	
<i>daunorubicin hydrochloride</i>	2	
<i>doxorubicin hcl liposome 2mg/ml</i>	2	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	2	
<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

*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>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	
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

*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
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	
<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	
SYLATRON KIT 200MCG, 300MCG	5	PA
SYNRIBO	5	PA
<i>topotecan hcl</i>	5	
<i>tretinoin caps 10mg</i>	5	MO
MITOTIC INHIBITORS		
ABRAXANE	5	
DOCETAXEL INJ 160MG/16ML	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
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
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
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

*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>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
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
LORBRENA	5	PA LA
LYNPARZA	5	PA LA
MEKINIST	5	PA LA
MEKTOVI	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
MONJUVI	5	PA
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
QINLOCK	5	QL (90 EA per 30 days) PA
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA
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
TAGRISSE	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

*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
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
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
ZEJULA	5	PA LA
ZELBORAF	5	PA LA
ZOLINZA	5	PA
ZYDELIG	5	PA LA
ZYKADIA	5	PA
PROTECTIVE AGENTS		
<i>dexrazoxane</i>	2	
<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

*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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CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	2	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

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>	2	QL (30 EA per 30 days) 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>amlodipine/valsartan/hctz tabs</i> 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	2	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/ hydrochlorothiazide tabs</i> 5mg; 12.5mg; 160mg	2	QL (30 EA per 30 days) MO
<i>candesartan</i> <i>cilexetil/hydrochlorothiazide tabs</i> 32mg; 12.5mg, 32mg; 25mg	2	QL (30 EA per 30 days) MO
<i>candesartan</i> <i>cilexetil/hydrochlorothiazide tabs</i> 16mg; 12.5mg	2	QL (60 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs</i> 12.5mg; 40mg, 25mg; 80mg	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs</i> 12.5mg; 80mg	2	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	2	QL (30 EA per 30 days) MO
<i>eprosartan mesylate</i>	2	QL (30 EA per 30 days)
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs</i> 100mg	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs</i> 25mg, 50mg	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tabs</i> 320mg	2	QL (30 EA per 30 days) MO
<i>valsartan tabs</i> 160mg, 40mg, 80mg	2	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	2	MO
<i>amiodarone hydrochloride</i>	2	MO
<i>disopyramide phosphate</i>	2	PA MO
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	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
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 caps 67mg, 134mg, 200mg</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>	2	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	2	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>	2	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
JUXTAPID	5	PA LA
<i>niacin er tbc 1000mg, 750mg</i>	2	MO
<i>niacin er tbc 500mg</i>	2	QL (60 EA per 30 days) MO
<i>omega-3-acid ethyl esters</i>	2	QL (120 EA per 30 days) MO
PRALUENT	3	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>prevalite</i>	2	MO
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO
<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 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 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, 160mg</i>	2	MO
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln, tabs 40mg, 80mg</i>	2	MO
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	2	MO
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg</i>	2	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</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>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 125mg/25ml, 50mg/10ml</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>diltiazem hydrochloride inj 25mg/5ml</i>	2	
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
<i>nicardipine hcl</i>	2	MO
NYMALIZE ORAL SOLN	5	
<i>taztia xt</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl 40mg, 80mg</i>	1	MO
<i>verapamil hcl er caps, tabs</i>	2	MO
VERAPAMIL HCL SR CP24 360MG	3	MO
<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

*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>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</i>	2	MO
<i>calcium</i>		
<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
DEMSEK	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</i>	2	MO
<i>digoxin tabs</i>	2	QL (30 EA per 30 days) MO
<i>epinephrine hcl inj soln inj</i> <i>30mg/30ml</i>	2	
<i>hydralazine hcl</i>	2	MO
<i>hydralazine hydrochloride tabs</i>	2	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 tabs 10mg, 20mg,</i> <i>30mg, 5mg</i>	2	MO
<i>isosorbide mononitrate er tabs</i>	2	MO
<i>isosorbide mononitrate immediate</i> <i>release 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
<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 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
VENTAVIS	5	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<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>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

ANTICONVULSANTS

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

*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
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
<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

*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>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>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	
SPRITAM	4	PA MO
<i>subvenite</i>	2	
SYMPAZAN FILM 5MG	4	PA MO
SYMPAZAN FILM 10MG, 20MG	5	PA MO
<i>tiagabine hydrochloride tabs</i>	2	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
<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

*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
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
<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>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

*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>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
<i>desvenlafaxine er</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 10mg, 20mg</i>	2	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	2	PA MO
<i>maprotiline hcl</i>	2	MO
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

*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>paroxetine hcl immediate release tabs 30mg, 40mg</i>	2	QL (60 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>	2	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
<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 syrpf, 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

*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>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	
<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 immediate release tabs</i>	2	MO
<i>rasagiline mesylate</i>	2	MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<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

*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
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
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

*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>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
<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

*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
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 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
<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>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</i>	2	QL (90 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 tbcR 10mg, 20mg</i>	2	QL (90 EA per 30 days) MO
<i>zenzedi</i>	2	QL (180 EA per 30 days)

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Drug name	Drug tier	Requirements/Limits
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
HETLIOZ	5	PA LA
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days) PA 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</i>	2	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
<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>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
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

*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>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
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
<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

*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>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) tb12 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	

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

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Drug name	Drug tier	Requirements/Limits
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 ULTRA- FINE/0.5ML/30G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA- FINE/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 ULTRA- AFINE/0.3ML/31G X 6MM	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
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

*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
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>	2	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>	2	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	2	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	2	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	2	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	2	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	2	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

*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
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>	2	QL (120 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 er tb24 (generic Glucophage XR) 750mg</i>	2	QL (60 EA per 30 days) 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>nateglinide</i>	2	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
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	2	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	2	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>	2	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	2	QL (240 EA per 30 days) MO
RYBELSUS	3	QL (30 EA per 30 days) 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)

*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
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
FORTEO	5	PA
<i>ibandronate sodium</i>	2	QL (1 EA per 30 days) MO
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ ML	4	
<i>pamidronate disodium inj 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, 5mg/100ml</i>	2	
CHELATING AGENTS		
CHEMET	5	MO
<i>clovique</i>	5	PA
<i>deferasirox</i>	5	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>kionex</i>	2	
LOKELMA	3	MO
<i>penicillamine tabs</i>	5	MO
<i>sodium polystyrene sulfonate rectal susp</i>	2	
<i>sodium polystyrene sulfonate powd, 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	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<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

*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>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	
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl</i>	2	MO
<i>estradiol/levomefolate calcium</i>		
<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	
<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	

*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>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i>	2	
<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	
<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	
<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

*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>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<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	
<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	
<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

*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-legest fe</i>	2	MO
<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/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
<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
<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 oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO
PREDNISONE 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	

*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
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	2	MO
GVOKE HYOPEN 1-PACK	3	MO
GVOKE HYOPEN 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
<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

*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>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</i>	2	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>progesterone</i>	2	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	2	MO
<i>liothyronine sodium</i>	2	MO
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	2	MO
SYNTHROID	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
VITAMIN D ANALOGS		
<i>calcitriol inj</i>	2	
<i>calcitriol caps, oral soln</i>	2	MO
<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</i>	2	MO
<i>metoclopramide hydrochloride tabs</i>	2	MO
METOCLOPRAMIDE ODT TBDP 10MG	4	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
<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 supp</i>	2	PA MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	2	PA MO
<i>promethazine hydrochloride tabs</i>	2	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	2	PA

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Drug name	Drug tier	Requirements/Limits
<i>promethegan supp 50mg</i>	2	PA MO
<i>scopolamine patch</i>	2	QL (10 EA per 30 days) 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
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	MO
<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 400mg, tabs 800mg</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>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n/flower pack</i>	2	
<i>generlac</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
GOLYTELY	3	MO
<i>lactulose</i>	2	MO
NULYTELY/FLAVOR PACKS	3	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO
PLENVU	4	MO
SUPREP BOWEL PREP KIT	4	MO
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	2	MO
<i>diphenoxylate/atropine</i>	2	MO
GATTEX	5	PA LA
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	2	MO
<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
<i>sucralfate</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>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

*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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GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<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>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
<i>potassium citrate er</i>	2	MO

URINARY ANTISPASMODICS

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>tolterodine tartrate</i>	2	QL (60 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>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
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	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
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	
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>	2	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

*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
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
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>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
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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>leflunomide</i>	2	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	1	MO
XATMEP	4	MO
IMMUNOGLOBULINS		
BIVIGAM	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
NULOJIX	5	B/D
PROGRAF GRANULES	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

*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>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	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	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
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	
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	

*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
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	4	
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 FLUORIDE	3	MO
FLUORITAB	4	MO
KLOR-CON 10	3	
KLOR-CON 8	3	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con pow 20meq</i>	2	
KLOR-CON/EF	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
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
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

*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
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
<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
NEPHRAMINE	4	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
<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	4	MO
TOBRADEX ST	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>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 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>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</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>	2	MO
<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>	2	MO
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO
BROMSITE	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>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	4	MO
FLAREX	4	
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO
ILEVRO	4	MO
<i>ketorolac tromethamine 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
<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
ZERVIAE	4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO
AZOPT	4	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETOPTIC-S	4	MO
BRIMONIDINE TARTRATE SOLN 0.15%	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>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>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	4	MO
SIMBRINZA	4	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
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	3	MO
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

*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>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>clemastine fumarate tab 2.68mg</i>	2	PA MO
<i>cyproheptadine hydrochloride tab 4mg</i>	2	PA MO
<i>diphenhydramine hcl inj</i>	2	PA MO
<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>metaproterenol sulfate</i>	2	
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate tabs</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

*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
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
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

*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
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
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO

TOPICAL

DERMATOLOGY, ACNE

<i>amnesteem</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 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>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

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Drug name	Drug tier	Requirements/Limits
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	2	PA
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
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
<i>keconazole 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
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA MO
<i>calcipotriene crea</i>	2	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	2	QL (60 ML per 30 days) PA 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
DERMATOLOGY, ANTISEBORRHEICS		
<i>keconazole 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	

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Drug name	Drug tier	Requirements/Limits
<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>besser lotn 0.05%</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	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
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 topical 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 gel, oint</i>	2	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	2	QL (60 ML 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 oint</i>	2	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	2	QL (60 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>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
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 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 aers spray, lotn, oint</i>	2	MO
<i>triderm crea 0.5%</i>	2	
<i>triderm crea 0.1%</i>	2	QL (454 GM per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<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>ammonium lactate</i>	2	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
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 cream</i>	2	QL (24 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>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
PANRETIN	5	QL (60 GM per 30 days)
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
<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
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>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

*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>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
<i>triamcinolone acetonide dental paste</i>	2	MO
OTIC		
<i>acetic acid otic soln</i>	2	MO
CIPRODEX	4	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

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BANZEL	36	<i>benazepril hcl</i>	30	<i>atomoxetine</i>	45
BARACLUDE	19	<i>benazepril hcl/ hydrochlorothiazide</i>	30	<i>atorvastatin calcium</i>	32
BASAGLAR KWIKPEN	49	<i>benazepril hydrochloride</i>	30	<i>atovaquone</i>	13, 16
BCG	68	BENDEKA	22	<i>atovaquone/proguanil hcl</i>	16
BD ALCOHOL SWABS	48	BENLYSTA	67	ATRIPLA	18
BD/ULTIMED/	49	<i>benztropine mesylate</i>	42	ATROPINE SULFATE	75
ALLISON/TRIVIDIA/		BEPREVE	74	ATROVENT HFA	75
MHC INSULIN SYRINGE		<i>beser</i>	80	<i>aubra</i>	53
SAFETYGLIDE/1ML/		BESIVANCE	73	<i>aubra eq</i>	53
29G X 1/2		<i>betamethasone</i>	80		
		<i>dipropionate</i>			
		<i>betamethasone valerate</i>	80		
		BETASERON	47		
		<i>betaxolol hcl</i>	33, 74		
		<i>bethanechol chloride</i>	64		
		BETOPTIC-S	74		
		BEVESPI AEROSPHERE	75		

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<i>bexarotene</i>	25	<i>bupropion</i>	39	<i>carvedilol</i>	33
BEXSERO	68	<i>hydrochloride</i>		<i>casprofungin acetate</i>	15
<i>bicalutamide</i>	24	<i>bupropion</i>	39,	CAYSTON	13
BICILLIN L-A	21	<i>hydrochloride er (sr)</i>	48	<i>caziant</i>	54
BIKTARVY	18	<i>bupropion</i>	39	<i>cefaclor</i>	20
<i>bisoprolol fumarate</i>	33	<i>hydrochloride er (xl)</i>		CEFACLOR ER	20
<i>bisoprolol fumarate/</i>	33	<i>buspirone hcl</i>	36	<i>cefadroxil</i>	20
<i>hydrochlorothiazide</i>		<i>buspirone</i>	36	CEFAZOLIN	20
BIVIGAM	67	<i>hydrochloride</i>		<i>cefazolin sodium</i>	20
BLENREP	26	<i>busulfan</i>	22	CEFAZOLIN SODIUM	20
<i>bleomycin sulfate</i>	23	BYDUREON BCISE	50	<i>cefdinir</i>	20
BLEPHAMIDE S.O.P.	72	BYDUREON PEN	50	<i>cefepime</i>	20
<i>blisovi 24 fe</i>	53	BYETTA	50	<i>cefixime</i>	20
<i>blisovi fe 1.5/30</i>	53	BYSTOLIC	33	<i>cefotetan</i>	20
<i>blisovi fe 1/20</i>	53	<i>cabergoline</i>	59	<i>cefoxitin sodium</i>	20
BOOSTRIX	68	CABOMETYX	26	<i>cefpodoxime proxetil</i>	20
BORTEZOMIB	26	<i>calcipotriene</i>	79	<i>cefprozil</i>	20
<i>bosentan</i>	36	<i>calcitonin-salmon</i>	52	<i>ceftazidime</i>	20
BOSULIF	26	<i>calcitriol</i>	61	CEFTAZIDIME/	20
BRAFTOVI	26	<i>calcium acetate</i>	60	DEXTROSE	
BREO ELLIPTA	78	CALQUENCE	26	<i>ceftriaxone in iso-</i>	20
<i>briellyn</i>	53	<i>camila</i>	53	<i>osmotic dextrose</i>	
BRILINTA	66	<i>candesartan cilexetil</i>	31	<i>ceftriaxone sodium</i>	20
<i>brimonidine tartrate</i>	75	<i>candesartan cilexetil/</i>	31	CEFTRIAZONE	20
BRIMONIDINE	74	<i>hydrochlorothiazide</i>		SODIUM	
TARTRATE		CAPLYTA	42	<i>cefuroxime axetil</i>	20
BRIVIACT	36	CAPRELSA	26	<i>cefuroxime sodium</i>	20
<i>bromocriptine mesylate</i>	42	<i>captopril</i>	30	<i>celecoxib</i>	10
BROMSITE	73	<i>captopril/</i>	30	CELONTIN	37
BRUKINSA	26	<i>hydrochlorothiazide</i>		<i>cephalexin</i>	20
<i>budesonide</i>	62,	CARBAGLU	59	CERDELGA	59
	77	<i>carbamazepine</i>	36	CEREZYME	59
<i>budesonide er</i>	62	<i>carbamazepine er</i>	36	CHANTIX	48
<i>bumetanide</i>	34	<i>carbidopa</i>	42	CHANTIX CONTINUING	48
<i>buprenorphine hcl</i>	47	<i>carbidopa/levodopa</i>	42	MONTH PAK	
<i>buprenorphine hcl/</i>	47	<i>carbidopa/levodopa er</i>	42	CHANTIX STARTING	48
<i>naloxone hcl</i>		<i>carbidopa/levodopa odt</i>	42	MONTH PAK	
<i>buprenorphine</i>	47,	<i>carboplatin</i>	22	<i>chateal</i>	54
<i>hydrochloride/naloxone</i>	48	<i>carmustine</i>	22	<i>chateal eq</i>	54
<i>hydrochloride</i>		<i>carteolol hcl</i>	75	CHEMET	52
<i>bupropion hcl</i>	39	<i>cartia xt</i>	34	<i>chloramphenicol</i>	13

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<i>chloroquine phosphate</i>	16		64,		43
<i>chlorpromazine</i>	42		78	COARTEM	16
<i>chlorpromazine hcl</i>	42	CLINDAMYCIN	78	<i>colchicine</i>	10
<i>chlorthalidone</i>	34	PHOSPHATE		<i>colesevelam</i>	32
<i>chlorzoxazone</i>	47	<i>clindamycin phosphate/</i>	13	<i>hydrochloride</i>	
CHLORZOAZONE	47	<i>dextrose</i>		<i>colestipol hcl</i>	32
<i>cholestyramine</i>	32	CLINDAMYCIN/	13	<i>colistimethate</i>	13
<i>cholestyramine light</i>	32	SODIUM CHLORIDE		<i>colocort</i>	62
<i>ciclopirox</i>	79	CLINIMIX 4.25%/	72	COMBIGAN	75
<i>ciclopirox gel</i>	79	DEXTROSE 5%		COMBIVENT RESPIMAT	75
<i>ciclopirox olamine</i>	79	CLINIMIX 4.25%/	72	COMETRIQ	26
<i>cilostazol</i>	65	DEXTROSE 10%		COMPLERA	18
CILOXAN	73	CLINIMIX 5%/	72	<i>compro</i>	61
CIMDUO	18	DEXTROSE 15%		<i>constulose</i>	62
<i>cimetidine</i>	62	CLINIMIX 5%/	72	COPAXONE	47
<i>cimetidine hcl</i>	62	DEXTROSE 20%		COPIKTRA	26
<i>cinacalcet hydrochloride</i>	59	CLINIMIX 6/5	72	CORLANOR	35
CIPRODEX	83	CLINIMIX 8/10	72	<i>cortisone acetate</i>	58
<i>ciprofloxacin/</i>	83	CLINIMIX 8/14	72	COTELLIC	26
<i>dexamethasone</i>		<i>clinisol sf</i>	72	CREON	63
<i>ciprofloxacin hcl</i>	21	CLINPRO 5000	82	CRIXIVAN	16
<i>ciprofloxacin</i>	21,	<i>clobazam</i>	37	<i>cromolyn sodium</i>	63,
<i>hydrochloride</i>	73	<i>clobetasol propionate</i>	80		74,
<i>ciprofloxacin i.v.-in d5w</i>	21	<i>clodan shampoo</i>	80		77
<i>cisplatin</i>	22	<i>clofarabine</i>	23	<i>cryselle-28</i>	54
<i>citalopram</i>	39,	<i>clomipramine hcl</i>	40	<i>cyclafem 1/35</i>	54
<i>hydrobromide</i>	40	<i>clonazepam</i>	37	<i>cyclafem 7/7/7</i>	54
<i>cladribine</i>	23	<i>clonazepam odt</i>	37	<i>cyclobenzaprine</i>	47
<i>claravis</i>	78	<i>clonidine hcl</i>	35	<i>hydrochloride</i>	
<i>clarithromycin</i>	21	<i>clonidine hydrochloride</i>	35	<i>cyclophosphamide</i>	22
<i>clemastine fumarate</i>	76	<i>clopidogrel</i>	66	CYCLOPHOSPHAMIDE	22
<i>clindacin etz pledgets</i>	78	<i>clorazepate</i>	37	<i>cycloserine</i>	18
<i>clindacin-p</i>	78	<i>dipotassium</i>		<i>cyclosporine</i>	67
<i>clindamycin hcl</i>	13	<i>clotrimazole</i>	79	<i>cyclosporine modified</i>	67
<i>clindamycin</i>	13	<i>clotrimazole/</i>	79	<i>cyproheptadine</i>	76
<i>hydrochloride</i>		<i>betamethasone</i>		<i>hydrochloride</i>	
<i>clindamycin palmitate</i>	13	<i>dipropionate</i>		<i>cyred</i>	54
<i>hcl</i>		<i>clotrimazole troc</i>	82	<i>cyred eq</i>	54
<i>clindamycin phosphat</i>	13	<i>clovique</i>	52	CYSTADANE	59
		<i>clozapine</i>	43	CYSTAGON	59
		<i>clozapine odt</i>	43		

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CYSTARAN	75	<i>dextroamphetamine</i>	45	<i>dicyclomine</i>	62
<i>cytarabine aqueous</i>	23	<i>sulfate</i>		<i>hydrochloride</i>	
<i>dacarbazine</i>	25	DEXTROSE 2.5%/NACL	69	<i>didanosine</i>	16
<i>dactinomycin</i>	23	0.45%		DIFICID	21
<i>dalfampridine er</i>	47	<i>dextrose 5%</i>	69, 72	<i>diflunisal</i>	10
DALIRESP	77			<i>digitek</i>	35
<i>danazol</i>	57	DEXTROSE 5% /	69	<i>digox</i>	35
<i>dantrolene sodium</i>	47	ELECTROLYTE #48		<i>digoxin</i>	35
<i>dapsone</i>	13	VIAFLEX		<i>dihydroergotamine</i>	46
DAPTACEL	68	DEXTROSE 5%/	69	<i>mesylate</i>	
<i>daptomycin</i>	13	LACTATED RINGERS		DILANTIN	37
DAPTOMYCIN	13	DEXTROSE 5%/NACL	69	DILANTIN-125	37
<i>dasetta 1/35</i>	54	0.2%		DILANTIN INFATABS	37
<i>dasetta 7/7/7</i>	54	DEXTROSE 5%/NACL	69	<i>diltiazem hcl</i>	34
<i>daunorubicin</i>	23	0.3%		DILTIAZEM HCL	34
<i>hydrochloride</i>		DEXTROSE 5%/NACL	69	<i>diltiazem hcl cd</i>	34
DAURISMO	26	0.9%		<i>diltiazem hcl er</i>	34
<i>daysee</i>	54	DEXTROSE 5%/NACL	69	<i>diltiazem hcl inj</i>	34
<i>deblitane</i>	54	0.33%		<i>diltiazem hydrochloride</i>	34
<i>decitabine</i>	23	DEXTROSE 5%/NACL	69	<i>diltiazem hydrochloride</i>	34
<i>deferasirox</i>	52	0.45%		<i>er</i>	
DELESTROGEN	57	DEXTROSE 5%/NACL	69	<i>dilt-xr</i>	34
DELSTRIGO	18	0.225%		DIMENHYDRINATE	61
DEMSEER	35	<i>dextrose 10%</i>	69, 72	<i>diphenhydramine hcl</i>	76
DENTAGEL	82			<i>diphenoxylate/atropine</i>	63
DEPO-PROVERA	24	DEXTROSE 10%/NACL	69	DIPHThERIA/TETANUS	68
DESCOVY	18	0.2%		TOXOIDS ADSORBED	
<i>desipramine hcl</i>	40	DEXTROSE 10%/NACL	69	PEDIATRIC	
<i>desmopressin acetate</i>	59	0.45%		<i>disopyramide</i>	31
<i>desogestrel/ethinyl</i>	54	DEXTROSE 50%	72	<i>phosphate</i>	
<i>estradiol</i>		DEXTROSE 70%	72	<i>disulfiram</i>	48
<i>desonide</i>	80	<i>diazepam</i>	37	<i>divalproex sodium</i>	37
<i>desoximetasone</i>	80	DIAZEPAM RECTAL	37	<i>divalproex sodium dr</i>	37
<i>desvenlafaxine er</i>	40	GEL		<i>divalproex sodium er</i>	37
<i>dexamethasone</i>	58	<i>diazoxide</i>	59	<i>docetaxel</i>	26
DEXAMETHASONE	58	<i>diclofenac potassium</i>	10	DOCETAXEL	25, 26
INTENSOL		<i>diclofenac sodium</i>	74, 81	<i>dofetilide</i>	31
<i>dexamethasone sodium</i>	58,	<i>diclofenac sodium dr</i>	10	<i>donepezil hc</i>	39
<i>phosphate</i>	74	<i>diclofenac sodium er</i>	10	<i>donepezil hcl</i>	39
DEXILANT	63	<i>dicloxacillin</i>	21	<i>donepezil hydrochloride</i>	39
<i>dexrazoxane</i>	29	<i>dicyclomine hcl</i>	62		

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<i>dorzolamide hcl</i>	75	<i>efavirenz/emtricitabine/</i>	18	<i>entecavir</i>	19
<i>dorzolamide hcl/timolol</i>	75	<i>tenofovir disoproxil</i>		ENTRESTO	31
<i>maleate</i>		<i>fumarate</i>		<i>enulose</i>	62
<i>dotti</i>	57	<i>efavirenz/lamivudine/</i>	18	EPCLUSA	19
DOVATO	18	<i>tenofovir disoproxil</i>		EPIDIOLEX	37
<i>doxazosin mesylate</i>	30	<i>fumarate</i>		<i>epinastine hcl</i>	74
DOXEPINE	81	EFFER-K	70	<i>epinephrine hcl</i>	35,
HYDROCHLORIDE		EFFERVESCENT	70		77
<i>doxepin hcl</i>	40	POTASSIUM		<i>epirubicin hcl</i>	23
<i>doxepin hydrochloride</i>	40,	<i>eletriptan</i>	46	<i>epitol</i>	37
	46	<i>hydrobromide</i>		EPIVIR HBV	19
<i>doxorubicin hcl</i>	23	<i>elinest</i>	54	<i>eplerenone</i>	30
<i>liposome</i>		ELIQUIS	64	<i>epoprostenol sodium</i>	36
<i>doxorubicin</i>	23	ELIQUIS STARTER PACK	64	<i>eprosartan mesylate</i>	31
<i>hydrochloride liposomal</i>		<i>eluryng</i>	54	<i>ergotamine tartrate/</i>	46
<i>doxy 100</i>	22	EMBRE;	66	<i>caffeine</i>	
<i>doxycycline</i>	22	EMCYT	24	ERIVEDGE	26
<i>doxycycline hyclate</i>	22	EMEND	61	ERLEADA	24
<i>doxycycline hyclate dr</i>	22	<i>emoquette</i>	54	<i>erlotinib hydrochloride</i>	27
<i>doxycycline</i>	22	EMSAM	40	<i>errin</i>	54
<i>monohydrate</i>		<i>emtricitabine</i>	16,	<i>ertapenem</i>	13
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<i>dronabinol</i>	61	<i>emtricitabine/tenofovir</i>	18	ERYTHROCIN	21
<i>drospirenone/ethinyl</i>	54	<i>disoproxil fumarate</i>		LACTOBIONATE	
<i>estradiol</i>		EMTRIVA	16	<i>erythromycin</i>	21,
<i>drospirenone/ethinyl</i>	54	EMVERM	13		73,
<i>estradiol/levomefolate</i>		<i>enalapril maleate</i>	30		78
<i>calcium</i>		<i>enalapril maleate/</i>	30	<i>erythromycin base</i>	21
DROXIA	65	<i>hydrochlorothiazide</i>		<i>erythromycin/benzoyl</i>	78
DUAVEE	57	ENBREL	66	<i>peroxide</i>	
<i>duloxetine</i>	40	ENBREL MINI	66	<i>erythromycin dr</i>	21
<i>hydrochloride</i>		ENBREL SURECLICK	66	<i>erythromycin</i>	21
DUREZOL	74	ENDARI	65	<i>ethylsuccinate</i>	
<i>dutasteride</i>	64	<i>endocet</i>	11	<i>erythromycin stearate</i>	21
<i>dutasteride/tamsulosin</i>	64	ENGERIX-B	68	ESBRIET	77
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<i>ec-naproxen</i>	10	<i>enoxaparin sodium</i>	64	<i>estarylla</i>	54
<i>econazole nitrate</i>	79	<i>enpresse-28</i>	54	<i>estradiol</i>	57,
EDURANT	16	<i>enskyce</i>	54		58
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		<i>entacapone</i>	42	<i>acetatemg</i>	

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<i>ethambutol hydrochloride</i>	18	FIASP FLEXTOUCH	49	<i>fluphenazine hcl</i>	43
<i>ethosuximide</i>	37	FIASP PENFILL	49	<i>fluphenazine hydrochloride</i>	43
<i>ethynodiol diacetate/ ethinyl estradiol</i>	54	<i>finasteride</i>	64	<i>flurbiprofen</i>	10
<i>etodolac</i>	10	FINTEPLA	37	<i>flurbiprofen sodium</i>	74
<i>etodolac er</i>	10	<i>flac</i>	83	<i>flutamide</i>	24
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<i>etoposide</i>	26	<i>flecainide acetate</i>	31	<i>fluvastatin</i>	32
<i>euthyrox</i>	60	FLOVENT DISKUS	77	<i>fluvastatin sodium er</i>	32
<i>everolimus</i>	27, 67	FLOVENT HFA	78	<i>fluvoxamine maleate</i>	36
EVOTAZ	18	<i>fluconazole</i>	15	<i>fomepizole</i>	59
<i>exemestane</i>	24	<i>fluconazole in nacl</i>	15	<i>fondaparinux sodium</i>	64
<i>ezetimibe</i>	32	<i>fluconazole in sodium chloride</i>	15	FORTEO	52
FABRAZYME	59	<i>flucytosine</i>	15	<i>fosamprenavir calcium</i>	16
<i>falmina</i>	54	<i>fludarabine phosphate</i>	23	<i>fosinopril sodium</i>	30
<i>famciclovir</i>	19	<i>fludrocortisone acetate</i>	58	<i>fosinopril sodium/ hydrochlorothiazide</i>	30
<i>famotidine</i>	62	<i>flunisolide</i>	77	<i>fosphenytoin sodium</i>	37
<i>famotidine premixedl</i>	62	<i>fluocinolone acetonide</i>	80, 83	FREAMINE HBC	72
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<i>femynor</i>	54	FLUORITAB	70	<i>galantamine hydrobromide er</i>	39
<i>fenofibrate</i>	32	FLUOROMETHOLONE	74	GAMASTAN	67
<i>fenofibrate micronized</i>	32	FLUOROPLEX	81	GAMMAGARD	67
<i>fenofibric acid dr</i>	32	<i>fluorouracil</i>	23, 81	GAMMAKED	67
<i>fentanyl</i>	11	FLUOROURACIL CREA 0.5%	81	GAMMAPLEX	67
<i>fentanyl citrate oral transmucosal</i>	11	<i>fluoxetine dr</i>	40	GAMUNEX-C	67
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<i>gavilyte-g</i>	62	<i>guanfacine er</i>	45	<i>hydralazine hydrochloride</i>	35
<i>gavilyte-n/ flavor pack</i>	62	GUANIDINE HCL	46	<i>hydrochlorothiazide</i>	35
GAVRETO	27	GVOKE HYPOPEN	59	<i>hydrocodone/ acetaminophen</i>	11
<i>gemcitabine</i>	24	GVOKE PFS	59	<i>hydrocodone bitartrate/ acetaminophen</i>	11
<i>gemcitabine hcl</i>	24	HAEGARDA	65	<i>hydrocodone/ibuprofen</i>	11
<i>gemcitabine hydrochloride</i>	24	<i>hailey 1.5/30</i>	54	<i>hydrocortisone</i>	58, 62, 81
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HYDROCHLORIDE		<i>hailey fe 1.5/30</i>	54	<i>hydrocortisone butyrate</i>	80
<i>gemfibrozil</i>	32	<i>hailey fe 1/20</i>	54	<i>hydrocortisone valerate</i>	81
<i>generlac</i>	62	<i>halobetasol propionate</i>	80	<i>hydromorphone hcl</i>	12
<i>gengraf</i>	67	<i>haloperidol</i>	43	HYDROMORPHONE HCL	12
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<i>glipizide</i>	50	HETLIOZ	46	ICLUSIG	27
<i>glipizide er</i>	50	HIBERIX	68	<i>idarubicin hcl</i>	23
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<i>imipenem/cilastatin</i>	14	ISOLYTE-P/DEXTROSE	69	KCL 0.3%/D5W/NACL	69
<i>imipramine hcl</i>	40	5%		0.9%	
<i>imipramine</i>	40	ISOLYTE-S	69	KCL 0.3%/D5W/NACL	69
<i>hydrochloride</i>		<i>isoniazid</i>	18	0.45%	
<i>imiquimod</i>	81	<i>isosorbide dinitrate</i>	35	KCL 0.15%/D5W/NACL	69
IMLYGIC	25	<i>isosorbide mononitrate</i>	35	0.2%	
IMOVAX RABIES	68	<i>isosorbide mononitrate</i>	35	KCL 0.15%/D5W/NACL	69
(H.D.C.V.)		<i>er</i>		0.9%	
<i>incassia</i>	54	<i>isotonic gentamicin</i>	14	KCL 0.15%/D5W/NACL	69
INCRELEX	59	<i>isotretinoin</i>	78	0.45%	
INCRUSE ELLIPTA	75	<i>isradipine</i>	34	KCL 0.15%/D5W/NACL	69
<i>indapamide</i>	35	<i>itraconazole</i>	15	0.225%	
INFANRIX	68	<i>ivermectin</i>	14	KCL 0.075%/D5W/	69
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PNV PRENATAL PLUS MULTIVITAMIN	71	<i>prednisolone</i>	58	<i>proctosol hc</i>	82
<i>podofilox</i>	82	<i>prednisolone acetate</i>	74	<i>proctozone-hc</i>	82
POLIVY	28	<i>prednisolone sodium phosphate</i>	58	<i>progesterone</i>	60
<i>polycin</i>	73	PREDNISOLONE	74	PROGRAF	67
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	73	SODIUM PHOSPHATE	74	PROLASTIN-C	77
POLY-VITAMIN/ FLUORIDE	71	OPHTHALMIC SOLN 1%		PROLENSA	74
POMALYST	25	<i>prednisone</i>	58	PROLIA	52
<i>portia-28</i>	56	PREDNISONE	58	PROMACTA	65, 66
<i>posaconazole dr</i>	15	INTENSOL		<i>promethazine hcl</i>	61
<i>potassium chloride</i>	70, 71	<i>pregabalin</i>	38	<i>promethazine hcl plain</i>	61
POTASSIUM CHLORIDE	70	PREMASOL	72	<i>promethazine hydrochloride</i>	61
<i>potassium chloride cr</i>	71	PRENATAL	71	<i>promethegan</i>	61, 62
POTASSIUM CHLORIDE/DEXTROSE	70	PRENATAL PLUS	71	<i>propafenone hcl</i>	32
POTASSIUM CHLORIDE/DEXTROSE/ SODIUM CHLORIDE	70	PRENATAL VITAMINS PLUS LOW IRON	71	<i>propafenone hydrochloride er</i>	32
<i>potassium chloride er</i>	71	PREPLUS	71	<i>proparacaine hcl</i>	75
		PRETOMANID	19	<i>propranolol hcl</i>	33
		<i>prevalite</i>	33	<i>propranolol hcl er</i>	33
		<i>previfem</i>	56	<i>propranolol hydrochloride</i>	33
		PREVYMIS	19	<i>propranolol hydrochloride er</i>	33
		PREZCOBIX	18		

Drug name	Page	Drug name	Page	Drug name	Page
<i>propranolol/ hydrochlorothiazide</i>	33	REVLIMID	25	SANTYL	82
<i>propylthiouracil</i>	60	REXULTI	44	SAPHRIS	44
PROQUAD	68	REYATAZ	17	<i>sapropterin</i>	60
PROSOL	72	RHOPRESSA	75	<i>dihydrochloride</i>	
<i>protriptyline hcl</i>	41	<i>ribavirin</i>	19	SARCLISA	28
PULMICORT	78	<i>rifabutin</i>	19	<i>scopolamine</i>	62
FLEXHALER		<i>rifampin</i>	19	SECUADO	44
PULMOZYME	77	RIFATER	19	<i>selegiline hcl</i>	42
PURIXAN	24	<i>riluzole</i>	47	<i>selenium sulfide</i>	79
<i>pyrazinamide</i>	19	<i>rimantadine hydrochloride</i>	19	SELZENTRY	17
<i>pyridostigmine bromide</i>	46	RINGERS INJECTION	70	SEREVENT DISKUS	76
<i>pyridostigmine bromide er</i>	46	RINVOQ	66	<i>sertraline hcl</i>	41
QINLOCK	28	<i>risedronate sodium</i>	52	<i>sertraline hydrochloride</i>	41
QUADRACEL	68	<i>risedronate sodium dr</i>	52	<i>setlakin</i>	56
<i>quetiapine fumarate</i>	44	RISPERDAL CONSTA	44	SF	83
<i>quetiapine fumarate er</i>	44	<i>risperidone</i>	44	<i>sharobel</i>	56
<i>quinapril hcl</i>	30	<i>risperidone odt</i>	44	SHINGRIX	68
<i>quinapril hydrochloride</i>	30	<i>ritonavir</i>	17	SIGNIFOR	60
<i>quinapril/ hydrochlorothiazide</i>	30	RITUXAN	28	<i>sildenafil citrate</i>	36
<i>quinidine sulfate</i>	32	RITUXAN HYCELA	28	SILVER SULFADIAZINE	79
<i>quinine sulfate</i>	16	<i>rivastigmine</i>	39	SIMBRINZA	75
RABAVERT	68	<i>rivastigmine tartrate</i>	39	<i>simliya</i>	56
<i>raloxifene hydrochloride</i>	60	<i>rizatriptan benzoate</i>	46	<i>simpesse</i>	56
<i>ramipril</i>	30	<i>rizatriptan benzoate odt</i>	46	<i>simvastatin</i>	32
<i>ranolazine er</i>	35	<i>romidepsin</i>	28	<i>sirolimus</i>	67
<i>rasagiline mesylate</i>	42	ROMIDEPSIN	28	SIRTURO	19
<i>reclipsen</i>	56	<i>ropinirole hcl</i>	42	SIVEXTRO	14
RECOMBIVAX HB	68	<i>ropinirole hydrochloride</i>	42	SIVEXTRO TABS	14
RECTIV	82	<i>rosadan</i>	82	SKYRIZI	66
REGRANEX	82	<i>rosuvastatin calcium</i>	32	<i>sodium bicarbonate</i>	70
RELENZA DISKHALER	19	ROTARIX	68	SODIUM	70
RELISTOR	63	ROTATEQ	68	BICARBONATE	
RENFLEXIS	66	<i>roweepra</i>	38	<i>sodium chloride</i>	70
<i>repaglinide</i>	51	ROZYLTRAK	28	SODIUM CHLORIDE	82
RESCRIPTOR	17	RUBRACA	28	0.9% IRRIGATION	
RESTASIS	75	RUKOBIA	17	SOLN	
RESTASIS MULTIDOSE	75	RYBELSUS	51	<i>sodium chloride inj</i>	70
RETEVMO	28	RYDAPT	28	SODIUM CHLORIDE INJ	70
		SANDIMMUNE	67	SODIUM FLUORIDE	71,
					83

Drug name	Page	Drug name	Page	Drug name	Page
<i>sodium fluoride 5000 ppm</i>	83	<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	72	<i>tamsulosin hydrochloride</i>	64
<i>sodium fluoride 5000 ppm sensitive</i>	83	SULFADIAZINE	14	TARGRETIN	82
<i>sodium phenylbutyrate</i>	60	<i>sulfamethoxazole/ trimethoprim</i>	14	<i>tarina fe 1/20</i>	56
<i>sodium polystyrene sulfonate</i>	53	<i>sulfamethoxazole/ trimethoprim ds</i>	14	<i>tarina fe 1/20 eq</i>	56
<i>sodium sulfacetamide</i>	73	SULFAMYLON	79	TASIGNA	28
SOLIQUA 100/33	50	<i>sulfasalazine</i>	62	<i>tazarotene</i>	79
SOLTAMOX	24	SULFASALAZINE	62	<i>tazicef</i>	20
SOLU-CORTEF INJ	58, 59	<i>sulindac</i>	11	TAZORAC	79
SOMATULINE DEPOT	60	<i>sumatriptan</i>	46	<i>taztia xt</i>	34
SOMAVERT	60	<i>sumatriptan succinate</i>	46	TAZVERIK	28
<i>sorine</i>	32	SUPREP BOWEL PREP KIT	63	TDVAX	68
<i>sotalol hcl</i>	32	SUTENT	28	TECENTRIQ	28
<i>sotalol hcl (af)</i>	32	<i>syeda</i>	56	TECFIDERA	47
<i>spironolactone</i>	30, 35	SYLATRON	25	TECFIDERA STARTER PACK	47
<i>spironolactone/ hydrochlorothiazide</i>	35	SYMBICORT	78	TEFLARO	20
<i>sprintec 28</i>	56	SYMDEKO	77	<i>telmisartan</i>	31
SPRITAM	38	SYMFI	18	<i>telmisartan/ amlodipine</i>	31
SPRYCEL	28	SYMFI LO	18	<i>telmisartan/ hydrochlorothiazide</i>	31
<i>sps</i>	53	SYMPAZAN	38	<i>temazepam</i>	46
<i>sronyx</i>	56	SYMTUZA	18	TEMIXYS	18
<i>stavudine</i>	17	SYNAREL	57	<i>temsirolimus</i>	28
STELARA	66	SYNERCID	14	TENIVAC	68
STERILE WATER	82	SYNJARDY	51	<i>tenofovir</i>	17
IRRIGATION PLASTIC BOTTLE		SYNJARDY XR	51	<i>terazosin hcl</i>	30
STIMATE	60	SYNRIBO	25	<i>terazosin hydrochloride</i>	30
STIVARGA	28	SYNTHROID	60	<i>terbinafine hcl</i>	15
<i>streptomycin sulfate</i>	14	TABLOID	24	<i>terbutaline sulfate</i>	76
STRIBILD	18	TABRECTA	28	<i>terconazole</i>	64
<i>subvenite</i>	38	<i>tacrolimus</i>	68, 82	<i>testosterone cypionate</i>	48
<i>sucrafate</i>	63	<i>tadalafil</i>	36	<i>testosterone enanthate</i>	48
<i>sulfacetamide sodium</i>	73, 78	TAFINLAR	28	<i>testosterone gel</i>	48
		TAGRISSO	28	<i>testosterone pump gel</i>	48
		TALTZ	66	<i>testosterone topical</i>	48
		TALZENNA	28	<i>tetrabenazine</i>	47
		<i>tamoxifen citrate</i>	24	<i>tetracycline hydrochloride</i>	22
				TEXACORT	81
				THALOMID	25

Drug name	Page	Drug name	Page	Drug name	Page
THEO-24	77	<i>tramadol hcl</i>	12	<i>tri-lo-estarylla</i>	57
<i>theophylline</i>	77	<i>tramadol hcl er tabs</i>	11	<i>tri-lo-marzia</i>	57
<i>theophylline er</i>	77	<i>tramadol hydrochloride</i>	13	<i>tri-lo-mili</i>	57
<i>thioridazine hcl</i>	44	<i>tramadol</i>	12	<i>tri-lo-sprintec</i>	57
<i>thiotepa</i>	23	<i>hydrochloride/</i>		<i>trilyte</i>	63
<i>thiothixene</i>	44	<i>acetaminophen</i>		<i>trimethoprim</i>	15
<i>tiadylt er</i>	34	<i>trandolapril</i>	30	<i>trimethoprim sulfate/</i>	73
<i>tiagabine hydrochloride</i>	38	<i>tranexamic acid</i>	66	<i>polymyxin b sulfate</i>	
TIBSOVO	28	<i>tranylcypromine sulfate</i>	41	<i>tri-mili</i>	57
<i>tigecycline</i>	22	TRAVASOL	72	<i>trimipramine maleate</i>	41
TILIA FE	56	<i>trazodone</i>	41	TRINTELLIX	41
<i>timolol maleate</i>	75	<i>hydrochloride</i>		<i>tri-previfem</i>	57
TIMOLOL MALEATE	75	TRECTOR	19	<i>tri-sprintec</i>	57
OPHTHALMIC		TRELEGY ELLIPTA	75	TRIUMEQ	18
<i>timolol maleate soln</i>	75	TRELSTAR MIXJECT	25	TRI-VITE/FLUORIDE	71
<i>timolol maleate tabs</i>	33	TRESIBA	50	<i>trivora-28</i>	57
<i>tinidazole</i>	14	TRESIBA FLEXTOUCH	50	<i>tri-vylibra</i>	57
TIVICAY	17	<i>tretinoin</i>	25,	<i>tri-vylibra lo</i>	57
TIVICAY PD	17		78,	TRODELVY	29
<i>tizanidine hcl</i>	47		79	TROGARZO	17
<i>tizanidine hydrochloride</i>	47	TRETINOIN	78	TROPHAMINE	72
TOBRADEX	72	MICROSPHERE		<i>trospium chloride</i>	64
TOBRADEX ST	72	<i>triamcinolone acetonide</i>	81	<i>trospium chloride er</i>	64
<i>tobramycin</i>	14	<i>triamcinolone acetonide</i>	83	TRULICITY	52
<i>tobramycin/</i>	73	<i>dental paste</i>		TRUMENBA	68
<i>dexamethasone</i>		<i>triamterene/</i>	35	TRUVADA	18
<i>tobramycin sulfate</i>	14,	<i>hydrochlorothiazide</i>		TUKYSA	29
	15,	TRICARE PRENATAL	71	<i>tulana</i>	57
	73	<i>triderm</i>	81	TURALIO	29
<i>tolterodine tartrate</i>	64	<i>trientine hydrochloride</i>	53	TWINRIX	69
<i>topiramate</i>	38	<i>tri-estarylla</i>	56	TYBOST	17
<i>toposar</i>	26	<i>tri femynor</i>	56	<i>tydemy</i>	57
<i>topotecan hcl</i>	25	<i>trifluoperazine hcl</i>	44	TYKERB	29
<i>toremifene citrate</i>	24	<i>trifluridine</i>	73	TYMLOS	52
<i>torseamide</i>	35	<i>trihexyphenidyl hcl</i>	42	TYPHIM VI	69
<i>tovet foam</i>	81	<i>trihexyphenidyl</i>	42	<i>ursodiol</i>	63
TOVIAZ	64	<i>hydrochloride</i>		<i>valacyclovir hcl</i>	19
TPN ELECTROLYTES	70	TRIJARDY XR	51,	<i>valacyclovir</i>	19
TRACLEER	36		52	<i>hydrochloride</i>	
TRADJENTA	51	<i>tri-legest fe</i>	57	VALCHLOR	82
TRAMADOL ER CAPS	11	<i>tri-linyah</i>	57		

Drug name	Page	Drug name	Page	Drug name	Page
<i>valganciclovir</i>	20	VICTOZA	52	XCOPRI MAINTENACE	39
<i>valganciclovir hydrochloride</i>	20	VIDEX EC	17	PACK	
<i>valproate sodium</i>	38	VIDEX PEDIATRIC	17	XCOPRI TITRATION	39
<i>valproic acid</i>	38	<i>vienna</i>	57	PACK	
<i>valsartan</i>	31	<i>vigabatrin</i>	38	XELJANZ	66
<i>valsartan/ hydrochlorothiazide</i>	31	<i>vigadrone</i>	38	XELJANZ XR	66
VALTOCO	38	VIIBRYD	41	XGEVA	52
VANCOMYCIN	15	VIIBRYD STARTER	41	XIFAXAN	63
<i>vancomycin hcl</i>	15	PACK		XIGDUO XR	52
VANCOMYCIN HLC	15	VIMPAT	38, 39	XOLAIR	77
<i>vancomycin hydrochloride</i>	15	<i>vinblastine sulfate</i>	26	XOSPATA	29
VAQTA	69	<i>vincristine sulfate</i>	26	XPOVIO	29
VARIVAX	69	<i>vinorelbine tartrate</i>	26	XPOVIO 60 MG ONCE	29
VASCEPA	33	<i>viorele</i>	57	WEEKLY	
VELCADE	29	VIRACEP	17	XPOVIO 80 MG ONCE	29
<i>velivet</i>	57	VIREAD	17	WEEKLY	
VELTASSA PACK	53	VITRAKVI	29	XPOVIO 80 MG TWICE	29
VEMLIDY	20	VIVITROL	48	WEEKLY	
VENCLEXTA	29	VIZIMPRO	29	XPOVIO 100 MG ONCE	29
VENCLEXTA STARTING	29	<i>volnea</i>	57	WEEKLY	
PACK		VOL-PLUS	71	XTANDI	25
<i>venlafaxine hcl</i>	41	<i>voriconazole</i>	16	XULTOPHY	50
<i>venlafaxine hcl er</i>	41	VOSEVI	20	XYREM	47
<i>venlafaxine hydrochloride er</i>	41	VOTRIENT	29	YF-VAX	69
VENTAVIS	36	VP-PNV-DHA	71	<i>yuvafem</i>	58
VENTOLIN HFA	76	VRAYLAR	45	<i>zafirlukast</i>	76
<i>verapamil hcl</i>	34	VRAYLAR CAP	45	<i>zaleplon</i>	46
<i>verapamil hcl er</i>	34	THERAPY PACK		<i>zarah</i>	57
<i>verapamil hcl sr</i>	34	<i>vyfemla</i>	57	ZARXIO	65
VERAPAMIL HCL SR	34	<i>vylibra</i>	57	ZEJULA	29
CP24 360MG		<i>warfarin sodium</i>	65	ZELBORAF	29
<i>verapamil hydrochloride</i>	34	<i>wera</i>	57	ZEMAIRA	77
<i>verapamil hydrochloride er</i>	34	<i>wymzya fe</i>	57	<i>zenatane</i>	79
VERSACLOZ	45	XALKORI	29	ZENPEP	63
VERZENIO	29	XARELTO	65	<i>zenzedi</i>	45
		XARELTO STARTER	65	ZEPZELCA	23
		PACK		ZERVIAE	74
		XATMEP	67	<i>zidovudine</i>	17
		XCOPRI	39	<i>ziprasidone hcl</i>	45
				<i>ziprasidone mesylate</i>	45
				ZIRGAN	73

Drug name Page

<i>zoledronic acid</i>	52
ZOLEDRONIC ACID	52
ZOLINZA	29
ZOLOFT	41
<i>zolpidem tartrate</i>	46
<i>zonisamide</i>	39
ZORTRESS	68
ZOSTAVAX	69
<i>zovia 1/35e</i>	57
<i>zumandimine</i>	57
ZYDELIG	29
ZYKADIA	29
ZYLET	73
ZYPREXA RELPREVV	45
ZYTIGA	25

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	

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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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Drug name	Drug tier	Requirements/Limits
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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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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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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