



Aetna[®] Medicare

2023 Formulary (List of covered drugs)

4 Tier Classic

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

Formulary ID Number: 23021 Version 9

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** and choose “Manage your prescription drugs.”

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible that you haven't paid. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible that you haven't paid.

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 10/01/2022. 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, 2023, and from time to time during the year. You will receive notice when necessary.

Table of contents

Mail-order pharmacy	3
What is the Aetna Medicare formulary?	3
Can the formulary (drug list) change?	3
How do I use the formulary?	4
What are generic drugs?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the formulary?	5
How do I request an exception to the Aetna® Medicare formulary?	6
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	6
For more information	7
Aetna® Medicare formulary	7
Drug tier copay levels	7
Formulary key	10
Drug list	10
Index of Drugs	96

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 **1-800-594-9390 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

What is the Aetna Medicare 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 Evidence of Coverage.

Can the formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare formulary?”
- **Drugs removed from the market.** If the U.S. 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 new generic drug 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 find information in the section below titled “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 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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.

This formulary is current as of 10/01/2022. 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 on 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 96. 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 atorvastatin . 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 on 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 and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care (such as a move from a home to a long-term care setting), we may cover a one-time temporary supply from a network pharmacy for up to 31-days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your 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 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 96.

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.

Drug tier copay levels

This 2023 formulary is a listing of brand-name and generic drugs. The Aetna® Medicare 2023 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 2023 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Please Note: Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Copay tier	Type of drug
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred drugs
Tier 4	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 2023 Prescription Drug Schedule of Cost-Sharing that was included in your EOC packet. The Prescription Drug Schedule of Cost-Sharing 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.

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 of atorvastatin.

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. *

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. Drugs available through mail-order are marked as “MO” in our Drug List.*

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.

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-241-0357 (TTY: 711)**, 24 hours a day, 7 days a week, or visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)**

Key*

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

Drug name	Drug tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol tabs</i>	1	MO
<i>colchicine tabs</i>	2	QL (120 EA per 30 days) MO
<i>febuxostat</i>	2	ST MO
MITIGARE	2	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>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	3	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	3	QL (90 EA per 30 days) MO
<i>diflunisal</i>	3	QL (90 EA per 30 days) MO
<i>ec-naproxen tbec 375mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen tbec 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tb24 600mg</i>	3	QL (30 EA per 30 days) MO
<i>etodolac er tb24 400mg, 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>	2	QL (120 EA per 30 days) MO
<i>etodolac caps 200mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>	2	QL (60 EA per 30 days) MO
<i>etodolac tabs 400mg</i>	2	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
FENOPROFEN CALCIUM CAPS 400MG	3	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>	3	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg, susp 100mg/5ml</i>	1	MO
<i>ketoprofen er</i>	3	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	3	QL (120 EA per 30 days) MO
<i>meloxicam tabs</i>	1	MO
<i>nabumetone</i>	1	MO
NAPROXEN SODIUM CR TABS 375MG, 500MG	3	QL (120 EA per 30 days) MO
<i>naproxen sodium er</i>	4	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	3	QL (60 EA per 30 days) MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>naproxen oral susp, tabs</i>	1	MO
<i>naproxen dr tabs 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen dr tabs 500mg</i>	1	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	3	QL (90 EA per 30 days) MO
<i>piroxicam caps 20mg</i>	2	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	2	QL (60 EA per 30 days) MO
<i>relafen tabs 500mg, 750mg</i>	1	
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	3	QL (4 EA per 28 days) PA MO
<i>fentanyl pt72 100mcg/hr, 12mcg/ hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/ hr</i>	3	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	4	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate tab er 100mg, 120mg, 20mg, 30mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 80mg</i>	3	QL (30 EA per 30 days) PA
HYSINGLA ER	2	QL (30 EA per 30 days) PA
<i>methadone hcl oral conc</i>	2	QL (90 ML per 30 days) PA MO
METHADONE HCL INJ	4	PA
<i>methadone hcl oral soln</i>	2	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	2	QL (90 EA per 30 days) PA MO
<i>morphine sulfate er (generic Avinza) cp24 120mg</i>	3	QL (30 EA per 30 days) PA
<i>morphine sulfate er (generic Avinza) cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	3	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	3	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
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
<i>tramadol hcl er tabs</i>	3	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	3	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	3	
<i>butorphanol tartrate inj 2mg/ml</i>	3	MO
CODEINE SULFATE	3	QL (180 EA per 30 days) MO
endocet	2	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	3	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	2	QL (180 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>hydrocodone bitartrate/acetaminophen soln</i>	2	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	2	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	2	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	3	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	3	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	3	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML, 2MG/ML	3	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	3	B/D MO
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	3	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	3	B/D MO
<i>morphine sulfate tabs</i>	2	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ ML, 2MG/ML, 4MG/ML, 5MG/ ML, 8MG/ML	3	B/D
<i>morphine sulfate inj 0.5mg/ ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate inj 1mg/ml</i>	3	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ ml</i>	3	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride caps</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	2	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride conc</i>	3	QL (180 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

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>oxycodone/acetaminophen tabs</i> 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg	2	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 100mg</i>	1	QL (120 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/ acetaminophen</i>	3	QL (240 EA per 30 days) MO

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	3	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	3	

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i>	4	MO
<i>amikacin sulfate</i>	3	MO
<i>atovaquone</i>	4	PA MO
<i>aztreonam inj 1gm</i>	3	MO
<i>aztreonam inj 2gm</i>	4	MO
CAYSTON	4	PA LA
<i>chloramphenicol sodium succinate</i>	3	
<i>clindamycin hcl caps 150mg, 75mg</i>	1	MO
<i>clindamycin hcl caps 300mg</i>	1	MO
<i>clindamycin palmitate hcl</i>	3	MO
<i>clindamycin phosphate/dextrose</i>	3	
<i>clindamycin phosphate inj 300mg/2ml, 900mg/60ml</i>	3	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	3	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	4	PA MO
<i>dapsone tabs 100mg, 25mg</i>	2	MO
DAPTOMYCIN INJ 350MG	4	
<i>daptomycin inj 500mg</i>	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
EMVERM	4	QL (12 EA per 365 days) MO
<i>ertapenem</i>	3	MO
<i>gentamicin sulfate pediatric</i>	3	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	3	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	3	MO
<i>gentamicin sulfate inj 40mg/ml</i>	3	MO
<i>imipenem/cilastatin</i>	3	MO
<i>isotonic gentamicin</i>	3	MO
<i>ivermectin</i>	2	QL (12 EA per 90 days) PA MO
<i>linezolid tabs</i>	3	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	4	QL (1800 ML per 30 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	3	PA
<i>linezolid inj 600mg/300ml</i>	3	PA
<i>meropenem inj 500mg</i>	3	
<i>meropenem inj 1gm</i>	3	MO
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate</i>	3	MO
<i>metronidazole caps 375mg</i>	2	MO
<i>metronidazole inj 500mg/100ml</i>	3	
<i>metronidazole tabs 250mg, 500mg</i>	2	MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	4	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	2	MO
<i>nitrofurantoin monohydrate/ macrocrystals</i>	2	MO
<i>paramomycin sulfate</i>	3	MO
<i>pentamidine isethionate inhalation solr</i>	3	B/D MO
<i>pentamidine isethionate inj</i>	3	MO
<i>praziquantel</i>	2	MO
SIVEXTRO INJ	4	
SIVEXTRO TABS	4	MO
<i>streptomycin sulfate</i>	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>sulfadiazine</i>	3	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	3	MO
SYNERCID	4	
<i>tinidazole</i>	3	MO
<i>tobramycin sulfate inj 10mg/ml, 40mg/ml</i>	3	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	3	MO
<i>tobramycin sulfate inj 1.2gm</i>	4	
<i>tobramycin nebu 300mg/5ml</i>	4	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	1	MO
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	3	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	3	
<i>vancomycin hcl inj 100gm, 10gm</i>	3	
<i>vancomycin hydrochloride caps 125mg</i>	3	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	3	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	3	
<i>vancomycin hydrochloride inj 500mg</i>	3	MO
ANTIFUNGALS		
ABELCET	3	B/D
<i>amphotericin b</i>	3	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>amphotericin b liposome</i>	4	B/D
<i>casprofungin acetate inj 70mg</i>	3	
<i>casprofungin acetate inj 50mg</i>	4	
<i>fluconazole in sodium chloride inj 200mg; 100ml, 400mg; 100ml</i>	3	
<i>fluconazole/sodium chloride inj 100mg/50ml</i>	3	
<i>fluconazole tabs</i>	1	MO
<i>fluconazole oral susp</i>	2	MO
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	3	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole caps</i>	3	PA MO
<i>ketoconazole tabs 200mg</i>	1	PA MO
<i>miconazole</i>	4	
NOXAFIL ORAL SUSP	4	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	3	MO
<i>posaconazole dr</i>	4	QL (93 EA per 30 days) MO
<i>terbinafine hcl</i>	1	QL (90 EA per 365 days) MO
<i>voriconazole inj</i>	4	PA
<i>voriconazole oral susp</i>	4	PA MO
<i>voriconazole tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	3	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	3	MO
<i>chloroquine phosphate</i>	3	MO
COARTEM	3	MO
<i>mefloquine hcl</i>	2	MO
<i>primaquine phosphate</i>	2	
<i>quinine sulfate</i>	3	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	3	MO
APTIVUS	4	MO
<i>atazanavir sulfate</i>	3	MO
EDURANT	4	MO
<i>efavirenz caps 50mg</i>	2	MO
<i>efavirenz caps 200mg</i>	3	MO
<i>efavirenz tabs</i>	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>emtricitabine</i>	3	MO
EMTRIVA ORAL SOLN	3	MO
<i>etravirine</i>	4	MO
<i>fosamprenavir calcium</i>	4	MO
FUZEON	4	
INTELENCE TAB 25MG	3	
INVIRASE	4	MO
ISENTRESS HD	4	MO
ISENTRESS PACK, TABS	4	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	4	MO
<i>lamivudine soln 10mg/ml</i>	3	MO
<i>lamivudine tabs 150mg, 300mg</i>	3	MO
LEXIVA ORAL SUSP	3	MO
<i>maraviroc</i>	4	MO
<i>nevirapine er tb24 100mg</i>	2	
<i>nevirapine er tb24 400mg</i>	2	MO
<i>nevirapine immediate release tabs</i>	2	MO
<i>nevirapine oral susp</i>	3	MO
NORVIR SOLN, ORAL POWDER	3	MO
PIFELTRO	4	MO
PREZISTA SUSP	4	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	4	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	4	QL (60 EA per 30 days) MO
REYATAZ ORAL POWDER	3	MO
<i>ritonavir</i>	2	MO
RUKOBIA	4	MO
SELZENTRY SOLN	4	MO
SELZENTRY TABS 25MG	2	
SELZENTRY TABS 75MG	4	
<i>stavudine</i>	3	MO
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	2	MO
TIVICAY TABS 25MG, 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
TROGARZO	4	LA
TYBOST	3	MO
VIRACEPT	4	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	4	MO
<i>zidovudine</i>	2	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	3	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
EVOTAZ	4	MO
GENVOYA	4	MO
JULUCA	4	MO
<i>lamivudine/zidovudine</i>	3	MO
<i>lopinavir/ritonavir soln</i>	3	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	3	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	4	MO
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMTUZA	4	MO
TEMIXYS	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	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
TRIZIVIR	4	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	4	MO
<i>ethambutol hydrochloride</i>	3	MO
<i>isoniazid syrp, tabs</i>	1	MO
<i>isoniazid inj</i>	3	
PASER	3	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	3	MO
<i>rifabutin</i>	3	MO
<i>rifampin caps</i>	2	MO
<i>rifampin inj</i>	3	
SIRUORO	4	PA LA
TRECTOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium inj</i>	3	B/D
<i>acyclovir caps 200mg</i>	1	MO
<i>acyclovir susp 200mg/5ml</i>	1	MO
<i>acyclovir tabs 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	3	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	4	QL (630 ML per 30 days) MO
<i>entecavir</i>	3	QL (30 EA per 30 days) MO
EPCLUSA	4	PA
EPIVIR HBV ORAL SOLN	3	MO
<i>famciclovir tabs 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	2	B/D
HARVONI	4	PA
<i>lamivudine tabs 100mg</i>	2	MO
MAVYRET	4	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	4	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
PREVYMIS TABS	4	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin</i>	2	
<i>rimantadine hydrochloride</i>	3	MO
<i>valacyclovir hcl tabs 1gm</i>	2	MO
<i>valacyclovir hcl tabs 500mg</i>	2	MO
<i>valganciclovir hydrochloride oral soln</i>	4	MO
<i>valganciclovir tabs</i>	2	MO
VEMLIDY	4	MO
VOSEVI	4	PA
CEPHALOSPORINS		
<i>cefaclor</i>	1	MO
CEFACLOR ER	3	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJ 100GM, 300GM	3	
<i>cefazolin sodium inj 1gm</i>	3	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	3	MO
CEFAZOLIN/DEXTROSE INJ 2GM/100ML; 4%	2	
<i>cefazolin/dextrose inj 2gm</i>	3	
<i>cefdinir caps</i>	1	MO
<i>cefdinir oral susp</i>	2	MO
<i>cefepime inj 1gm, 2gm</i>	3	MO
<i>cefixime caps</i>	2	MO
<i>cefixime oral susp</i>	3	MO
<i>cefotetan inj 1gm/10ml, 2gm/20ml</i>	3	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil</i>	3	MO
<i>cefprozil</i>	2	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime inj 6gm</i>	3	
<i>ceftazidime inj 1gm, 2gm</i>	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>ceftriaxone in iso-osmotic dextrose</i>	3	
CEFTRIAZONE SODIUM INJ 100GM	3	
<i>ceftriaxone sodium inj 1gm</i>	3	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	MO
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm</i>	3	
<i>cefuroxime sodium inj 750mg</i>	3	MO
<i>cephalexin</i>	1	MO
SUPRAX ORAL SUSP 500MG/ML	2	
<i>tazicef</i>	3	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	2	MO
<i>azithromycin oral susp, tabs</i>	1	MO
<i>azithromycin inj</i>	3	MO
<i>clarithromycin er tabs</i>	3	MO
<i>clarithromycin immediate release tabs, oral susp</i>	2	MO
DIFICID ORAL SUSP	4	
DIFICID TABS	4	MO
<i>erythrocin stearate</i>	3	MO
<i>erythromycin base tabs 250mg, 500mg</i>	2	MO
<i>erythromycin dr tabs</i>	3	MO
<i>erythromycin ethylsuccinate tabs</i>	2	MO
<i>erythromycin lactobionate inj</i>	4	
<i>erythromycin cpep 250mg</i>	2	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	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>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	3	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	3	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	3	MO
<i>ampicillin caps</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i>	3	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	3	MO
<i>ampicillin-sulbactam</i>	3	
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	2	MO
<i>nafcillin sodium inj 1gm</i>	3	
<i>nafcillin sodium inj 2gm</i>	3	MO
<i>nafcillin sodium inj 10gm, 2gm</i>	4	
<i>oxacillin sodium inj 10gm, 1gm</i>	3	
<i>oxacillin sodium inj 2gm</i>	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
<i>penicillin g potassium inj 2000000unit</i>	3	MO
<i>penicillin g potassium inj 5000000unit</i>	4	MO
PENICILLIN G PROCAINE	3	MO
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</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>piperacillin sodium/tazobactam sodium</i>	3	
TETRACYCLINES		
<i>doxy 100 inj</i>	3	MO
<i>doxycycline hyclate caps</i>	1	MO
<i>doxycycline hyclate tabs</i>	2	MO
<i>doxycycline hyclate inj</i>	3	MO
<i>doxycycline monohydrate tabs</i>	1	MO
<i>doxycycline monohydrate caps</i>	3	MO
<i>doxycycline oral susp 25mg/5ml</i>	2	MO
<i>minocycline hcl caps 100mg, 50mg</i>	1	MO
<i>minocycline hcl caps</i>	1	MO
<i>minocycline hcl tabs</i>	3	ST MO
<i>mondoxyne nl</i>	3	
NUZYRA	4	LA
<i>tetracycline hydrochloride</i>	3	MO
<i>tigecycline</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABS	2	B/D
<i>cyclophosphamide caps</i>	2	B/D MO
LEUKERAN	3	MO
<i>melphalan tabs</i>	3	B/D MO
ANTIMETABOLITES		
INQOVI	4	QL (5 EA per 28 days) PA LA
LONSURF	4	PA LA
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium inj pf 50mg/2ml</i>	2	MO
<i>methotrexate sodium inj 1gm</i>	2	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	2	MO
ONUREG	4	QL (14 EA per 28 days) PA LA
PURIXAN	4	
TABLOID	3	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	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>anastrozole</i>	1	MO
<i>bicalutamide</i>	2	MO
ELIGARD	3	PA
EMCYT	4	MO
ERLEADA	4	PA LA
<i>exemestane</i>	3	MO
<i>flutamide</i>	3	MO
<i>letrozole</i>	1	MO
<i>leuprolide acetate</i>	3	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LYSODREN	4	MO
<i>megestrol acetate tabs 20mg, 40mg</i>	2	MO
<i>nilutamide</i>	4	MO
NUBEQA	4	PA LA
ORGOVYX	4	PA LA MO
SOLTAMOX	4	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	4	PA MO
XTANDI	4	PA LA
ZYTIGA TABS 500MG	4	PA LA
IMMUNOMODULATORS		
<i>lenalidomide caps 25mg</i>	4	QL (21 EA per 28 days) PA LA
<i>lenalidomide caps 10mg, 15mg, 5mg</i>	4	QL (28 EA per 28 days) PA LA
POMALYST	4	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 20MG, 25MG	4	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 10MG, 15MG, 2.5MG, 5MG	4	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	4	QL (28 EA per 28 days) PA LA
THALOMID CAPS 150MG, 200MG	4	QL (56 EA per 28 days) PA LA
MISCELLANEOUS		
<i>arsenic trioxide inj 12mg/6ml</i>	4	
ASPARLAS	4	PA LA
BESREMI	4	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	4	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>hydroxyurea</i>	1	MO
KISQALI FEMARA 200 DOSE	4	PA
KISQALI FEMARA 400 DOSE	4	PA
KISQALI FEMARA 600 DOSE	4	PA
MATULANE	4	LA MO
ONCASPAR	4	PA
SYNRIBO	4	PA
<i>tretinoin caps 10mg</i>	4	MO
WELIREG	4	QL (90 EA per 30 days) PA LA MO
MOLECULAR TARGET AGENTS		
ALECENSA	4	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	4	PA LA MO
ALUNBRIG TABS 30MG	4	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABS 180MG, 90MG	4	QL (30 EA per 30 days) PA LA MO
AYVAKIT	4	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	4	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	4	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	4	QL (84 EA per 28 days) PA LA
BOSULIF TABS 100MG	4	QL (180 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	4	QL (30 EA per 30 days) PA
BRAFTOVI	4	QL (180 EA per 30 days) PA LA
BRUKINSA	4	QL (120 EA per 30 days) PA LA MO
CABOMETYX	4	QL (30 EA per 30 days) PA LA
CALQUENCE TABS	4	QL (60 EA per 30 days) PA LA
CALQUENCE CAPS	4	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	4	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	4	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	4	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	4	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 60MG/DAY	4	QL (84 EA per 28 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
COPIKTRA	4	QL (56 EA per 28 days) PA LA
COTELLIC	4	QL (63 EA per 28 days) PA LA
DAURISMO TABS 100MG	4	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	4	QL (60 EA per 30 days) PA LA
ERIVEDGE	4	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	4	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	4	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	4	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	4	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	4	QL (90 EA per 30 days) PA
EXKIVITY	4	QL (120 EA per 30 days) PA LA MO
FARYDAK	4	PA LA
FOTIVDA	4	QL (21 EA per 28 days) PA LA MO
GAVRETO	4	QL (120 EA per 30 days) PA LA
GILOTRIF	4	QL (30 EA per 30 days) PA LA MO
IBRANCE	4	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	4	PA LA MO
ICLUSIG TABS 15MG, 45MG	4	QL (30 EA per 30 days) PA LA MO
IDHIFA	4	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	4	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	4	QL (90 EA per 30 days) PA
IMBRUVICA TABS	4	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	4	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 140MG	4	QL (90 EA per 30 days) PA LA MO
INLYTA TABS 5MG	4	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	4	QL (180 EA per 30 days) PA LA
INREBIC	4	QL (120 EA per 30 days) PA LA
IRESSA	4	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
JAKAFI	4	QL (60 EA per 30 days) PA LA
KISQALI	4	PA
<i>lapatinib ditosylate</i>	4	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	4	PA LA
LENVIMA 12MG DAILY DOSE	4	PA LA
LENVIMA 14 MG DAILY DOSE	4	PA LA
LENVIMA 18 MG DAILY DOSE	4	PA LA
LENVIMA 20 MG DAILY DOSE	4	PA LA
LENVIMA 24 MG DAILY DOSE	4	PA LA
LENVIMA 4 MG DAILY DOSE	4	PA LA
LENVIMA 8 MG DAILY DOSE	4	PA LA
LORBRENA TABS 100MG	4	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	4	QL (90 EA per 30 days) PA LA
LUMAKRAS	4	QL (240 EA per 30 days) PA LA
LYNPARZA	4	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	4	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	4	QL (90 EA per 30 days) PA LA
MEKTOVI	4	QL (180 EA per 30 days) PA LA
NERLYNX	4	QL (180 EA per 30 days) PA LA
NEXAVAR	4	QL (120 EA per 30 days) PA LA
NINLARO	4	PA
ODOMZO	4	PA LA
PEMAZYRE	4	QL (14 EA per 21 days) PA LA
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA
QINLOCK	4	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	4	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	4	QL (180 EA per 30 days) PA LA
<i>romidepsin</i>	4	
ROZLYTREK CAPS 100MG	4	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	4	QL (90 EA per 30 days) PA LA
RUBRACA	4	PA LA
RYDAPT	4	QL (224 EA per 28 days) PA
SCSEMBLIX TABS 40MG	4	QL (300 EA per 30 days) PA
SCSEMBLIX TABS 20MG	4	QL (60 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
<i>sorafenib tosylate</i>	4	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	4	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	4	QL (90 EA per 30 days) PA
STIVARGA	4	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	4	QL (30 EA per 30 days) PA
TABRECTA	4	QL (112 EA per 28 days) PA
TAFINLAR	4	QL (120 EA per 30 days) PA LA
TAGRISO	4	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.5MG, 0.75MG, 1MG	4	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.25MG	4	QL (90 EA per 30 days) PA LA
TASIGNA	4	QL (120 EA per 30 days) PA
TAZVERIK	4	QL (240 EA per 30 days) PA LA
TEPMETKO	4	QL (60 EA per 30 days) PA LA MO
TIBSOVO	4	PA LA
TRUSELTIQ CPPK 100MG	4	QL (21 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 0, 25MG	4	QL (42 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 25MG	4	QL (63 EA per 28 days) PA LA MO
TRUXIMA	4	PA
TUKYSA TABS 150MG	4	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	4	QL (240 EA per 30 days) PA LA MO
TURALIO	4	QL (120 EA per 30 days) PA LA MO
UKONIQ	4	QL (120 EA per 30 days) PA LA MO
VENCLEXTA STARTING PACK	4	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	3	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	4	QL (180 EA per 30 days) PA LA
VERZENIO	4	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
VITRAKVI SOLN	4	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	4	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	4	QL (60 EA per 30 days) PA LA
VIZIMPRO	4	QL (30 EA per 30 days) PA LA
VONJO	4	QL (120 EA per 30 days) PA LA MO
VOTRIENT	4	QL (120 EA per 30 days) PA LA
XALKORI	4	QL (120 EA per 30 days) PA LA
XOSPATA	4	PA LA MO
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA LA
XPOVIO TBPK 40MG, 60MG	4	QL (4 EA per 28 days) PA LA MO
XPOVIO TBPK 40MG, 50MG	4	QL (8 EA per 28 days) PA LA MO
ZEJULA	4	PA LA
ZELBORAF	4	QL (240 EA per 30 days) PA LA
ZIRABEV	4	PA LA
ZOLINZA	4	PA
ZYDELIG	4	QL (60 EA per 30 days) PA LA
ZYKADIA	4	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
<i>leucovorin calcium tabs</i>	2	MO
MESNEX TABS 400MG	4	MO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/ hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>benazepril hydrochloride/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	MO
<i>enalapril maleate/ hydrochlorothiazide</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>fosinopril</i>	1	MO
<i>sodium/hydrochlorothiazide</i>		
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl tabs 20mg, 40mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	MO
KERENDIA	2	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hydrochloride</i>	2	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</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>candesartan cilexetil/ hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO	2	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO

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
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	3	
<i>amiodarone hydrochloride tabs</i>	1	MO
<i>amiodarone hydrochloride inj</i>	3	
<i>disopyramide phosphate</i>	3	PA MO
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJ 100MG/5ML	3	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	3	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>propafenone hcl tabs</i>	2	MO
<i>propafenone hydrochloride er caps</i>	3	MO
<i>quinidine sulfate</i>	1	MO
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate caps (non-micronized)</i>	2	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	MO
<i>fenofibrate tabs 120mg, 40mg</i>	3	MO
<i>fenofibrate micronized caps 134mg, 130mg, 200mg, 43mg, 67mg</i>	2	MO
<i>fenofibric acid dr</i>	3	MO
<i>gemfibrozil</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO

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>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam hydrochloride</i>	2	MO
<i>colestipol hcl</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO
<i>niacin er tbc 1000mg, 750mg</i>	3	MO
<i>niacin er tbc 500mg</i>	3	QL (60 EA per 30 days) MO
<i>niacin immediate release tabs 500mg</i>	3	MO
<i>niacor</i>	3	MO
PRALUENT	2	PA
<i>prevalite</i>	3	MO
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	2	MO
<i>bisoprolol</i>	1	MO
<i>fumarate/hydrochlorothiazide</i>		
<i>metoprolol/hydrochlorothiazide</i>	2	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol phosphate er caps</i>	3	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride tabs</i>	2	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	3	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	3	
<i>nadolol</i>	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>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	3	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	3	MO
<i>propranolol hcl er caps 60mg, 80mg</i>	3	MO
<i>propranolol hcl tabs</i>	2	MO
<i>propranolol hcl oral soln, tabs</i>	2	MO
<i>propranolol hcl inj</i>	3	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd caps</i>	1	MO
<i>diltiazem hcl er caps 12hr, er caps 24hr, er tabs</i>	1	MO
<i>diltiazem hcl inj 25mg/5ml</i>	3	
<i>diltiazem hcl tabs</i>	1	MO
DILTIAZEM HCL INJ 100MG	3	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	3	
<i>diltiazem hydrochloride er</i>	1	MO
<i>felodipine er</i>	3	MO
<i>isradipine</i>	1	MO
<i>matzim la tb24 420mg</i>	1	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>nicardipine hcl caps 20mg, 30mg</i>	3	MO
<i>nifedipine er tabs</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	3	MO
<i>taztia xt</i>	1	

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>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er cp24 420mg</i>	1	MO
<i>verapamil hcl er tabs</i>	1	MO
<i>verapamil hcl immediate release tabs 40mg, 80mg</i>	1	MO
VERAPAMIL HCL SR CP24 360MG	2	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr tbc 240mg</i>	1	MO
<i>verapamil hydrochloride er caps</i>	1	MO
<i>verapamil hydrochloride tabs</i>	1	MO
<i>verapamil hydrochloride inj</i>	3	MO
DIURETICS		
<i>acetazolamide er caps</i>	3	MO
<i>acetazolamide tabs</i>	2	MO
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
<i>chlorthalidone</i>	1	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	3	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	3	MO
<i>metolazone</i>	3	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO
<i>toremide</i>	2	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	3	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
BIDIL	3	MO
<i>clonidine hcl patches</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	1	MO
CORLANOR SOLN	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
CORLANOR TABS	3	MO
<i>digitek</i>	2	QL (30 EA per 30 days)
<i>digox tabs 0.25mg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	2	MO
<i>digoxin inj</i>	3	MO
<i>digoxin tabs 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>droxidopa caps 200mg, 300mg</i>	4	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	4	QL (90 EA per 30 days) PA
<i>epinephrine inj 30mg/30ml</i>	2	
<i>guanfacine hcl</i>	3	PA MO
<i>hydralazine hcl tabs</i>	1	MO
<i>hydralazine hcl inj</i>	3	MO
<i>hydralazine hydrochloride</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>metyrosine</i>	4	PA MO
<i>midodrine hcl</i>	3	MO
<i>minoxidil</i>	1	MO
<i>ranolazine er</i>	2	MO
NITRATES		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide dinitrate tabs 40mg</i>	4	MO
<i>isosorbide mononitrate er tabs 30mg, 60mg, 120mg</i>	1	MO
<i>isosorbide mononitrate immediate release tabs 10mg, 20mg</i>	1	MO
NITRO-BID	2	MO
<i>nitroglycerin lingual spray</i>	3	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJ	3	
<i>nitroglycerin subl</i>	2	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	4	QL (90 EA per 30 days) PA LA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	4	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
<i>bosentan tabs 62.5mg</i>	4	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	4	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	3	B/D LA
OPSUMIT	4	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	4	QL (1125 ML per 30 days) PA
<i>sildenafil citrate (generic Revatio) tabs 20mg</i>	2	QL (90 EA per 30 days) PA
<i>tadalafil (generic adcirca) tabs 20mg</i>	4	PA
TRACLEER TAB FOR ORAL SUSP 32MG	4	QL (120 EA per 30 days) PA LA
<i>treprostinil</i>	4	PA LA
VENTAVIS	4	PA LA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam er tb24 0.5mg</i>	3	MO
<i>alprazolam er tb24 1mg</i>	3	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	3	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	3	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
<i>buspirone hcl</i>	1	MO
<i>buspirone hydrochloride</i>	1	MO
<i>chlordiazepoxide hcl</i>	3	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride</i>	3	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate er caps</i>	3	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	2	MO
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	3	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO
<i>meprobamate</i>	3	PA MO
<i>oxazepam</i>	3	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
ANTICONVULSANTS		
APTIOM TABS 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTIOM TABS 600MG, 800MG	4	QL (60 EA per 30 days) MO
BRIVIACT TABS	4	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	4	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	1	MO
<i>carbamazepine er</i>	3	MO
CELONTIN	3	MO
<i>clobazam susp</i>	3	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	3	QL (60 EA per 30 days) 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>	1	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	1	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
DIACOMIT CAPS 500MG	4	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	4	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	4	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	4	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	3	MO
<i>diazepam tabs</i>	2	QL (120 EA per 30 days) PA MO
<i>diazepam conc</i>	2	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln</i>	3	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	3	QL (240 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	3	MO
<i>divalproex sodium sprinkle caps</i>	2	MO
EPIDIOLEX	4	QL (600 ML per 30 days) PA LA
<i>epitol</i>	1	
EPRONTIA	3	QL (480 ML per 30 days) PA MO
<i>ethosuximide caps</i>	2	MO
<i>ethosuximide soln</i>	3	MO
<i>felbamate</i>	3	MO
FINTEPLA	4	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	3	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	3	MO
FYCOMPA SUSP	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	2	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QL (90 EA per 30 days) MO
<i>lacosamide inj</i>	3	
<i>lacosamide oral soln</i>	3	QL (1200 ML per 30 days) MO
<i>lacosamide tabs 50mg</i>	3	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine immediate release tabs, chew tabs</i>	1	MO
<i>lamotrigine odt</i>	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>lamotrigine starter kit/blue</i>	3	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	3	MO
<i>levetiracetam er</i>	3	MO
<i>levetiracetam/sodium chloride</i>	3	
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>levetiracetam inj</i>	3	
NAYZILAM	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	2	MO
<i>oxcarbazepine susp</i>	3	MO
<i>phenobarbital sodium inj</i>	3	PA
<i>phenobarbital tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	3	QL (1500 ML per 30 days) PA MO
PHENYTEK	3	MO
<i>phenytoin chew tabs, oral susp</i>	2	MO
<i>phenytoin sodium extended release caps</i>	2	MO
<i>phenytoin sodium inj</i>	3	
<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>	1	MO
<i>roweepra</i>	1	
<i>rufinamide susp</i>	4	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	3	QL (480 EA per 30 days) PA
<i>rufinamide tabs 400mg</i>	4	QL (240 EA per 30 days) PA MO
SPRITAM	3	PA MO
<i>subvenite starter kit/blue</i>	3	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	3	
<i>subvenite tabs</i>	1	
SYMPAZAN	4	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>tiagabine hydrochloride</i>	3	MO
TOPIRAMATE ER	3	MO
<i>topiramate cpsp</i>	1	MO
<i>topiramate tabs 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>valproate sodium inj</i>	4	
<i>valproic acid caps, oral soln</i>	1	MO
VALTOCO LIQD	3	QL (10 EA per 30 days) PA MO
VALTOCO LQPK	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	4	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	3	QL (180 EA per 30 days) PA LA
XCOPRI TABS 100MG, 50MG	4	QL (30 EA per 30 days) MO
XCOPRI TABS 150MG, 200MG	4	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	4	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	4	QL (56 EA per 28 days) MO
<i>zonisamide</i>	1	MO
ZTALMY	4	QL (1100 ML per 30 days) PA LA
ANTIDEMENTIA		
<i>donepezil hcl odt tabs</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	1	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</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er caps</i>	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	3	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	3	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er caps</i>	3	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

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
NAMZARIC	3	MO
<i>rivastigmine tartrate caps</i>	3	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	3	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	2	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	2	PA MO
<i>amoxapine</i>	2	MO
<i>bupropion hcl immediate release tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl immediate release tabs 75mg</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) tb24 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	3	PA 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
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hydrochloride caps</i>	3	PA MO
<i>desipramine hydrochloride tabs</i>	3	PA MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	2	QL (30 EA per 30 days)
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) PA MO
<i>doxepin hcl oral conc, caps 75mg</i>	2	PA MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	3	QL (90 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO
EMSAM	4	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	3	PA MO
FETZIMA CP24 120MG, 80MG	3	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	3	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	3	QL (4 EA per 28 days) MO
<i>fluoxetine hcl soln</i>	1	MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	1	MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 60mg</i>	2	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	2	PA MO
<i>imipramine pamoate</i>	3	PA MO
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	1	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	3	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	2	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	MO
<i>paroxetine hcl er tb24 37.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	3	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg</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
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	3	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	3	PA MO
<i>phenelzine sulfate</i>	2	MO
<i>protriptyline hcl</i>	3	PA 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>	3	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	3	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	3	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	3	QL (60 EA per 30 days) PA MO
TRINTELLIX	3	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER	3	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	1	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	3	MO
<i>vilazodone hydrochloride tabs 20mg, 40mg</i>	3	QL (30 EA per 30 days)
<i>vilazodone hydrochloride tabs 10mg</i>	3	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
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tabs</i>	2	MO
<i>amantadine hcl soln</i>	3	MO
<i>amantadine hcl caps</i>	3	QL (120 EA per 30 days) MO
<i>benztropine mesylate inj</i>	1	MO
<i>benztropine mesylate tabs</i>	1	PA MO
<i>bromocriptine mesylate tabs, caps</i>	3	MO
<i>carbidopa tabs</i>	3	
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	2	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	3	MO
<i>entacapone</i>	3	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	4	QL (150 EA per 30 days) PA
NEUPRO	3	MO
<i>pramipexole dihydrochloride er</i>	3	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	1	MO
<i>rasagiline mesylate</i>	2	MO
<i>ropinirole er tb24 6mg</i>	3	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	3	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	3	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	3	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	3	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.25mg, 3mg</i>	1	MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>selegiline hcl tabs, caps</i>	1	MO
<i>trihexyphenidyl hcl oral soln</i>	1	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	1	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>aripiprazole odt</i>	3	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	3	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	3	QL (900 ML per 30 days) MO
ARISTADA INITIO	4	
ARISTADA INJ 441MG/1.6ML	4	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	4	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	4	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	3	QL (60 EA per 30 days) MO
CAPLYTA CAPS 10.5MG, 21MG	4	QL (30 EA per 30 days) PA
CAPLYTA CAPS 42MG	4	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	3	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	3	
<i>chlorpromazine hcl inj 25mg/ml</i>	3	MO
<i>chlorpromazine hydrochloride oral conc</i>	3	
CLOZAPINE ODT TBDP 150MG	3	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	4	QL (120 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	3	PA
<i>clozapine odt tbdp 100mg</i>	3	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	2	
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	2	QL (270 EA per 30 days)
FANAPT	4	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	3	PA MO
<i>fluphenazine decanoate inj</i>	3	MO
<i>fluphenazine hcl oral conc, tabs</i>	1	MO
<i>fluphenazine hcl inj</i>	3	MO
<i>fluphenazine hydrochloride oral elixir</i>	1	MO
<i>haloperidol tabs, oral conc</i>	2	MO
<i>haloperidol decanoate inj</i>	3	MO
<i>haloperidol lactate inj</i>	3	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJ 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ ML	4	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	4	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	4	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	4	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	4	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	4	QL (60 EA per 30 days) MO
<i>loxapine</i>	2	MO
<i>molindone hydrochloride tabs 10mg, 5mg</i>	2	
<i>molindone hydrochloride tabs 25mg</i>	3	
NUPLAZID	4	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	3	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg, 5mg</i>	2	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	3	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	3	QL (60 EA per 30 days) MO
<i>perphenazine</i>	3	MO
PERSERIS	4	QL (1 EA per 30 days)
<i>pimozide</i>	3	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	3	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	2	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate tabs 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 150mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 50mg</i>	2	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	4	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 4mg</i>	3	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg</i>	3	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	1	QL (480 ML per 30 days) MO
<i>risperidone tabs 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	4	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	4	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	2	PA MO
<i>thiothixene</i>	3	MO
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	MO
VERSACLOZ	4	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	3	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	4	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	3	QL (6 EA per 3 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
ZYPREXA RELPREVV INJ 210MG	3	QL (2 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	4	QL (2 EA per 28 days) PA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/</i>	3	QL (30 EA per 30 days) MO
<i>dextroamphetamine er cp24</i>		
<i>amphetamine/</i>	2	QL (60 EA per 30 days) MO
<i>dextroamphetamine tabs 5mg,</i>		
<i>7.5mg, 10mg, 12.5mg, 15mg,</i>		
<i>30mg</i>		
<i>amphetamine/</i>	2	QL (90 EA per 30 days) MO
<i>dextroamphetamine tabs 20mg</i>		
<i>atomoxetine hydrochloride caps</i>	3	QL (120 EA per 30 days) MO
<i>10mg, 25mg</i>		
<i>atomoxetine caps 18mg</i>	3	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg,</i>	3	QL (30 EA per 30 days) MO
<i>80mg</i>		
<i>atomoxetine caps 40mg</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	3	QL (30 EA per 30 days) MO
<i>20mg, 35mg</i>		
<i>dexmethylphenidate hcl tabs</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate</i>	3	QL (30 EA per 30 days) MO
<i>hydrochloride er caps 10mg,</i>		
<i>15mg, 30mg, 40mg, 5mg</i>		
<i>dexmethylphenidate</i>	3	QL (30 EA per 30 days) MO
<i>hydrochloride er cp24 25mg</i>		
<i>dexmethylphenidate</i>	3	QL (60 EA per 30 days) MO
<i>hydrochloride tabs 2.5mg</i>		
<i>dextroamphetamine sulfate er</i>	3	QL (120 EA per 30 days) MO
<i>caps</i>		
<i>dextroamphetamine sulfate</i>	3	QL (180 EA per 30 days) MO
<i>immediate release tabs 5mg,</i>		
<i>10mg.</i>		
<i>dextroamphetamine sulfate soln</i>	3	QL (1800 ML per 30 days)
<i>guanfacine er tabs 2mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tb24</i>	2	QL (30 EA per 30 days) PA MO
<i>1mg, 4mg</i>		
<i>guanfacine hydrochloride tb24</i>	2	QL (60 EA per 30 days) PA MO
<i>3mg</i>		

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

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	3	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 36mg, 54mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	3	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	3	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	3	QL (900 ML per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	3	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	3	QL (30 EA per 30 days) PA MO
HETLIOZ CAPS	4	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
HETLIOZ LQ ORAL SUSP	4	QL (158 ML per 30 days) PA LA MO
<i>temazepam</i>	3	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	3	QL (60 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 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	3	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	4	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	4	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	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate</i>	3	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA 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>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan succinate inj</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	3	QL (9 EA per 30 days) MO
<i>zolmitriptan tabs</i>	3	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	3	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	4	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	4	QL (60 EA per 30 days) PA LA
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er tabs</i>	1	MO
LITHIUM ORAL SOLN	3	MO
NUDEXTA	4	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 330mg</i>	2	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>pregabalin er tb24 165mg, 82.5mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	2	MO
<i>pyridostigmine bromide er</i>	2	MO
<i>riluzole</i>	2	MO
<i>tetrabenazine tabs 25mg</i>	4	QL (120 EA per 30 days) PA LA
<i>tetrabenazine tabs 12.5mg</i>	4	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	QL (1 EA per 28 days) PA
AVONEX PEN	4	QL (1 EA per 28 days) PA
BETASERON	4	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	4	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	2	PA
GILENYA CAPS 0.5MG	4	QL (28 EA per 28 days) PA
KESIMPTA	4	QL (6.4 ML per 365 days) PA LA
TECFIDERA STARTER PACK	4	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	4	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	4	QL (60 EA per 30 days) PA LA
VUMERITY	4	QL (120 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs</i>	2	MO
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	2	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	3	MO
<i>tizanidine hcl caps 4mg, tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride caps 2mg, 6mg, tabs 4mg</i>	1	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	3	QL (30 EA per 30 days) PA MO
<i>armodafinil tabs 50mg</i>	3	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>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	4	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	3	MO
APO-VARENICLINE	3	PA MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg</i>	3	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram tabs</i>	3	MO
<i>naloxone hcl inj 4mg/10ml</i>	1	MO
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hydrochloride nasal spray</i>	2	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	1	MO
<i>naltrexone hcl tabs</i>	2	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL SPRAY	3	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	3	PA MO
VARENICLINE TARTRATE TABS 1MG, 0.5MG	3	PA MO
VIVITROL	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
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>oxandrolone tabs 2.5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	3	PA MO
<i>testosterone enanthate inj</i>	3	PA MO
<i>testosterone pump gel 1%</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 solution</i>	2	QL (180 ML per 30 days) PA MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	2	MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	MO
BASAGLAR KWIKPEN	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 5/16"	2	MO
BD/NOVO PEN NEEDLE ULTRA- FINE	2	MO
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 15/64"	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
LANTUS	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
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG (BRAND RELION NOT COVERED)	2	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL	2	MO
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) MO
BYETTA INJ 5MCG/0.02ML	3	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 30 days) MO
FARXIGA	2	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

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>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	2	QL (60 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tb24 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glumetza) tb24 500mg</i>	3	QL (120 EA per 30 days) PA
<i>metformin hydrochloride er (generic Fortamet) tb24 500mg</i>	3	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO

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>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	2	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE)	2	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	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>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	2	QL (30 EA per 30 days) MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (6 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days)
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days)
TRULICITY	2	QL (2 ML per 28 days) MO
VICTOZA	2	QL (9 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
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	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 (120 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	2	MO
FORTEO	4	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	3	QL (3 ML per 90 days) MO
NATPARA	4	PA LA
PAMIDRONATE DISODIUM INJ 6MG/ML	3	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	3	
PROLIA	3	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	3	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	3	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	3	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	3	QL (30 EA per 30 days) MO
XGEVA	4	PA
ZOLEDRONIC ACID INJ 4MG/100ML	3	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	3	
CHELATING AGENTS		
CHEMET	3	MO
<i>deferasirox granules pack</i>	4	PA
<i>deferasirox tabs 90mg</i>	2	PA
<i>deferasirox tabs 180mg, 360mg</i>	4	PA
<i>deferasirox tabs for oral susp 125mg</i>	2	PA
<i>deferasirox tabs for oral susp 250mg, 500mg</i>	4	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
LOKELMA PACK 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACK 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine tabs</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps oral susp 15gm/60ml</i>	2	MO
<i>trientine hydrochloride</i>	4	PA
VELTASSA PACK 16.8GM, 25.2GM	3	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	3	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	2	MO
CAMRESE	2	
CAMRESE LO	2	
<i>caziant</i>	1	
<i>charlotte 24 fe</i>	1	

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>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	2	
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl</i>	1	MO
<i>estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	1	
<i>eluryng</i>	3	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	2	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>finzala</i>	1	
<i>GIANVI</i>	2	
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>heather</i>	2	
<i>iclevia</i>	1	
<i>incassia</i>	2	
<i>introvale</i>	1	

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>isibloom</i>	1	
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	
<i>jencycla</i>	2	
JOLESSA	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
LEENA	2	MO
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</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>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	3	MO
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
NORA-BE	2	
<i>norethindrone tabs 0.35mg</i>	2	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</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>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
<i>setlakin</i>	1	
<i>sharobel</i>	2	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</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>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol caps</i>	3	MO
SYNAREL	4	MO
ESTROGENS		
<i>amabelz</i>	2	MO
DELESTROGEN INJ 10MG/ML	3	MO
<i>dotti</i>	2	QL (8 EA per 28 days) MO
DUAVEE	3	MO
<i>estradiol valerate inj</i>	3	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	2	MO
<i>estradiol oral tabs, vaginal tabs</i>	2	MO
<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>estradiol vaginal crea</i>	3	MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO
<i>jinteli</i>	2	
<i>lyllana</i>	2	QL (8 EA per 28 days)
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
PREMARIN	3	MO
PREMPRO	3	MO
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	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>dexamethasone sodium phosphate inj 10mg/ml vial, 10mg/ml pf prefilled syringe</i>	3	
<i>dexamethasone sodium phosphate vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	3	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	1	MO
<i>fludrocortisone acetate tabs</i>	1	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone acetate inj</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate inj 40mg, 125mg</i>	3	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	3	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	3	B/D MO
<i>methylprednisolone tabs</i>	1	B/D MO
<i>prednisolone</i>	1	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISON INTENSOL	3	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
SOLU-CORTEF INJ 1000MG	3	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	3	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	3	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	4	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE KIT	2	
GVOKE PFS	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
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	3	
<i>betaine anhydrous</i>	4	LA MO
<i>cabergoline</i>	2	MO
<i>carglumic acid</i>	4	PA LA MO
CERDELGA	4	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	3	QL (60 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	4	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	4	QL (60 EA per 30 days)
CYSTAGON	3	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	2	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	3	MO
<i>desmopressin acetate inj 4mcg/ml</i>	4	MO
<i>fomepizole</i>	4	
GENOTROPIN CARTRIDGE 12MG, 5MG	4	PA
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
INCRELEX	4	PA LA
KORLYM	4	PA LA
LEVOCARNITINE TABS	3	MO
<i>levocarnitine soln</i>	3	MO
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	4	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	4	PA
<i>methergine</i>	3	
<i>methylergonovine maleate tabs</i>	4	MO
<i>nitisinone</i>	4	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>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	3	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	4	PA
<i>raloxifene hydrochloride</i>	2	MO
SANDOSTATIN LAR DEPOT KIT	4	PA
<i>sapropterin dihydrochloride</i>	4	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	4	PA
SOMATULINE DEPOT	4	PA LA
SOMAVERT	4	PA LA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate caps, tabs 667mg</i>	2	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	4	MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate susp 40mg/ml</i>	2	MO
<i>megestrol acetate susp 625mg/5ml</i>	3	MO
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>progesterone caps</i>	2	MO
<i>progesterone inj</i>	3	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 200MCG/5ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML	4	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	4	MO
LEVOXYL	2	MO
<i>liothyronine sodium 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>liothyronine sodium inj</i>	4	
<i>methimazole tabs</i>	1	MO
<i>propylthiouracil tabs</i>	2	MO
SYNTHROID	3	MO
UNITHROID	2	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	3	
<i>calcitriol oral soln 1mcg/ml</i>	3	MO
<i>doxercalciferol inj</i>	3	
<i>paricalcitol</i>	3	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant caps 80mg</i>	3	B/D
<i>aprepitant caps therapy pack, caps 40mg</i>	3	B/D MO
<i>aprepitant caps 125mg</i>	4	B/D MO
<i>compro</i>	1	MO
DIMENHYDRINATE INJ	3	
<i>dronabinol</i>	3	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	4	B/D MO
<i>granisetron hcl tabs</i>	2	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1	PA MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	3	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	2	MO
<i>metoclopramide odt tbdp 5mg</i>	2	MO
<i>ondansetron hcl tabs 24mg</i>	1	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>	1	B/D MO
<i>ondansetron hydrochloride vial 40mg/20ml, 4mg/2ml</i>	3	MO
<i>ondansetron odt</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>prochlorperazine edisylate inj</i>	3	MO
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine rectal supp</i>	1	MO
<i>promethazine hcl plain syrup</i> 6.25mg/5ml	3	PA MO
<i>promethazine hcl tabs 12.5mg</i>	1	PA MO
<i>promethazine hcl inj, supp</i>	3	PA MO
<i>promethazine hydrochloride tabs</i> 25mg, 50mg	1	PA MO
<i>promethegan</i>	3	PA
SANCUSO	4	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide</i> hydrochloride caps	3	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	2	PA MO
<i>dicyclomine hydrochloride caps,</i> <i>tabs</i>	1	PA MO
<i>dicyclomine hydrochloride inj</i>	3	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>glycopyrrolate oral soln</i>	3	
<i>glycopyrrolate inj 0.2mg/ml pf,</i> <i>0.4mg/2ml, 0.6mg/3ml</i>	3	
<i>glycopyrrolate inj 0.2mg/ml,</i> <i>1mg/5ml, 4mg/20ml</i>	3	MO
<i>methscopolamine bromide tabs</i>	3	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hydrochloride oral</i> <i>soln</i>	3	MO
<i>cimetidine tabs</i>	3	MO
<i>famotidine premixed inj</i> 20mg/50ml	3	
<i>famotidine tabs</i>	1	MO
<i>famotidine oral susp</i>	2	MO
<i>famotidine inj</i>	3	
<i>nizatidine</i>	3	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	MO
<i>budesonide er tabs 9mg</i>	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>budesonide cpep 3mg</i>	3	MO
<i>hydrocortisone enem 100mg/60ml</i>	1	MO
<i>mesalamine</i>	3	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	3	MO
<i>sulfasalazine dr tabs</i>	1	MO
<i>sulfasalazine tabs</i>	2	MO
LAXATIVES		
CLENPIQ	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
<i>lactulose oral soln</i>	1	MO
NULYTELY	2	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tabs 0.5mg</i>	3	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tabs 1mg</i>	4	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	3	MO
<i>diphenoxylate hydrochloride/ atropine sulfate tabs</i>	2	MO
<i>diphenoxylate/atropine oral soln</i>	2	MO
GATTEX	4	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>lansoprazole/amoxicillin/clarithromycin</i>	3	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	2	MO
<i>misoprostol tabs</i>	2	MO
MOVANTIK TABS 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	2	QL (60 EA per 30 days) MO
SUCRALFATE SUSP	3	MO
<i>sucralfate tabs</i>	1	MO
<i>ursodiol caps 300mg</i>	2	MO
<i>ursodiol tabs</i>	3	MO
XERMELO	4	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	4	PA MO
PANCREATIC ENZYMES		
CREON	2	MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole caps dr 15mg</i>	3	QL (30 EA per 30 days) MO
<i>lansoprazole caps dr 30mg</i>	3	QL (42 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 20mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	3	
<i>pantoprazole sodium ec tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium ec tabs 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	3	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	3	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>finasteride tabs</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	3	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25%</i>	1	MO
<i>bethanechol chloride</i>	2	MO
ELMIRON	4	QL (90 EA per 30 days) MO
<i>potassium citrate er tabs</i>	3	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	3	QL (30 EA per 30 days) MO
<i>fesoterodine fumarate er</i>	3	QL (30 EA per 30 days)
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	3	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	3	QL (300 ML per 28 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>	1	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrp</i>	1	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	3	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate er caps</i>	3	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate tabs</i>	3	QL (60 EA per 30 days) ST MO
<i>tropium chloride er caps</i>	1	QL (30 EA per 30 days) MO
<i>tropium chloride tab</i>	1	QL (60 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate crea 2%</i>	3	MO
<i>metronidazole vaginal</i>	3	MO
<i>miconazole 3</i>	3	MO
<i>terconazole crea</i>	2	MO
<i>terconazole supp</i>	3	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate</i>	3	QL (60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	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>fondaparinux sodium inj</i> <i>2.5mg/0.5ml</i>	3	MO
<i>fondaparinux sodium inj</i> <i>10mg/0.8ml, 5mg/0.4ml,</i> <i>7.5mg/0.6ml</i>	4	MO
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	3	MO
FRAGMIN INJ 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	4	MO
HEPARIN SODIUM/DEXTROSE	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ ML	2	
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml,</i> <i>5000unit/0.5ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
PRADAXA CAPS 110MG	3	QL (120 EA per 30 days) MO
PRADAXA CAPS 150MG, 75MG	3	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO ORAL SUSP	2	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
ZARXIO	4	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	2	MO
BERINERT	4	QL (24 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
<i>cilostazol</i>	1	MO
DOPTELET	4	QL (60 EA per 30 days) PA LA
DROXIA	2	MO
HAEGARDA INJ 3000UNIT	4	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	4	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	4	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	1	MO
PROMACTA PACK 25MG	4	QL (180 EA per 30 days) PA LA
PROMACTA PACK 12.5MG	4	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	4	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	4	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	4	QL (27 ML per 30 days) PA LA MO
<i>tranexamic acid tabs</i>	2	MO
<i>tranexamic acid inj</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	2	QL (60 EA per 30 days) MO
BRILINTA	2	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tabs</i>	3	PA MO
<i>prasugrel</i>	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT INJ 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	4	QL (8 ML per 28 days) PA
ENBREL MINI	4	QL (8 ML per 28 days) PA
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA
ENBREL INJ 25MG	4	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	4	QL (8 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA
HUMIRA PEN-CD/UC/HS STARTER	4	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
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	PA
HUMIRA PEN-PS/UV STARTER	4	PA
HUMIRA PEN INJ 80MG/0.8ML	4	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	4	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA
KEVZARA	4	QL (2.28 ML per 28 days) PA
OTEZLA STARTER PACK	4	QL (110 EA per 365 days) PA
OTEZLA TABS	4	QL (60 EA per 30 days) PA
RINVOQ	4	QL (30 EA per 30 days) PA
SKYRIZI PEN	4	QL (6 ML per 365 days) PA
SKYRIZI INJ 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 150MG/ML	4	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	4	QL (60 ML per 365 days) PA
TALTZ	4	QL (3 ML per 28 days) PA LA
XELJANZ XR	4	QL (30 EA per 30 days) PA
XELJANZ SOLN	4	QL (480 ML per 24 days) PA
XELJANZ TABS	4	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tabs 2.5mg</i>	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
BIVIGAM	4	PA LA
FLEBOGAMMA DIF	4	PA
GAMASTAN	2	B/D LA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S/D INJ 5GM, 10GM	4	PA
GAMMAKED	4	PA
GAMMAPLEX	4	PA LA
GAMUNEX-C	4	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
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA
PANZYGA	4	PA
PRIVIGEN	4	PA
IMMUNOMODULATORS		
ACTIMMUNE	4	PA LA
ARCALYST	4	PA LA
INTRON A	4	LA
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	3	B/D
<i>azathioprine tabs 50mg</i>	2	B/D MO
BENLYSTA	4	PA LA
<i>cyclosporine</i>	2	B/D MO
<i>cyclosporine modified</i>	2	B/D MO
<i>everolimus tabs 0.25mg</i>	3	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	4	B/D MO
<i>gengraf caps</i>	2	B/D
<i>gengraf soln</i>	2	B/D MO
<i>mycophenolic acid tabs dr</i>	3	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	2	B/D MO
<i>mycophenolate mofetil inj</i>	3	B/D MO
<i>mycophenolate mofetil oral susp</i>	4	B/D MO
NULOJIX	4	B/D
PROGRAF GRANULES	3	B/D MO
REZUROCK	4	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE ORAL SOLN	3	B/D MO
<i>sirolimus soln</i>	4	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	3	B/D MO
<i>sirolimus tabs 2mg</i>	4	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	B/D MO
VACCINES		
ACTHIB	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
ADACEL	2	
BCG VACCINE	2	
BXSERO	2	
BOOSTRIX	2	
DAPTACEL	2	
DENGVAXIA	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	B/D
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	QL (2 EA per 999 days)
TDVAX	2	B/D
TENIVAC	2	B/D
TICOVAC	2	
TRUMENBA	2	
TWINRIX	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
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 2.5%/NACL 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.2%	3	
<i>dextrose 5%/nacl 0.3%</i>	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
DEXTROSE 5%/NACL 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
<i>hyperlyte-cr</i>	3	B/D
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	3	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate inj</i> <i>2gm/50ml, 4gm/100ml, 50%</i>	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	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
POTASSIUM CHLORIDE/ DEXTROSE	3	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	3	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride inj 2meq/ml</i>	3	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJ 7.5%	3	MO
<i>sodium bicarbonate inj 4.2%</i>	3	
<i>sodium bicarbonate inj 8.4%</i>	3	MO
<i>sodium chloride 0.45%</i>	3	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	3	MO
TPN ELECTROLYTES	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>adc/fluoride</i>	3	MO
<i>effer-k tab 25meq</i>	2	MO
<i>fluoride chew</i>	3	MO
<i>floritab</i>	3	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con powder packet 20meq</i>	2	
<i>klor-con/ef 25meq</i>	2	MO
M-NATAL PLUS	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>multi vitamin/fluoride</i>	3	MO
<i>multi-vitamin/fluoride chew</i>	3	MO
<i>multi-vitamin/fluoride drops</i>	3	MO
<i>multi-vitamin/fluoride/iron drops</i>	3	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO
PNV PRENATAL PLUS	2	MO
MULTIVITAMIN		
<i>poly-vitamin/fluoride drops</i>	3	
<i>potassium chloride er cpcr</i>	1	MO
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride er tbc 15meq</i>	2	MO
<i>potassium chloride pack 20meq</i>	2	MO
<i>potassium chloride oral soln 10%, 20%</i>	3	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
PRENATAL VITAMINS PLUS LOW IRON	2	MO
PREPLUS	2	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	3	MO
<i>sodium fluoride soln 0.5mg/ml</i>	3	MO
<i>tri-vite/fluoride drops</i>	3	MO
TRICARE PRENATAL TABS	2	MO
VP-PNV-DHA	2	MO
WESTAB PLUS	2	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
<i>clinisol sf 15%</i>	3	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
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
FREAMINE III	3	B/D
HEPATAMINE	3	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	3	B/D
PREMASOL	4	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

BLEPHAMIDE S.O.P. OINT	3	MO
<i>neo-polycin hc oint</i>	3	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone oint</i>	3	MO
<i>neomycin/polymyxin/ dexamethasone</i>	1	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	MO
TOBRADEX OINT	2	MO
TOBRADEX ST SUSP	2	MO
<i>tobramycin dexamethasone susp</i>	3	MO
ZYLET	2	MO

ANTI-INFECTIVES

<i>ak-poly-bac oint</i>	1	
<i>bacitracin</i>	2	MO
<i>bacitracin/polymyxin b oint</i>	1	MO
BESIVANCE	2	MO
CILOXAN OINT	2	QL (42 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	3	QL (20 ML per 30 days) MO
<i>gentak oint</i>	1	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	2	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	2	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin oint</i>	2	
<i>neomycin/bacitracin/polymyxin oint</i>	2	MO
<i>neomycin/polymyxin/gramicidin soln</i>	2	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	QL (60 ML per 30 days) MO
<i>polycin oint</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate soln</i>	1	MO
<i>sulfacetamide sodium oint 10%</i>	3	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin soln 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
<i>trimethoprim sulfate/polymyxin b sulfate soln</i>	1	MO
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ALREX	2	MO
<i>bromfenac ophthalmic solution</i>	3	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	2	MO
DUREZOL	2	MO
FLAREX	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
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	1	MO
ILEVRO	2	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	MO
LOTEMAX OINT	2	MO
LOTEMAX SM GEL 0.38%	2	MO
<i>loteprednol etabonate</i>	2	MO
<i>prednisolone acetate ophthalmic susp</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
LASTACAFT	3	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	3	MO
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	2	MO
ZERVIAE	3	MO
ANTI GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLN 0.1%	2	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETOPTIC-S	2	MO
BRIMONIDINE TARTRATE SOLN 0.15%	2	MO
<i>brimonidine tartrate soln 0.2%</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	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>dorzolamide hcl/timolol maleate soln 22.3-6.8mg/ml</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	MO
<i>latanoprost ophthalmic soln</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic soln</i>	3	MO
RHOPRESSA	2	MO
SIMBRINZA	2	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	2	MO
<i>travoprost</i>	3	MO
VYZULTA	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPTH SOLN	2	MO
CYSTARAN	4	PA LA
ISOPTO ATROPINE	2	MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	2	MO
CIPRO HC	3	MO
CIPROFLOXACIN OTIC SOLN 0.2%	2	MO
<i>ciprofloxacin/dexamethasone</i>	2	MO
<i>flac otic oil</i>	3	QL (20 ML per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>fluocinolone acetonide otic oil 0.01%</i>	3	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	3	MO
<i>neomycin/polymyxin/hc otic soln</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin otic soln 0.3%</i>	2	MO

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (45 ML per 30 days) MO

ANTI-HISTAMINES

<i>azelastine hcl nasal soln 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	3	PA MO
CARBINOXAMINE MALEATE TABS 6MG	4	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	3	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	3	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	2	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	3	PA MO
<i>cyproheptadine hcl tabs 4mg</i>	3	PA MO
<i>desloratadine odt tabs 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>desloratadine tabs 5mg</i>	3	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	3	MO
<i>hydroxyzine hcl tabs</i>	3	PA MO
<i>hydroxyzine hydrochloride inj, syrp 10mg/5ml</i>	3	PA MO
<i>hydroxyzine pamoate caps</i>	3	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>	3	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<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>	1	B/D MO
<i>albuterol sulfate syrp</i>	1	MO
<i>albuterol sulfate tabs</i>	2	MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	3	B/D MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	3	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate tabs, inj</i>	3	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium pack</i>	2	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	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
MISCELLANEOUS		
<i>acetylcysteine inhalation soln</i> 10%, 20%	2	B/D MO
<i>aminophylline</i>	3	
<i>cromolyn sodium nebu</i> 20mg/2ml	2	B/D MO
DALIRESP	3	MO
<i>epinephrine inj 0.15mg/0.15ml,</i> <i>0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO
ESBRIET CAPS	4	QL (270 EA per 30 days) PA LA
FASENRA	4	QL (1 ML per 28 days) PA LA
FASENRA PEN	4	QL (1 ML per 28 days) PA LA
KALYDECO PACK	4	QL (56 EA per 28 days) PA LA
KALYDECO TABS	4	QL (60 EA per 30 days) PA LA
OFEV	4	QL (60 EA per 30 days) PA LA
ORKAMBI TABS	4	QL (112 EA per 28 days) PA LA
ORKAMBI PACK	4	QL (56 EA per 28 days) PA LA
<i>pirfenidone tabs 267mg</i>	4	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	4	QL (90 EA per 30 days) PA
PROLASTIN-C	4	PA LA
PULMOZYME	4	PA
<i>theophylline er tabs</i>	2	MO
<i>theophylline oral soln</i>	2	MO
TRIKAFTA TBPK 100MG; 0; 50MG	4	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 0; 25MG	4	QL (84 EA per 28 days) PA LA MO
XOLAIR	4	PA LA
NASAL STEROIDS		
<i>flunisolide nasal spray 0.025%</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp</i> 50mcg/act	1	QL (16 GM per 30 days) MO
<i>mometasone furoate susp</i> 50mcg/act	2	QL (34 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA
STEROID INHALANTS		
ARNUITY ELLIPTA	2	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>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	2	QL (60 EA per 30 days) MO
ADVAIR HFA	2	QL (12 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
SYMBICORT	2	QL (10.2 GM per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>acutane</i>	3	PA
<i>amnesteem</i>	3	PA
<i>claravis</i>	3	PA
<i>clindamycin phosphate/benzoyl peroxide gel 1.2-2.5%, 1.2-5%</i>	3	MO
<i>clindamycin phosphate foam 1%</i>	3	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin/benzoyl peroxide gel 1-5%</i>	3	MO
<i>dapsone gel 5%, 7.5%</i>	3	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	3	MO
<i>erythromycin/benzoyl peroxide</i>	3	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	1	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	3	PA
<i>myorisan</i>	3	PA
<i>neuac</i>	3	
<i>sulfacetamide sodium lotn 10%</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
TRETINOIN MICROSPPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPPHERE PUMP	3	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	3	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>mafenide acetate packets</i>	3	MO
<i>mupirocin oint</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	3	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/ GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine crea 0.77%</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 cream</i>	3	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 cream</i>	3	QL (85 GM per 30 days) MO
ERTACZO	4	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	3	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	3	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	3	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	3	QL (60 GM per 30 days) MO
<i>nyamyc</i>	2	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	3	QL (30 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>nystatin powd 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA MO
<i>calcipotriene crea, oint</i>	3	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	3	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	3	QL (120 GM per 30 days) PA
CALCITRIOL OINT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
<i>methoxsalen caps</i>	4	MO
<i>tazarotene cream 0.1%</i>	2	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole sham 2%</i>	1	QL (120 ML per 30 days) MO
<i>selenium sulfide lotion 2.5%</i>	1	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	3	MO
<i>betamethasone dipropionate augmented crea</i>	2	MO
<i>betamethasone dipropionate augmented gel, oint</i>	3	MO
<i>betamethasone dipropionate augmented lotn</i>	3	QL (60 ML per 30 days) MO
<i>betamethasone dipropionate lotn</i>	2	MO
<i>betamethasone dipropionate crea, oint</i>	3	MO
<i>betamethasone valerate crea, lotn, oint</i>	2	MO
<i>betamethasone valerate foam</i>	3	QL (100 GM per 30 days) MO
<i>calcipotriene/betamethasone dipropionate oint</i>	3	QL (400 GM per 28 days) PA MO
<i>clobetasol propionate e cream 0.05%</i>	3	QL (60 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clobetasol propionate emollient foam 0.05%</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate sham</i>	3	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liqd</i>	3	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	3	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	3	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	3	QL (118 ML per 30 days)
<i>desonide lotn</i>	3	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	3	QL (60 GM per 30 days) MO
<i>desoximetasone cream, oint</i>	3	QL (100 GM per 30 days) MO
<i>desrx</i>	3	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	3	QL (60 GM per 30 days)
<i>diflorasone diacetate oint</i>	4	QL (60 GM per 30 days) MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	3	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	3	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	3	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	3	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	3	QL (120 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>fluticasone propionate oint</i> 0.005%	2	MO
<i>halobetasol propionate cream,</i> <i>ointment</i>	3	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base cream 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	3	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea,</i> <i>ointment</i>	3	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	3	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	2	MO
<i>mometasone furoate oint 0.1%</i>	2	MO
<i>mometasone furoate soln 0.1%</i>	2	MO
<i>prednicarbate</i>	3	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	3	
TEXACORT	3	MO
<i>tovet</i>	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers</i> <i>spray</i>	3	MO
<i>triamcinolone acetonide crea</i> 0.025%, 0.5%	1	MO
<i>triamcinolone acetonide crea</i> 0.1%	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn</i> 0.025%, 0.1%	2	MO
<i>triamcinolone acetonide oint</i> 0.025%, 0.1%, 0.5%	1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external soln 4%</i>	3	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	2	QL (3 EA per 1 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>lidocaine oint</i>	3	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	3	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotn</i>	2	MO
<i>azelaic acid gel</i>	3	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	4	QL (60 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREA 5%	4	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	3	QL (30 EA per 30 days) PA MO
FINACEA FOAM	3	QL (50 GM per 30 days) MO
FLUOROPLEX	4	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	4	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	3	QL (40 GM per 30 days) PA MO
<i>fluorouracil topical soln 2%, 5%</i>	3	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	3	MO
IMIQUIMOD PUMP	4	QL (15 GM per 28 days) MO
<i>imiquimod crea 5%</i>	2	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	4	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	3	MO
<i>metronidazole gel 0.75%, 1%</i>	3	MO
<i>metronidazole lotn 0.75%</i>	3	MO
NORITATE	4	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	4	QL (60 GM per 30 days)
<i>podofilox</i>	3	MO
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	MO
<i>proctozone-hc</i>	3	
RECTIV	3	QL (30 GM per 30 days) MO
<i>rosadan</i>	3	
<i>tacrolimus oint 0.03%, 0.1%</i>	3	QL (60 GM per 30 days) MO
VALCHLOR	4	QL (60 GM 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
ZYCLARA PUMP CREAM 2.5%	4	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	2	MO
<i>permethrin cream 5%</i>	3	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	QL (30 GM per 30 days) PA MO
SANTYL	3	MO
<i>sodium chloride irrigation soln 0.9%</i>	1	MO
<i>sterile water for irrigation</i>	1	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	3	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	3	MO
<i>clotrimazole troc 10mg</i>	2	MO
<i>dentagel</i>	3	MO
<i>fluoridex daily defense</i>	3	
<i>fluoridex sensitivity relief/sls free</i>	3	
<i>fluorimax 5000</i>	3	
<i>fluorimax 5000 sensitive</i>	3	
<i>just right 5000</i>	3	
<i>lidocaine viscous soln 2%</i>	3	MO
<i>nystatin susp 100000unit/ml</i>	3	MO
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tabs</i>	3	MO
<i>sf gel</i>	3	MO
<i>sodium fluoride 5000 ppm</i>	3	MO
<i>sodium fluoride 5000 ppm sensitive gel</i>	3	MO
<i>sodium fluoride gel 1.1%</i>	3	MO
<i>triamcinolone acetonide dental paste</i>	3	MO

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

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	17, 19	<i>ak-poly-bac</i>	82	<i>aminophylline</i>	88
<i>abacavir sulfate/</i>	19	<i>ala-cort</i>	91	<i>amiodarone hcl</i>	33
<i>lamivudine</i>		<i>albendazole</i>	14	<i>amiodarone</i>	33
ABELCET	16	<i>albuterol sulfate</i>	87	<i>hydrochloride</i>	
ABILIFY MAINTENA	46	<i>albuterol sulfate hfa</i>	87	<i>amitriptyline hcl</i>	43
<i>abiraterone acetate</i>	24	<i>alclometasone</i>	91	<i>amitriptyline</i>	43
<i>acamprosate calcium</i>	54	<i>dipropionate</i>		<i>hydrochloride</i>	
<i>dr</i>		ALECENSA	26	<i>amlodipine besylate</i>	30,
<i>acarbose</i>	56	<i>alendronate sodium</i>	59		31,
<i>accutane</i>	89	<i>alfuzosin hcl</i>	72		35,
<i>acebutolol</i>	34	<i>aliskiren</i>	36		36
<i>hydrochloride</i>		<i>allopurinol</i>	10	<i>amlodipine besylate/</i>	36
<i>acetaminophen/</i>	12	<i>almotriptan malate</i>	52	<i>atorvastatin calcium</i>	
<i>codeine</i>		<i>alosetron</i>	71	<i>amlodipine</i>	30
<i>acetazolamide</i>	36	<i>hydrochloride</i>		<i>besylate/benazepril</i>	
<i>acetazolamide er</i>	36	ALPHAGAN P	84	<i>hydrochloride</i>	
<i>acetic acid</i>	73,	<i>alprazolam</i>	38	<i>amlodipine besylate/</i>	31
	85	<i>alprazolam er</i>	38	<i>valsartan</i>	
<i>acetylcysteine</i>	66,	ALPRAZOLAM	38	<i>amlodipine/</i>	31
	88	INTENSOL		<i>olmesartan</i>	
<i>acitretin</i>	91	ALREX	83	<i>medoxomil</i>	
ACTHIB	77	<i>ALTAVERA</i>	60	<i>ammonium lactate</i>	94
ACTIMMUNE	77	<i>ALUNBRIG</i>	26	<i>amnesteam</i>	89
<i>acyclovir</i>	20,	<i>alyacen 1/35</i>	60	<i>amoxapine</i>	43
	94	<i>alyacen 7/7/7</i>	60	<i>amoxicillin</i>	23
<i>acyclovir sodium</i>	20	<i>alyq</i>	37	<i>amoxicillin/</i>	23
ADACEL	78	<i>amabelz</i>	65	<i>clavulanate</i>	
<i>adc/fluoride</i>	80	<i>amantadine hcl</i>	46	<i>potassium</i>	
<i>adefovir dipivoxil</i>	20	<i>ambrisentan</i>	37	<i>amoxicillin/</i>	23
ADEMPAS	37	<i>amethia</i>	60	<i>clavulanate</i>	
ADVAIR DISKUS	89	<i>amethyst</i>	60	<i>potassium er</i>	
ADVAIR HFA	89	<i>amikacin sulfate</i>	14	<i>amphetamine/</i>	50
<i>afeditab cr</i>	35	<i>amiloride hcl</i>	36	<i>dextroamphetamine</i>	
<i>afirmelle</i>	60	<i>amiloride/</i>	36	<i>amphetamine/</i>	50
AIMOVIG	52	<i>hydrochlorothiazide</i>		<i>dextroamphetamine</i>	
				<i>er</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>amphotericin b</i>	16, 17	<i>atovaquone</i>	14, 17	BD INSULIN	55
<i>amphotericin b liposome</i>	17	<i>atovaquone/proguanil hcl</i>	17	SYRINGE	
<i>ampicillin</i>	23	ATROPINE SULFATE	85	BD/NOVO PEN	55
<i>ampicillin sodium</i>	23	ATROVENT HFA	86	NEEDLE	
<i>ampicillin-sulbactam</i>	23	<i>aubra</i>	60	BELSOMRA	51
<i>anagrelide</i>	74	<i>aubra eq</i>	60	<i>benazepril hcl</i>	31
<i>hydrochloride</i>		<i>aurovela 1.5/30</i>	60	<i>benazepril hcl/hydrochlorothiazide</i>	30
<i>anastrozole</i>	25	<i>aurovela 24 fe</i>	60	<i>benazepril hydrochloride</i>	31
ANORO ELLIPTA	86	<i>aurovela fe 1.5/30</i>	60	<i>benazepril hydrochloride/hydrochlorothiazide</i>	30
APO-VARENICLINE	54	<i>aurovela fe 1/20</i>	60	BENLYSTA	77
<i>aprepitant</i>	69	AUSTEDO	52	<i>benztropine mesylate</i>	46
<i>apri</i>	60	<i>aviane</i>	60	BERINERT	74
APTIOM	39	AVONEX	53	BESIVANCE	82
APTIVUS	17	<i>ayuna</i>	60	BESREMI	25
<i>aranelle</i>	60	AYVAKIT	26	<i>betaine anhydrous</i>	66
ARCALYST	77	<i>azathioprine</i>	77	<i>betamethasone dipropionate</i>	91
<i>aripiprazole</i>	47	<i>azelaic acid</i>	94	<i>betamethasone dipropionate augmented</i>	91
<i>aripiprazole odt</i>	47	<i>azelastine hcl</i>	84, 86	<i>betamethasone valerate</i>	91
ARISTADA	47	<i>azelastine hydrochloride</i>	86	BETASERON	53
ARISTADA INITIO	47	<i>azithromycin</i>	22	<i>betaxolol hcl</i>	34, 84
<i>armodafinil</i>	53	AZITHROMYCIN	22	<i>bethanechol chloride</i>	73
ARNUITY ELLIPTA	88	<i>aztreonam</i>	14	BETOPTIC-S	84
<i>arsenic trioxide</i>	25	<i>bacitracin</i>	82	BEVESPI	86
<i>asenapine maleate sl</i>	47	<i>bacitracin/polymyxin b</i>	82	AEROSPHERE	
<i>ashlyna</i>	60	<i>baclofen</i>	53	<i>bexarotene</i>	25, 94
ASPARLAS	25	<i>balsalazide disodium</i>	70	BEXSERO	78
<i>aspirin/dipyridamole er</i>	75	BALVERSA	26	<i>bicalutamide</i>	25
<i>atazanavir sulfate</i>	17	<i>balziva</i>	60	BICILLIN L-A	23
<i>atenolol</i>	34	BARACLUDGE	20	BIDIL	36
<i>atenolol/chlorthalidone</i>	34	BASAGLAR	55		
<i>atomoxetine</i>	50	KWIKPEN			
<i>atomoxetine hydrochloride</i>	50	BCG VACCINE	78		
<i>atorvastatin calcium</i>	33	BD ALCOHOL SWABS	55		

Drug name	Page	Drug name	Page	Drug name	Page
BIKTARVY	19	<i>buprenorphine</i>	54	<i>carbamazepine er</i>	39
<i>bisoprolol fumarate</i>	34	<i>hydrochloride/</i>		<i>carbidopa</i>	46
<i>bisoprolol fumarate/</i>	34	<i>naloxone</i>		<i>carbidopa/levodopa</i>	46
<i>hydrochlorothiazide</i>		<i>hydrochloride</i>		CARBIDOPA/	46
BIVIGAM	76	<i>bupropion hcl</i>	43	LEVODOPA/	
BLEPHAMIDE S.O.P.	82	<i>bupropion</i>	54	ENTACAPONE	
OINT		<i>hydrochloride er</i>		<i>carbidopa/levodopa</i>	46
<i>blisovi 24 fe</i>	60	<i>bupropion</i>	43	<i>er</i>	
<i>blisovi fe 1.5/30</i>	60	<i>hydrochloride er (sr)</i>		<i>carbidopa/levodopa</i>	46
<i>blisovi fe 1/20</i>	60	<i>bupropion</i>	43	<i>odt</i>	
BOOSTRIX	78	<i>hydrochloride er (xl)</i>		<i>carbinoxamine</i>	86
<i>bosentan</i>	38	<i>bupropion hcl</i>	38	<i>maleate</i>	
BOSULIF	26	<i>bupropion</i>	38	CARBINOXAMINE	86
BRAFTOVI	26	<i>hydrochloride</i>		MALEATE	
BREO ELLIPTA	89	<i>butorphanol tartrate</i>	12	<i>carglumic acid</i>	67
BREZTRI	86	BYDUREON BCISE	56	<i>carteolol hcl</i>	84
AEROSPHERE		BYETTA	56	<i>cartia xt</i>	35
<i>briellyn</i>	60	<i>cabergoline</i>	67	<i>carvedilol</i>	34
BRILINTA	75	CABOMETYX	26	<i>carvedilol phosphate</i>	34
<i>brimonidine tartrate</i>	84	<i>calcipotriene</i>	91	<i>er</i>	
BRIMONIDINE	84	<i>calcipotriene/</i>	91	<i>caspofungin acetate</i>	17
TARTRATE		<i>betamethasone</i>		CAYSTON	14
<i>brinzolamide</i>	84	<i>dipropionate</i>		<i>caziant</i>	60
BRIVIACT	39	<i>calcitonin-salmon</i>	59	<i>cefaclor</i>	21
<i>bromfenac</i>	83	<i>calcitrene</i>	91	CEFACLOR ER	21
<i>bromocriptine</i>	46	<i>calcitriol</i>	69	<i>cefadroxil</i>	21
<i>mesylate</i>		CALCITRIOL	91	<i>cefazolin/dextrose</i>	21
BROMSITE	83	<i>calcium acetate</i>	68	CEFAZOLIN/	21
BRUKINSA	26	CALQUENCE	26	DEXTROSE	
<i>budesonide</i>	70, 89	<i>camila</i>	60	<i>cefazolin sodium</i>	21
<i>budesonide er</i>	70	CAMRESE	60	CEFAZOLIN SODIUM	21
<i>bumetanide</i>	36	CAMRESE LO	60	<i>cefdinir</i>	21
<i>buprenorphine</i>	11	<i>candesartan cilexetil</i>	32	<i>cefepime</i>	21
<i>buprenorphine hcl</i>	54	<i>candesartan cilexetil/</i>	31,	<i>cefixime</i>	21
<i>buprenorphine hcl/</i>	54	<i>hydrochlorothiazide</i>	32	<i>cefotetan</i>	21
<i>naloxone hcl</i>		CAPLYTA	47	<i>cefoxitin sodium</i>	21
		CAPRELSA	26	<i>cefpodoxime proxetil</i>	21
		<i>captopril</i>	31	<i>cefprozil</i>	21
		<i>carbamazepine</i>	39	<i>ceftazidime</i>	21

Drug name	Page	Drug name	Page	Drug name	Page
CEFTAZIDIME/ DEXTROSE	21	<i>ciclopirox</i>	90	CLINDAMYCIN/ SODIUM CHLORIDE	14
<i>ceftriaxone in iso- osmotic dextrose</i>	22	<i>ciclopirox olamine</i>	90	CLINIMIX 4.25%/ DEXTROSE 5%	81
<i>ceftriaxone sodium</i>	22	<i>cilostazol</i>	74	CLINIMIX 4.25%/ DEXTROSE 10%	81
CEFTRIAZONE SODIUM	22	CILOXAN	82	CLINIMIX 5%/ DEXTROSE 15%	81
<i>cefuroxime axetil</i>	22	CIMDUO	19	CLINIMIX 5%/ DEXTROSE 20%	81
<i>cefuroxime sodium</i>	22	<i>cimetidine</i>	70	CLINIMIX 6/5	81
<i>celecoxib</i>	10	<i>cimetidine</i>	70	CLINIMIX 8/10	81
CELONTIN	39	<i>hydrochloride</i>		CLINIMIX 8/14	81
<i>cephalexin</i>	22	<i>cinacalcet</i>	67	<i>clinisol sf 15%</i>	81
CERDELGA	67	<i>hydrochloride</i>		CLINOLIPID	82
<i>cetirizine</i>	86	CIPROFLOXACIN	85	<i>clinpro 5000</i>	95
<i>hydrochloride</i>		<i>ciprofloxacin/</i>	85	<i>clobazam</i>	39
<i>cevimeline</i>	95	<i>dexamethasone</i>		<i>clobetasol</i>	92
<i>hydrochloride</i>		<i>ciprofloxacin hcl</i>	22	<i>propionate</i>	
<i>charlotte 24 fe</i>	60	<i>ciprofloxacin</i>	22,	<i>clobetasol</i>	91
<i>chateal</i>	60	<i>hydrochloride</i>	83	<i>propionate e</i>	
<i>chateal eq</i>	60	<i>ciprofloxacin i.v.-in</i>	22	<i>clobetasol</i>	92
CHEMET	59	<i>d5w</i>		<i>propionate emollient</i>	
<i>chloramphenicol</i>	14	CIPRO HC	85	<i>clodan</i>	92
<i>sodium succinate</i>		<i>citalopram</i>	43	<i>clomipramine</i>	43
<i>chlordiazepoxide/</i>	43	<i>hydrobromide</i>		<i>hydrochloride</i>	
<i>amitriptyline</i>		<i>claravis</i>	89	<i>clonazepam</i>	39
<i>chlordiazepoxide hcl</i>	38	<i>clarithromycin</i>	22	<i>clonazepam odt</i>	39
<i>chlordiazepoxide</i>	38	<i>clarithromycin er</i>	22	<i>clonidine hcl</i>	36
<i>hydrochloride</i>		<i>clemastine fumarate</i>	86	<i>clonidine</i>	36
<i>chlorhexidine</i>	95	CLENPIQ	71	<i>hydrochloride</i>	
<i>gluconate</i>		<i>clindamycin/benzoyl</i>	89	<i>clonazepam odt</i>	39
<i>chloroquine</i>	17	<i>peroxide</i>		<i>clonidine hcl</i>	36
<i>phosphate</i>		<i>clindamycin hcl</i>	14	<i>clonidine</i>	36
<i>chlorpromazine hcl</i>	47	<i>clindamycin</i>	14	<i>hydrochloride</i>	
<i>chlorpromazine</i>	47	<i>palmitate hcl</i>		<i>clopidogrel</i>	75
<i>hydrochloride</i>		<i>clindamycin</i>	14,	<i>clorazepate</i>	39
<i>chlorthalidone</i>	36	<i>phosphate</i>	73,	<i>dipotassium</i>	
<i>chlorzoxazone</i>	53	<i>clindamycin</i>	89	<i>clotrimazole</i>	90
<i>cholestyramine</i>	34	<i>phosphate/benzoyl</i>		<i>clotrimazole/</i>	90
<i>cholestyramine light</i>	34	<i>peroxide</i>		<i>betamethasone</i>	
		<i>clindamycin</i>	14	<i>dipropionate</i>	
		<i>phosphate/dextrose</i>		<i>clotrimazole troc</i>	95

Drug name	Page	Drug name	Page	Drug name	Page
<i>clozapine</i>	47	<i>cyproheptadine hcl</i>	87	<i>desrx</i>	92
<i>clozapine odt</i>	47	<i>cyred</i>	61	<i>desvenlafaxine er</i>	43
CLOZAPINE ODT	47	<i>cyred eq</i>	61	DESVENLAFAXINE	43
COARTEM	17	CYSTAGON	67	ER	
CODEINE SULFATE	12	CYSTARAN	85	<i>dexamethasone</i>	66
<i>colchicine</i>	10	<i>dabigatran etexilate</i>	73	DEXAMETHASONE	65
<i>colesevelam</i>	34	<i>dalfampridine er</i>	53	INTENSOL	
<i>hydrochloride</i>		DALIRESP	88	<i>dexamethasone</i>	65,
<i>colestipol hcl</i>	34	<i>danazol</i>	65	<i>sodium phosphate</i>	66,
<i>colistimethate</i>	14	<i>dantrolene sodium</i>	53		83
<i>sodium</i>		<i>dapsone</i>	14,	<i>dexlansoprazole</i>	72
COMBIGAN	84		89	<i>dexmethylphenidate</i>	50
COMBIVENT	86	DAPTACEL	78	<i>hcl</i>	
RESPIMAT		<i>daptomycin</i>	14	<i>dexmethylphenidate</i>	50
COMETRIQ	26	DAPTOMYCIN	14	<i>hcl er</i>	
COMPLERA	19	<i>darifenacin</i>	73	<i>dexmethylphenidate</i>	50
<i>compro</i>	69	<i>hydrobromide er</i>		<i>hydrochloride</i>	
<i>constulose</i>	71	<i>dasetta 1/35</i>	61	<i>dexmethylphenidate</i>	50
COPAXONE	53	<i>dasetta 7/7/7</i>	61	<i>hydrochloride er</i>	
COPIKTRA	27	DAURISMO	27	<i>dextroamphetamine</i>	50
CORLANOR	36,	<i>daysee</i>	61	<i>sulfate</i>	
	37	<i>deblitane</i>	61	<i>dextroamphetamine</i>	50
COTELLIC	27	<i>deferasirox</i>	59	<i>sulfate er</i>	
CREON	72	DELESTROGEN	65	DEXTROSE 2.5%/	79
<i>cromolyn sodium</i>	71,	DELSTRIGO	19	NACL 0.45%	
	84,	<i>delyla</i>	61	<i>dextrose 5%</i>	79,
	88	DENGVAXIA	78		82
<i>cryselle-28</i>	61	<i>dentagel</i>	95	DEXTROSE 5% /	79
CURITY GAUZE	55	DESCOVY	19	ELECTROLYTE #48	
PADS 2		<i>desipramine</i>	43	VIAFLEX	
<i>cyclobenzaprine</i>	53	<i>hydrochloride</i>		DEXTROSE 5%/	79
<i>hydrochloride</i>		<i>desloratadine</i>	87	LACTATED RINGERS	
<i>cyclophosphamide</i>	24	<i>desmopressin</i>	67	DEXTROSE 5%/	79
CYCLOPHOSPHA-	24	<i>acetate</i>		NACL 0.2%	
MIDE		<i>desogestrel/ethinyl</i>	61	<i>dextrose 5%/nacl</i>	79
<i>cycloserine</i>	20	<i>estradiol</i>		<i>0.3%</i>	
<i>cyclosporine</i>	77	<i>desonide</i>	92	DEXTROSE 5%/	79
<i>cyclosporine</i>	77	<i>desoximetasone</i>	92	NACL 0.9%	
<i>modified</i>				DEXTROSE 5%/	79
				NACL 0.33%	

Drug name	Page	Drug name	Page	Drug name	Page
DEXTROSE 5%/ NACL 0.45%	79	DILANTIN INFATABS	40	<i>dotti</i>	65
DEXTROSE 5%/ NACL 0.225%	79	<i>diltiazem hcl</i>	35	DOVATO	19
<i>dextrose 10%</i>	79, 82	DILTIAZEM HCL	35	<i>doxazosin mesylate</i>	31
DEXTROSE 10%/ NACL 0.2%	79	<i>diltiazem hcl cd</i>	35	<i>doxepin hcl</i>	43
DEXTROSE 10%/ NACL 0.45%	79	<i>diltiazem hcl er</i>	35	<i>doxepin</i>	43,
DEXTROSE 50%	82	<i>diltiazem hcl inj</i>	35	<i>hydrochloride</i>	51
DEXTROSE 70%	82	<i>diltiazem</i>	35	DOXEPIN	94
DIACOMIT	39	<i>hydrochloride er</i>		HYDROCHLORIDE	
<i>diazepam</i>	39	<i>dilt-xr</i>	35	<i>doxercalciferol</i>	69
DIAZEPAM RECTAL GEL	39	DIMENHYDRINATE	69	<i>doxy 100</i>	24
<i>diazoxide</i>	66	<i>diphenhydramine hcl</i>	87	<i>doxycycline</i>	24
<i>diclofenac potassium</i>	10	<i>diphenoxylate/ atropine</i>	71	DOXYCYCLINE	94
<i>diclofenac sodium</i>	83, 94	<i>diphenoxylate</i>	71	<i>doxycycline hyclate</i>	24
<i>diclofenac sodium dr</i>	10	<i>hydrochloride/ atropine sulfate</i>		<i>doxycycline</i>	24
<i>diclofenac sodium er</i>	10	DIPHThERIA/	78	<i>monohydrate</i>	
<i>diclofenac sodium/ misoprostol</i>	10	TETANUS TOXOIDS		DRIZALMA	43
<i>dicloxacillin sodium</i>	23	ADSORBED		<i>dronabinol</i>	69
<i>dicyclomine hcl</i>	70	PEDIATRIC		<i>drospirenone/ethinyl estradiol</i>	61
<i>dicyclomine hydrochloride</i>	70	<i>dipyridamole</i>	75	<i>drospirenone/ ethinyl estradiol/ levomefolate calcium</i>	61
DIFICID	22	<i>disopyramide phosphate</i>	33	DROXIA	75
<i>diflorasone diacetate</i>	92	<i>disulfiram</i>	54	<i>droxidopa</i>	37
<i>diflunisal</i>	10	<i>divalproex sodium</i>	40	DUAVEE	65
<i>difluprednate</i>	83	<i>divalproex sodium dr</i>	40	<i>duloxetine</i>	44
<i>digitek</i>	37	<i>divalproex sodium er</i>	40	<i>hydrochloride</i>	
<i>digox</i>	37	<i>dofetilide</i>	33	DUPIXENT	75
<i>digoxin</i>	37	<i>dolishale</i>	61	DUREZOL	83
<i>dihydroergotamine mesylate</i>	52	<i>donepezil hcl</i>	42	<i>dutasteride</i>	72
DILANTIN	40	<i>donepezil hcl odt</i>	42	<i>dutasteride/ tamsulosin hydrochloride</i>	72
DILANTIN-125	40	DOPTELET	74	<i>ec-naproxen</i>	10
		<i>dorzolamide hcl/ timolol maleate</i>	85	econazole nitrate	90
		<i>dorzolamide hydrochloride</i>	85	EDARBI	32
		<i>dorzolamide hydrochloride/timolol maleate pf</i>	85	EDARBYCLOR	32
				EDURANT	17
				<i>efavirenz</i>	17

Drug name	Page	Drug name	Page	Drug name	Page
<i>efavirenz/</i>	19	<i>enpresse-28</i>	61	ESBRIET	88
<i>emtricitabine/</i>		<i>enskyce</i>	61	<i>escitalopram oxalate</i>	44
<i>tenofovir disoproxil</i>		ENSTILAR	92	<i>esomeprazole</i>	72
<i>fumarate</i>		<i>entacapone</i>	46	<i>magnesium</i>	
<i>efavirenz/</i>	19	<i>entecavir</i>	20	<i>esomeprazole</i>	72
<i>lamivudine/tenofovir</i>		ENTRESTO	32	<i>sodium</i>	
<i>disoproxil fumarate</i>		<i>enulose</i>	71	<i>estarylla</i>	61
<i>effer-k</i>	80	EPCLUSA	20	<i>estradiol</i>	65
<i>eletriptan</i>	52	EPIDIOLEX	40	<i>estradiol/</i>	65
<i>hydrobromide</i>		<i>epinastine hcl</i>	84	<i>norethindrone</i>	
ELIGARD	25	<i>epinephrine</i>	37, 88	<i>acetate</i>	
<i>elimest</i>	61	<i>epitol</i>	40	<i>estradiol vaginal</i>	65
ELIQUIS	73	EPIVIR HBV	20	<i>estradiol valerate</i>	65
ELIQUIS STARTER	73	<i>eplerenone</i>	31	ESTRING	65
PACK		<i>epoprostenol sodium</i>	38	<i>eszopiclone</i>	51
ELMIRON	73	EPRONTIA	40	<i>ethambutol</i>	20
<i>eluryng</i>	61	<i>ergotamine tartrate/</i>	52	<i>hydrochloride</i>	
EMCYT	25	<i>caffeine</i>		<i>ethosuximide</i>	40
EMEND	69	ERIVEDGE	27	<i>ethosuximide soln</i>	40
<i>emoquette</i>	61	ERLEADA	25	<i>ethynodiol diacetate/</i>	61
EMSAM	44	<i>erlotinib</i>	27	<i>ethinyl estradiol</i>	
<i>emtricitabine</i>	18, 19	<i>hydrochloride</i>		<i>etodolac</i>	10
<i>emtricitabine/</i>	19	<i>errin</i>	61	<i>etodolac er</i>	10
<i>tenofovir disoproxil</i>		ERTACZO	90	<i>etravirine</i>	18
<i>emtricitabine/</i>	19	<i>ertapenem</i>	15	<i>euthyrox</i>	68
<i>tenofovir disoproxil</i>		<i>ery</i>	89	<i>everolimus</i>	27, 77
<i>fumarate</i>		<i>erythrocin stearate</i>	22	EVOTAZ	19
EMTRIVA	18	<i>erythromycin</i>	22, 83, 89	<i>exemestane</i>	25
EMVERM	15	<i>erythromycin base</i>	22	EXKIVITY	27
<i>enalapril maleate</i>	31	<i>erythromycin/</i>	89	<i>ezetimibe</i>	34
<i>enalapril maleate/</i>	30	<i>benzoyl peroxide</i>		<i>ezetimibe/</i>	34
<i>hydrochlorothiazide</i>		<i>erythromycin dr</i>	22	<i>simvastatin</i>	
ENBREL	75	<i>erythromycin</i>	22	<i>falmina</i>	61
ENBREL MINI	75	<i>ethylsuccinate</i>		<i>famciclovir</i>	20
ENBREL SURECLICK	75	<i>erythromycin</i>	22	<i>famotidine</i>	70
<i>endocet</i>	12	<i>erythromycin</i>	22	<i>famotidine premixed</i>	70
ENGERIX-B	78	<i>erythromycin</i>	22	FANAPT	47
<i>enoxaparin sodium</i>	73	<i>lactobionate</i>			

Drug name	Page	Drug name	Page	Drug name	Page
FANAPT TITRATION PACK	47	<i>fluconazole in sodium chloride</i>	17	<i>fluphenazine hydrochloride</i>	47
FARXIGA	56	<i>fluconazole/sodium chloride</i>	17	<i>flurbiprofen</i>	11
FARYDAK	27	<i>flucytosine</i>	17	<i>flurbiprofen sodium</i>	84
FASENRA	88	<i>fludrocortisone</i>	66	<i>flutamide</i>	25
FASENRA PEN	88	<i>acetate</i>		<i>fluticasone</i>	88,
<i>fayosim</i>	61	<i>flunisolide</i>	88	<i>propionate</i>	92,
<i>febuxostat</i>	10	<i>fluocinolone</i>	92		93
<i>felbamate</i>	40	<i>acetone</i>		<i>fluvastatin</i>	33
<i>felodipine er</i>	35	<i>fluocinolone</i>	92	<i>fluvastatin sodium er</i>	33
<i>femynor</i>	61	<i>acetone body</i>		<i>fluvoxamine maleate</i>	38
<i>fenofibrate</i>	33	<i>fluocinolone</i>	86	<i>fluvoxamine maleate</i>	38
<i>fenofibric acid dr</i>	33	<i>acetone otic oil</i>		<i>er</i>	
<i>fenoprofen calcium</i>	11	<i>fluocinolone</i>	92	<i>fomepizole</i>	67
FENOPROFEN	11	<i>acetone scalp</i>		<i>fondaparinux sodium</i>	73,
CALCIUM		<i>fluocinonide</i>	92		74
<i>fentanyl</i>	11	<i>fluocinonide</i>	92	FORTEO	59
<i>fentanyl citrate</i>	12	<i>emulsified base</i>		<i>fosamprenavir</i>	18
<i>fesoterodine</i>	73	<i>fluoride</i>	80	<i>calcium</i>	
<i>fumarate er</i>		<i>fluoridex</i>	95	<i>fosinopril sodium</i>	31
FETZIMA	44	<i>fluoridex sensitivity</i>	95	<i>fosinopril sodium/ hydrochlorothiazide</i>	31
FETZIMA TITRATION PACK	44	<i>relief/sls free</i>		<i>fosphenytoin sodium</i>	40
FIASP	55	<i>fluorimax 5000</i>	95	FOTIVDA	27
FIASP FLEXTOUCH	55	<i>fluorimax 5000</i>	95	FRAGMIN	74
FIASP PENFILL	55	<i>sensitive</i>		FREAMINE III	82
FINACEA	94	<i>fluoritab</i>	80	<i>frovatriptan succinate</i>	52
<i>finasteride</i>	72	FLUOROMETHOLONE	84	<i>furosemide</i>	36
FINTEPLA	40	FLUOROPLEX	94	FUZEON	18
<i>finzala</i>	61	<i>fluorouracil</i>	94	<i>fyavolv</i>	65
<i>flac otic oil</i>	85	FLUOROURACIL	94	FYCOMPA	40
FLAREX	83	CREA 0.5%		<i>gabapentin</i>	40
FLEBOGAMMA DIF	76	<i>fluoxetine dr</i>	44	<i>galantamine</i>	42
<i>flecainide acetate</i>	33	<i>fluoxetine hcl</i>	44	<i>hydrobromide</i>	
FLOVENT DISKUS	89	<i>fluoxetine</i>	44	<i>galantamine</i>	42
FLOVENT HFA	89	<i>hydrochloride</i>		<i>hydrobromide er</i>	
<i>fluconazole</i>	17	<i>fluphenazine</i>	47	GAMASTAN	76
		<i>decanoate</i>		GAMMAGARD	76
		<i>fluphenazine hcl</i>	47	LIQUID	

Drug name	Page	Drug name	Page	Drug name	Page
GAMMAGARD S/D	76	<i>glipizide xl</i>	57	HETLIOZ LQ ORAL	52
GAMMAKED	76	<i>glycopyrrolate</i>	70	SUSP	
GAMMAPLEX	76	GLYXAMBI	57	HIBERIX	78
GAMUNEX-C	76	GOLYTELY	71	HUMIRA	76
<i>ganciclovir</i>	20	<i>granisetron hcl</i>	69	HUMIRA PEDIATRIC	75
GARDASIL 9	78	<i>griseofulvin</i>	17	CROHNS DISEASE	
<i>gatifloxacin</i>	83	<i>microsize</i>		STARTER PACK	
GATTEX	71	<i>griseofulvin</i>	17	HUMIRA PEN	75, 76
<i>gavilyte-c</i>	71	<i>ultramicrosize</i>		HUMIRA PEN-	75
<i>gavilyte-g</i>	71	<i>guanfacine er</i>	50	PEDIATRIC UC	
<i>gavilyte-n/flower</i>	71	<i>guanfacine hcl</i>	37	STARTER PACK	
<i>pack</i>		<i>guanfacine</i>	50	HUMULIN R U-500	55
GAVRETO	27	<i>hydrochloride</i>		(CONCENTRATED)	
<i>gemfibrozil</i>	33	GVOKE HYPOPEN	66	HUMULIN R U-500	55
GEMTESA	73	GVOKE KIT	66	KWIKPEN	
<i>generlac</i>	71	GVOKE PFS	66	<i>hydralazine hcl</i>	37
<i>gengraf</i>	77	HAEGARDA	75	<i>hydralazine</i>	37
GENOTROPIN	67	<i>hailey 1.5/30</i>	61	<i>hydrochloride</i>	
GENOTROPIN	67	<i>hailey 24 fe</i>	61	<i>hydrochlorothiazide</i>	36
MINIQUICK		<i>hailey fe 1.5/30</i>	61	<i>hydrocodone/</i>	13
<i>gentak</i>	83	<i>hailey fe 1/20</i>	61	<i>acetaminophen</i>	
<i>gentamicin sulfate</i>	15, 83, 90	<i>halobetasol</i>	93	<i>hydrocodone</i>	12, 13
<i>gentamicin</i>	15	<i>propionate</i>		<i>bitartrate/</i>	
<i>sulfate/0.9% sodium</i>		<i>haloperidol</i>	47	<i>acetaminophen</i>	
<i>chloride</i>		<i>haloperidol</i>	47	<i>hydrocodone</i>	11, 12
<i>gentamicin sulfate</i>	15	<i>decanoate</i>		<i>bitartrate er</i>	
<i>pediatric</i>		<i>haloperidol lactate</i>	47	<i>hydrocodone/</i>	13
GENVOYA	19	HARVONI	20	<i>ibuprofen</i>	
GIANVI	61	HAVRIX	78	<i>hydrocortisone</i>	66, 70, 93
GILENYA	53	<i>heather</i>	61	<i>hydrocortisone/</i>	86
GILOTRIF	27	<i>heparin sodium</i>	74	<i>acetic acid</i>	
<i>glimepiride</i>	56	HEPARIN SODIUM	74	<i>hydrocortisone</i>	93
<i>glipizide</i>	57	HEPARIN SODIUM/ DEXTROSE	74	<i>butyrate</i>	
<i>glipizide er</i>	56, 57	HEPARIN SODIUM/ NACL 0.45%	74	<i>hydrocortisone</i>	93
<i>glipizide/metformin</i>	57	HEPATAMINE	82	<i>butyrate hydrophilic</i>	
<i>hydrochloride</i>		HETLIOZ	51	<i>lipo base</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>hydrocortisone perianal</i>	94	IMOVAX RABIES (H.D.C.V.)	78	<i>isosorbide dinitrate/ hydralazine hydrochloride</i>	37
<i>hydrocortisone valerate</i>	93	<i>incassia</i>	61	<i>isosorbide mononitrate</i>	37
<i>hydromorphone hcl</i>	13	INCRELEX	67	<i>isosorbide mononitrate er</i>	37
HYDROMORPHONE HCL	13	INCRUSE ELLIPTA	86	<i>isotonic gentamicin</i>	15
<i>hydromorphone hydrochloride</i>	13	<i>indapamide</i>	36	<i>isotretinoin</i>	89
HYDROMORPHONE HYDROCHLORIDE	13	INFANRIX	78	<i>isradipine</i>	35
<i>hydroxychloroquine sulfate</i>	76	INLYTA	27	<i>itraconazole</i>	17
<i>hydroxyurea</i>	26	INQOVI	24	<i>ivermectin</i>	15
<i>hydroxyzine hcl</i>	87	INREBIC	27	IXIARO	78
<i>hydroxyzine hydrochloride</i>	87	INTELENCE	18	<i>jaimiess</i>	61
<i>hydroxyzine pamoate</i>	87	INTRON A	77	JAKAFI	28
<i>hyperlyte-cr</i>	79	<i>introvale</i>	61	<i>jantoven</i>	74
HYSINGLA ER	12	INVEGA SUSTENNA	47, 48	JANUMET	57
<i>ibandronate sodium</i>	59	INVEGA TRINZA	48	JANUMET XR	57
IBRANCE	27	INVIRASE	18	JANUVIA	57
<i>ibu</i>	11	IPOL INACTIVATED	78	JARDIANCE	57
<i>ibuprofen</i>	11	IPV		<i>jasmiel</i>	62
<i>icatibant acetate</i>	75	<i>ipratropium bromide</i>	86	<i>jencycla</i>	62
<i>iclevia</i>	61	<i>ipratropium bromide/ albuterol sulfate</i>	86	JENTADUETO	57
ICLUSIG	27	<i>ipratropium bromide nasal</i>	86	JENTADUETO XR	57
IDHIFA	27	<i>irbesartan</i>	32	<i>jinteli</i>	65
ILEVRO	84	<i>irbesartan/ hydrochlorothiazide</i>	32	JOLESSA	62
<i>imatinib mesylate</i>	27	IRESSA	27	<i>juleber</i>	62
IMBRUVICA	27	ISENTRESS	18	JULUCA	19
<i>imipenem/cilastatin</i>	15	ISENTRESS HD	18	<i>junel 1.5/30</i>	62
<i>imipramine hcl</i>	44	<i>isibloom</i>	61	<i>junel 1/20</i>	62
<i>imipramine hydrochloride</i>	44	ISOLYTE-P/	79	<i>junel fe 1.5/30</i>	62
<i>imipramine pamoate</i>	44	DEXTROSE 5%		<i>junel fe 1/20</i>	62
<i>imiquimod</i>	94	ISOLYTE-S	79	<i>junel fe 24</i>	62
IMIQUIMOD PUMP	94	ISOLYTE-S PH 7.4	79	<i>just right 5000</i>	95
		<i>isoniazid</i>	20	<i>kaitlib fe</i>	62
		ISOPTO ATROPINE	85	<i>kalliga</i>	62
		<i>isosorbide dinitrate</i>	37	KALYDECO	88
				<i>kariva</i>	62

Drug name	Page	Drug name	Page	Drug name	Page
KCL 0.3%/D5W/ NACL 0.9%	79	<i>klor-con m20</i>	80	LATUDA	48
KCL 0.3%/D5W/ NACL 0.45%	79	KORLYM	67	LEENA	62
KCL 0.15%/D5W/ NACL 0.2%	79	KRISTALOSE	71	<i>leflunomide</i>	76
KCL 0.15%/D5W/ NACL 0.9%	79	<i>kurvelo</i>	62	<i>lenalidomide</i>	25
KCL 0.15%/D5W/ NACL 0.45%	79	KYNMOBI	46	LENVIMA	28
KCL 0.075%/D5W/ NACL 0.45%	79	<i>labetalol</i>	34	LENVIMA 8 MG	28
<i>kelnor 1/35</i>	62	<i>hydrochloride</i>		DAILY DOSE	
<i>kelnor 1/50</i>	62	<i>lacosamide</i>	40	LENVIMA 10 MG	28
KERENDIA	31	<i>lactated ringers</i>	79	DAILY DOSE	
KESIMPTA	53	<i>lactulose</i>	71	LENVIMA 14 MG	28
<i>ketoconazole</i>	17, 90, 91	<i>lamivudine</i>	18, 20	DAILY DOSE	
<i>ketodan</i>	90	<i>lamivudine/</i>	19	LENVIMA 18 MG	28
<i>ketoprofen er</i>	11	<i>zidovudine</i>		DAILY DOSE	
<i>ketorolac</i>	11,	<i>lamotrigine</i>	40	LENVIMA 20 MG	28
<i>tromethamine</i>	84	<i>lamotrigine er</i>	40	DAILY DOSE	
KEVZARA	76	<i>lamotrigine odt</i>	40	LENVIMA 24 MG	28
KINRIX	78	<i>lamotrigine starter</i>	41	DAILY DOSE	
KISQALI	26, 28	<i>kit/blue</i>		<i>lessina</i>	62
KISQALI FEMARA	26	<i>lamotrigine starter</i>	41	<i>letrozole</i>	25
200 DOSE		<i>kit/green</i>		<i>leucovorin calcium</i>	30
KISQALI FEMARA	26	<i>lamotrigine starter</i>	41	LEUKERAN	24
400 DOSE		<i>kit/orange</i>		<i>leuprolide acetate</i>	25
KISQALI FEMARA	26	<i>lansoprazole</i>	72	<i>levalbuterol</i>	87
600 DOSE		<i>lansoprazole/</i>	71	<i>levalbuterol hcl</i>	87
<i>klor-con</i>	80	<i>amoxicillin/</i>		LEVALBUTEROL	87
<i>klor-con 8</i>	80	<i>clarithromycin</i>		TARTRATE HFA	
<i>klor-con 10</i>	80	<i>lanthanum carbonate</i>	68	LEVEMIR	56
<i>klor-con/ef</i>	80	LANTUS	55	LEVEMIR	56
<i>klor-con m10</i>	80	LANTUS SOLOSTAR	55	FLEXTOUCH	
<i>klor-con m15</i>	80	<i>lapatinib ditosylate</i>	28	<i>levetiracetam</i>	41
		<i>larin 1.5/30</i>	62	<i>levetiracetam er</i>	41
		<i>larin 1/20</i>	62	<i>levetiracetam/</i>	41
		<i>larin 24 fe</i>	62	<i>sodium chloride</i>	
		<i>larin fe 1.5/30</i>	62	<i>levobunolol hcl</i>	85
		<i>larin fe 1/20</i>	62	<i>levocarnitine</i>	67
		<i>larissia</i>	62	LEVOCARNITINE	67
		LASTACRAFT	84	<i>levocetirizine</i>	87
		<i>latanoprost</i>	85	<i>dihydrochloride</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>levofloxacin</i>	23, 83	<i>loestrin fe 1/20</i>	62	<i>magnesium sulfate</i>	79
<i>levofloxacin in d5w</i>	23	<i>lojaimiess</i>	62	MAGNESIUM	79
<i>levonest</i>	62	LOKELMA	59	SULFATE	
<i>levonorgestrel/ ethinyl estradiol</i>	62	LONSURF	24	<i>malathion</i>	95
<i>levora</i>	62	<i>loperamide hcl</i>	71	<i>maraviroc</i>	18
LEVO-T	68	<i>lopinavir/ritonavir</i>	19	<i>marlissa</i>	63
<i>levothyroxine sodium</i>	68	<i>lorazepam</i>	38	MARPLAN	44
LEVOTHYROXINE	68	<i>lorazepam intensol</i>	38	MATULANE	26
SODIUM		LORBRENA	28	<i>matzim la</i>	35
LEVOXYL	68	<i>loryna</i>	62	MAVYRET	20
LEXIVA	18	<i>losartan potassium</i>	32	<i>meclizine hcl</i>	69
<i>lidocaine</i>	93, 94	<i>losartan potassium/ hydrochlorothiazide</i>	32	<i>meclofenamate sodium</i>	11
<i>lidocaine hcl</i>	14, 33	LOTEMAX	84	<i>medroxyprogesterone acetate</i>	63, 68
LIDOCAINE HCL	33	LOTEMAX SM	84	<i>mefloquine hcl</i>	17
<i>lidocaine hcl external</i>	93	<i>loteprednol etabonate</i>	84	<i>megestrol acetate</i>	25, 68
LIDOCAINE HCL IN D5W	33	<i>lovastatin</i>	33	MEKINIST	28
<i>lidocaine hydrochloride</i>	14	<i>low-ogestrel</i>	62	MEKTOVI	28
<i>lidocaine/prilocaine</i>	93	<i>loxapine</i>	48	<i>meloxicam</i>	11
<i>lidocaine viscous</i>	95	<i>lo-zumandimine</i>	62	<i>melfhalan</i>	24
<i>lillow</i>	62	LUMAKRAS	28	<i>memantine hcl</i>	42
<i>linezolid</i>	15	LUMIGAN	85	<i>memantine hydrochloride</i>	42
LINEZOLID	15	LUPRON DEPOT (1-MONTH)	25	<i>memantine hydrochloride er</i>	42
LINZESS	71	LUPRON DEPOT (3-MONTH)	25	MENACTRA	78
<i>liothyronine sodium</i>	68	LUPRON DEPOT-PED (1-MONTH)	67	MENQUADFI	78
<i>lisinopril</i>	31	LUPRON DEPOT-PED (3-MONTH)	67	MENVEO	78
<i>lisinopril/ hydrochlorothiazide</i>	31	<i>lutera</i>	62	<i>meprobamate</i>	38
LITHIUM	52	<i>lyleq</i>	62	<i>mercaptopurine</i>	24
<i>lithium carbonate</i>	52	<i>lyllana</i>	65	<i>meropenem</i>	15
<i>lithium carbonate er</i>	52	LYNPARZA	28	<i>mesalamine</i>	71
<i>loestrin 1.5/30-21</i>	62	LYSODREN	25	<i>mesalamine dr</i>	71
<i>loestrin 1/20-21</i>	62	<i>lyza</i>	62	MESNEX	30
<i>loestrin fe 1.5/30</i>	62	<i>mafenide acetate</i>	90	<i>metformin hydrochloride</i>	57

Drug name	Page	Drug name	Page	Drug name	Page
<i>metformin</i>	57	<i>metoprolol/</i>	34	<i>mono-lynyah</i>	63
<i>hydrochloride er</i>		<i>hydrochlorothiazide</i>		<i>montelukast sodium</i>	87
<i>methadone hcl</i>	12	<i>metoprolol succinate</i>	34	<i>morphine sulfate</i>	13
METHADONE HCL	12	<i>er</i>		MORPHINE SULFATE	13
INJ		<i>metoprolol tartrate</i>	34	<i>morphine sulfate er</i>	12
<i>methazolamide</i>	36	<i>metronidazole</i>	15,	MORPHINE	12
<i>methenamine</i>	15		94	SULFATE/SODIUM	
<i>hippurate</i>		<i>metronidazole</i>	73	CHLORIDE	
<i>methenamine</i>	15	<i>vaginal</i>		MOVANTIK	72
<i>mandelate</i>		<i>metyrosine</i>	37	<i>moxifloxacin</i>	23,
<i>methergine</i>	67	<i>miconazole</i>	17	<i>hydrochloride</i>	83
<i>methimazole</i>	68	<i>3</i>	73	<i>moxifloxacin</i>	23
<i>methotrexate sodium</i>	24,	MICROGESTIN	63	<i>hydrochloride/</i>	
	76	1.5/30		<i>sodium</i>	
<i>methoxsalen</i>	91	MICROGESTIN 1/20	63	<i>hydrochloride</i>	
<i>methscopolamine</i>	70	<i>microgestin 24 fe</i>	63	MULTAQ	33
<i>bromide</i>		MICROGESTIN FE	63	<i>multi vitamin/fluoride</i>	81
<i>methylergonovine</i>	67	1.5/30		<i>multi-vitamin/fluoride</i>	81
<i>maleate</i>		MICROGESTIN FE	63	<i>multi-vitamin/</i>	81
<i>methylphenidate</i>	51	1/20		<i>fluoride/iron</i>	
<i>hydrochloride</i>		<i>midodrine hcl</i>	37	<i>mupirocin</i>	90
<i>methylphenidate</i>	51	<i>miglitol</i>	58	<i>mycohenolic acid</i>	77
<i>hydrochloride cd</i>		<i>mili</i>	63	<i>mycophenolate</i>	77
<i>methylphenidate</i>	51	<i>mimvey</i>	65	<i>mofetil</i>	
<i>hydrochloride er</i>		<i>minocycline hcl</i>	24	<i>myorisan</i>	89
METHYLPHENIDATE	51	<i>minoxidil</i>	37	MYRBETRIQ	73
HYDROCHLORIDE		<i>mirtazapine</i>	44	<i>nabumetone</i>	11
ER		<i>mirtazapine odt</i>	44	<i>nadolol</i>	34
<i>methylprednisolone</i>	66	<i>misoprostol</i>	72	<i>nafcillin sodium</i>	23
<i>methylprednisolone</i>	66	MITIGARE	10	<i>naftifine hcl</i>	90
<i>acetate</i>		M-M-R II	78	<i>naftifine</i>	90
<i>methylprednisolone</i>	66	M-NATAL PLUS	80	<i>hydrochloride</i>	
<i>sodium succinate</i>		<i>modafinil</i>	54	<i>naloxone hcl</i>	54
<i>metoclopramide hcl</i>	69	<i>moexipril hcl</i>	31	<i>naloxone</i>	54
<i>metoclopramide</i>	69	<i>molindone</i>	48	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>hydrochloride</i>		<i>naltrexone hcl</i>	54
<i>metoclopramide odt</i>	69	<i>mometasone furoate</i>	88,	NAMZARIC	43
METOCLOPRAMIDE	69		93	<i>naproxen</i>	11
ODT		<i>mondoxyne nl</i>	24	<i>naproxen dr</i>	11
<i>metolazone</i>	36				

Drug name	Page	Drug name	Page	Drug name	Page
<i>naproxen sodium</i>	11	<i>nevirapine</i>	18	<i>norethindrone</i>	63
NAPROXEN SODIUM	11	<i>nevirapine er</i>	18	<i>acetate/ethinyl</i>	
NAPROXEN SODIUM	11	NEXAVAR	28	<i>estradiol/ferrous</i>	
CR		<i>niacin</i>	34	<i>fumarate</i>	
<i>naproxen sodium er</i>	11	<i>niacin er</i>	34	<i>norethindrone &</i>	63
<i>naratriptan hcl</i>	52	<i>niacor</i>	34	<i>ethinyl estradiol</i>	
NATACYN	83	<i>nicardipine hcl</i>	35	<i>ferrous fumarate</i>	
<i>nateglinide</i>	58	NICOTROL	54	<i>norgestimate/ethinyl</i>	63
NATPARA	59	NICOTROL INHALER	54	<i>estradiol</i>	
NAYZILAM	41	<i>nifedipine er</i>	35	NORITATE	94
<i>nebivolol</i>	35	<i>nikki</i>	63	<i>norlyda</i>	63
<i>hydrochloride</i>		<i>nilutamide</i>	25	<i>norlyroc</i>	63
<i>necon 0.5/35-28</i>	63	<i>nimodipine</i>	35	NORPACE CR	33
<i>nefazodone</i>	44	NINLARO	28	<i>nortrel 0.5/35 (28)</i>	63
<i>hydrochloride</i>		<i>nisoldipine er</i>	35	<i>nortrel 1/35</i>	63
<i>neomycin/bacitracin/</i>	83	<i>nitazoxanide</i>	15	<i>nortrel 7/7/7</i>	63
<i>polymyxin</i>		<i>nitisinone</i>	67	<i>nortriptyline hcl</i>	44
<i>neomycin/</i>	82	NITRO-BID	37	<i>nortriptyline</i>	44
<i>polymyxin/</i>		<i>nitrofurantoin</i>	15	<i>hydrochloride</i>	
<i>bacitracin/</i>		<i>macrocrystals</i>		NORVIR	18
<i>hydrocortisone</i>		<i>nitrofurantoin</i>	15	NOVOLIN 70/30	56
<i>neomycin/</i>	82	<i>monohydrate/</i>		NOVOLIN 70/30	56
<i>polymyxin/</i>		<i>macrocrystals</i>		FLEXPEN	
<i>dexamethasone</i>		NITROGLYCERIN INJ	37	NOVOLIN N	56
<i>neomycin/</i>	83	<i>nitroglycerin lingual</i>	37	NOVOLIN N	56
<i>polymyxin/</i>		<i>spray</i>		FLEXPEN	
<i>gramicidin</i>		<i>nitroglycerin subl</i>	37	NOVOLIN R	56
<i>neomycin/</i>	86	<i>nitroglycerin</i>	37	NOVOLIN R FLEXPEN	56
<i>polymyxin/hc</i>		<i>transdermal</i>		NOVOLOG	56
<i>neomycin/</i>	82,	NIVA-PLUS	81	NOVOLOG FLEXPEN	56
<i>polymyxin/</i>	86	<i>nizatidine</i>	70	NOVOLOG MIX	56
<i>hydrocortisone</i>		NORA-BE	63	70/30	
<i>neomycin sulfata</i>	15	<i>norethindrone</i>	63	NOVOLOG MIX	56
NEONATAL PLUS	81	<i>norethindrone</i>	68	70/30 PREFILLED	
<i>neo-polycin</i>	83	<i>acetate</i>		FLEXPEN	
<i>neo-polycin hc</i>	82	<i>norethindrone</i>	63,	NOVOLOG PENFILL	56
NERLYNX	28	<i>acetate/ethinyl</i>	65	NOXAFIL	17
<i>neuac</i>	89	<i>estradiol</i>		NUBEQA	25
NEUPRO	46			NUEDEXTA	52

Drug name	Page	Drug name	Page	Drug name	Page
NULOJIX	77	ONCASPAR	26	PANRETIN	94
NULYTELY	71	<i>ondansetron hcl</i>	69	<i>pantoprazole sodium</i>	72
NUPLAZID	48	<i>ondansetron</i>	69	PANZYGA	77
NURTEC	52	<i>hydrochloride</i>		<i>paricalcitol</i>	69
NUTRILIPID	82	<i>ondansetron odt</i>	69	<i>paroex</i>	95
NUZYRA	24	ONUREG	24	<i>paromomycin sulfate</i>	15
<i>nyamyc</i>	90	OPSUMIT	38	<i>paroxetine hcl</i>	44
<i>nylia 1/35</i>	63	ORACEA	94	<i>paroxetine hcl er</i>	44
<i>nylia 7/7/7</i>	63	<i>oralone dental paste</i>	95	<i>paroxetine</i>	45
<i>nymyo</i>	63	ORGOVYX	25	<i>hydrochloride</i>	
<i>nystatin</i>	17,	ORKAMBI	88	PASER	20
	90,	<i>orsythia</i>	64	PEDIARIX	78
	91,	<i>oseltamivir</i>	20	PEDVAX HIB	78
	95	<i>phosphate</i>		<i>peg-3350/</i>	71
<i>nystop</i>	91	OTEZLA	76	<i>electrolytes</i>	
OCELLA	63	OTEZLA STARTER	76	<i>peg-3350/nacl/na</i>	71
OCTAGAM	77	PACK		<i>bicarbonate/kcl</i>	
<i>octreotide acetate</i>	67	<i>oxacillin sodium</i>	23	PEGASYS	20
ODEFSEY	19	<i>oxandrolone</i>	55	PEMAZYRE	28
ODOMZO	28	<i>oxaprozin</i>	11	<i>penicillamine</i>	60
OFEV	88	<i>oxazepam</i>	38	<i>penicillin g potassium</i>	23
<i>ofloxacin</i>	83,	<i>oxcarbazepine</i>	41	PENICILLIN G	23
	86	<i>oxybutynin chloride</i>	73	POTASSIUM IN	
<i>olanzapine</i>	48	<i>oxybutynin chloride</i>	73	ISO-OSMOTIC	
<i>olanzapine odt</i>	48	<i>er</i>		DEXTROSE	
<i>olmesartan</i>	32	<i>oxycodone/</i>	14	PENICILLIN G	23
<i>medoxomil</i>		<i>acetaminophen</i>		PROCAINE	
<i>olmesartan</i>	32	<i>oxycodone hcl</i>	13	<i>penicillin g sodium</i>	23
<i>medoxomil/</i>		<i>oxycodone</i>	13	<i>penicillin v potassium</i>	23
<i>amlodipine/</i>		<i>hydrochloride</i>		PENTACEL	78
<i>hydrochlorothiazide</i>		<i>oxymorphone</i>	14	<i>pentamidine</i>	15
<i>olmesartan</i>	32	<i>hydrochloride</i>		<i>isethionate</i>	
<i>medoxomil/</i>		OZEMPIC	58	<i>pentoxifylline er</i>	75
<i>hydrochlorothiazide</i>		<i>pacerone</i>	33	<i>perindopril erbumine</i>	31
<i>olopatadine hcl</i>	84,	<i>paliperidone er</i>	48	<i>periogard</i>	95
	87	<i>pamidronate</i>	59	<i>permethrin</i>	95
<i>olopatadine</i>	84	<i>disodium</i>		<i>perphenazine</i>	45,
<i>hydrochloride</i>		PAMIDRONATE	59		48
<i>omeprazole</i>	72	DISODIUM			

Drug name	Page	Drug name	Page	Drug name	Page
<i>perphenazine/</i>	45	PLENVU	71	<i>prazosin</i>	31
<i>amitriptyline</i>		PNV PRENATAL	81	<i>hydrochloride</i>	
PERSERIS	48	PLUS MULTIVITAMIN		<i>prednicarbate</i>	93
<i>phenelzine sulfate</i>	45	<i>podofilox</i>	94	<i>prednisolone</i>	66,
<i>phenobarbital</i>	41	<i>polycin</i>	83		84
<i>phenobarbital</i>	41	<i>polymyxin b sulfate/</i>	83	<i>prednisolone acetate</i>	84
<i>sodium</i>		<i>trimethoprim sulfate</i>		<i>prednisolone sodium</i>	66
PHENYTEK	41	<i>poly-vitamin/fluoride</i>	81	<i>phosphate</i>	
<i>phenytoin</i>	41	POMALYST	25	PREDNISOLONE	84
<i>phenytoin sodium</i>	41	<i>portia-28</i>	64	SODIUM	
<i>phenytoin sodium</i>	41	<i>posaconazole dr</i>	17	PHOSPHATE	
<i>extended release</i>		<i>potassium chloride</i>	80,	OPHTHALMIC SOLN	
<i>philith</i>	64		81	1%	
PHOSPHOLINE	85	POTASSIUM	80	<i>prednisone</i>	66
IODIDE		CHLORIDE		PREDNISONE	66
PIFELTRO	18	POTASSIUM	80	INTENSOL	
<i>pilocarpine hcl</i>	85	CHLORIDE/		<i>pregabalin</i>	41
<i>pilocarpine</i>	95	DEXTROSE		<i>pregabalin er</i>	52,
<i>hydrochloride</i>		POTASSIUM	80		53
<i>pimozide</i>	48	CHLORIDE/		PREHEVBRIO	78
<i>pimtrea</i>	64	DEXTROSE/SODIUM		PREMARIN	65
<i>pindolol</i>	35	CHLORIDE		PREMASOL	82
<i>pioglitazone hcl</i>	58	<i>potassium chloride</i>	81	PREMPRO	65
<i>pioglitazone hcl-</i>	58	<i>er</i>		PRENATAL	81
<i>glimepiride</i>		<i>potassium chloride/</i>	80	PRENATAL PLUS	81
<i>pioglitazone hcl/</i>	58	<i>sodium chloride</i>		PRENATAL PLUS	81
<i>metformin hcl</i>		POTASSIUM	80	LOW IRON	
<i>pioglitazone</i>	58	CHLORIDE/SODIUM		PREPLUS	81
<i>hydrochloride</i>		CHLORIDE		PRETOMANID	20
<i>piperacillin sodium/</i>	24	<i>potassium citrate er</i>	73	<i>prevalite</i>	34
<i>tazobactam sodium</i>		PRADAXA	74	<i>previfem</i>	64
PIQRAY	28	PRALUENT	34	PREVYMIS	21
<i>pirfenidone</i>	88	<i>pramipexole</i>	46	PREZCOBIX	19
<i>pirmella 1/35</i>	64	<i>dihydrochloride</i>		PREZISTA	18
<i>pirmella 7/7/7</i>	64	<i>pramipexole</i>	46	PRIFTIN	20
<i>piroxicam</i>	11	<i>dihydrochloride er</i>		<i>primaquine</i>	17
PLASMA-LYTE-148	79	<i>prasugrel</i>	75	<i>phosphate</i>	
PLASMA-LYTE A	79	<i>pravastatin sodium</i>	34	<i>primidone</i>	41
<i>plenamine</i>	82	<i>praziquantel</i>	15	PRIORIX	78

Drug name	Page	Drug name	Page	Drug name	Page
PRIVIGEN	77	PURIXAN	24	REVLIMID	25
<i>probenecid</i>	10	<i>pyrazinamide</i>	20	REXULTI	49
<i>probenecid/colchicine</i>	10	<i>pyridostigmine bromide</i>	53	REYATAZ	18
PROCALAMINE	82	<i>pyridostigmine bromide er</i>	53	REZUROCK	77
<i>prochlorperazine</i>	69	QINLOCK	28	RHOPRESSA	85
<i>prochlorperazine edisylate</i>	69	QUADRACEL	78	<i>ribavirin</i>	21
<i>prochlorperazine maleate</i>	69	<i>quetiapine fumarate</i>	48, 49	<i>rifabutin</i>	20
PROCRIT	74	<i>quetiapine fumarate er</i>	48	<i>rifampin</i>	20
<i>procto-med hc</i>	94	<i>quinapril hcl</i>	31	<i>riluzole</i>	53
<i>procto-pak</i>	94	<i>quinapril hydrochloride</i>	31	<i>rimantadine hydrochloride</i>	21
<i>proctosol hc</i>	93	<i>quinapril/ hydrochlorothiazide</i>	31	RINGERS INJECTION	80
<i>proctozone-hc</i>	94	<i>quinidine sulfate</i>	33	RINVOQ	76
<i>progesterone</i>	68	<i>quinine sulfate</i>	17	<i>risedronate sodium</i>	59
PROGRAF	77	RABAVERT	78	<i>risedronate sodium dr</i>	59
PROLASTIN-C	88	<i>rabeprazole sodium dr</i>	72	RISPERDAL CONSTA	49
PROLENSA	84	<i>raloxifene hydrochloride</i>	68	<i>risperidone</i>	49
PROLIA	59	<i>ramipril</i>	31	<i>risperidone odt</i>	49
PROMACTA	75	<i>ranolazine er</i>	37	<i>ritonavir</i>	18
<i>promethazine hcl</i>	70	<i>rasagiline mesylate</i>	46	<i>rivastigmine tartrate</i>	43
<i>promethazine hydrochloride</i>	70	<i>reclipsen</i>	64	<i>rivastigmine transdermal system</i>	43
<i>promethegan</i>	70	RECOMBIVAX HB	78	RIVELSA	64
<i>propafenone hcl</i>	33	RECTIV	94	<i>rizatriptan benzoate</i>	52
<i>propafenone hydrochloride er</i>	33	REGRANEX	95	<i>rizatriptan benzoate odt</i>	52
<i>proparacaine hcl</i>	85	<i>relafen</i>	11	<i>romidepsin</i>	28
<i>propranolol hcl</i>	35	RELENZA	21	<i>ropinirole er</i>	46
<i>propranolol hcl er</i>	35	DISKHALER		<i>ropinirole hcl</i>	46
<i>propylthiouracil</i>	68	<i>repaglinide</i>	58	<i>rosadan</i>	94
PROQUAD	78	RESTASIS	85	<i>rosuvastatin calcium</i>	34
PROSOL	82	RESTASIS MULTIDOSE	85	ROTARIX	78
<i>protriptyline hcl</i>	45	RETEVMO	28	ROTATEQ	78
PULMICORT FLEXHALER	89			<i>roweepra</i>	41
PULMOZYME	88			ROZLYTREK	28
				RUBRACA	28
				<i>rufinamide</i>	41

Drug name	Page	Drug name	Page	Drug name	Page
RUKOBIA	18	<i>sodium bicarbonate</i>	80	<i>sprintec 28</i>	64
RYBELSUS	58	SODIUM	80	SPRITAM	41
RYDAPT	28	BICARBONATE		SPRYCEL	29
<i>sajazir</i>	75	<i>sodium chloride</i>	80	<i>sps</i>	60
SANCUSO	70	SODIUM CHLORIDE	80	<i>sronyx</i>	64
SANDIMMUNE	77	<i>sodium chloride</i>	80	SSD	90
SANDOSTATIN LAR	68	0.45%		<i>stavudine</i>	18
SANTYL	95	<i>sodium chloride</i>	95	<i>sterile water for</i>	95
<i>sapropterin</i>	68	<i>irrigation soln</i>		<i>irrigation</i>	
<i>dihydrochloride</i>		<i>sodium fluoride</i>	81,	STIVARGA	29
SCSEMBLIX	28		95	<i>streptomycin sulfate</i>	15
<i>scopolamine</i>	70	<i>sodium fluoride 5000</i>	95	STRIBILD	19
SECUADO	49	<i>ppm</i>		<i>subvenite</i>	41
<i>selegiline hcl</i>	46	<i>sodium fluoride 5000</i>	95	<i>subvenite starter kit</i>	41
<i>selenium sulfide</i>	91	<i>ppm sensitive</i>		<i>sucrafate</i>	72
SELZENTRY	18	<i>sodium</i>	68	SUCRALFATE SUSP	72
SEREVENT DISKUS	87	<i>phenylbutyrate</i>		<i>sulfacetamide</i>	83,
<i>sertraline hcl</i>	45	<i>sodium polystyrene</i>	60	<i>sodium</i>	89
<i>sertraline</i>	45	<i>sulfonate</i>		<i>sulfacetamide</i>	82
<i>hydrochloride</i>		SODIUM SULFATE/	71	<i>sodium/prednisolone</i>	
<i>setlakin</i>	64	POTASSIUM		<i>sodium phosphate</i>	
<i>sf gel</i>	95	SULFATE/		<i>sulfadiazine</i>	16
<i>sharobel</i>	64	MAGNESIUM		<i>sulfamethoxazole/</i>	16
SHINGRIX	78	SULFATE		<i>trimethoprim</i>	
SIGNIFOR	68	<i>solifenacin succinate</i>	73	<i>sulfamethoxazole/</i>	16
<i>sildenafil</i>	38	SOLIQUA 100/33	56	<i>trimethoprim ds</i>	
<i>sildenafil citrate</i>	38	SOLTAMOX	25	SULFAMYLON	90
<i>silodosin</i>	72	SOLU-CORTEF	66	<i>sulfasalazine</i>	71
<i>silver sulfadiazine</i>	90	SOMATULINE DEPOT	68	<i>sulfasalazine dr</i>	71
SIMBRINZA	85	SOMAVERT	68	<i>sulindac</i>	11
<i>simliya</i>	64	<i>sorafenib tosylate</i>	29	<i>sumatriptan</i>	52
<i>simpesse</i>	64	<i>sorine</i>	33	<i>sumatriptan/</i>	52
<i>simvastatin</i>	34	<i>sotalol hcl</i>	33	<i>naproxen sodium</i>	
<i>sirolimus</i>	77	<i>sotalol hydrochloride</i>	33	<i>sumatriptan</i>	52
SIRTURO	20	(af)		<i>succinate</i>	
SIVEXTRO	15	<i>spironolactone</i>	31,	<i>sumatriptan</i>	52
SKYRIZI	76		36	<i>succinate refill</i>	
SKYRIZI PEN	76	<i>spironolactone/</i>	36	<i>sunitinib malate</i>	29
		<i>hydrochlorothiazide</i>		SUPRAX	22

Drug name	Page	Drug name	Page	Drug name	Page
SUPREP BOWEL PREP	71	TECFIDERA STARTER PACK	53	TIBSOVO	29
SUTAB	71	TEFLARO	22	TICOVAC	78
syeda	64	telmisartan	32	<i>tigecycline</i>	24
SYMBICORT	89	telmisartan/ amlodipine	32	TILIA FE	64
SYMLINPEN 60	58	telmisartan/ hydrochlorothiazide	32	<i>timolol maleate</i>	35, 85
SYMLINPEN 120	58	temazepam	52	TIMOLOL MALEATE	85
SYMPAZAN	41	TEMIXYS	19	<i>tinidazole</i>	16
SYMTUZA	19	TENIVAC	78	TIVICAY	18
SYNAREL	65	tenofovir disoproxil fumarate	18	TIVICAY PD	18
SYNERCID	16	TEPMETKO	29	<i>tizanidine hcl</i>	53
SYNJARDY	58	terazosin hcl	31	<i>tizanidine</i>	53
SYNJARDY XR	58	terazosin hydrochloride	31	<i>hydrochloride</i>	
SYNRIBO	26	terbinafine hcl	17	TOBRADEX	82
SYNTHROID	68	terbutaline sulfate	87	TOBRADEX ST	82
TABLOID	24	terconazole	73	<i>tobramycin</i>	83
TABRECTA	29	testosterone	55	<i>tobramycin</i>	82
<i>tacrolimus</i>	77, 94	testosterone cypionate	55	<i>dexamethasone</i>	
<i>tadalafil</i>	38	testosterone enanthate	55	<i>tobramycin nebu</i>	16
TAFINLAR	29	testosterone gel	55	<i>tobramycin sulfate</i>	16
TAGRISSE	29	testosterone pump	55	<i>tolterodine tartrate</i>	73
TALTZ	76	tetrabenazine	53	<i>tolterodine tartrate er</i>	73
TALZENNA	29	tetracycline hydrochloride	24	<i>topiramate</i>	42
<i>tamoxifen citrate</i>	25	TEXACORT	93	TOPIRAMATE ER	42
<i>tamsulosin hydrochloride</i>	72	THALOMID	25	<i>toremifene citrate</i>	25
<i>tarina fe 1/20</i>	64	theophylline	88	<i>torseamide</i>	36
<i>tarina fe 1/20 eq</i>	64	theophylline er	88	TOUJEO MAX	56
TASIGNA	29	thioridazine hcl	49	SOLOSTAR	
tazarotene	91	thiothixene	49	TOUJEO SOLOSTAR	56
<i>tazicef</i>	22	tiadylt er	36	<i>tovet</i>	93
TAZORAC	91	tiagabine hydrochloride	42	TPN ELECTROLYTES	80
<i>taztia xt</i>	35			TRACLEER	38
TAZVERIK	29			TRADJENTA	58
TDVAX	78			<i>tramadol hcl</i>	14
TECFIDERA	53			<i>tramadol hcl er</i>	12
				<i>tramadol hydrochloride/acetaminophen</i>	14

Drug name	Page	Drug name	Page	Drug name	Page
<i>trandolapril</i>	31	<i>trihexyphenidyl</i>	46	TWINRIX	78
<i>trandolapril/</i>	31	<i>hydrochloride</i>		TYBOST	19
<i>verapamil hcl er</i>		TRIJARDY XR	58	<i>tydemy</i>	64
<i>tranexamic acid</i>	75	TRIKAFTA	88	TYPHIM VI	79
<i>tranylcypromine</i>	45	<i>tri-legest fe</i>	64	UKONIQ	29
<i>sulfate</i>		<i>tri-linyah</i>	64	UNITHROID	69
TRAVASOL	82	<i>tri-lo-estarylla</i>	64	<i>ursodiol</i>	72
<i>travoprost</i>	85	<i>tri-lo-marzia</i>	64	<i>valacyclovir hcl</i>	21
<i>trazodone</i>	45	<i>tri-lo-mili</i>	64	VALCHLOR	94
<i>hydrochloride</i>		<i>tri-lo-sprintec</i>	64	<i>valganciclovir</i>	21
TRECTOR	20	<i>trimethobenzamide</i>	70	<i>valganciclovir</i>	21
TRELEGY ELLIPTA	86	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>treprostinil</i>	38	<i>trimethoprim</i>	16,	<i>valproate sodium</i>	42
TRESIBA	56		83	<i>valproic acid</i>	42
TRESIBA	56	<i>trimethoprim sulfate/</i>	83	<i>valsartan</i>	32
FLEXTOUCH		<i>polymyxin b sulfate</i>		<i>valsartan/</i>	32
<i>tretinoin</i>	26,	<i>tri-mili</i>	64	<i>hydrochlorothiazide</i>	
	90	<i>trimipramine maleate</i>	45	VALTOCO	42
TRETINOIN	90	TRINTELLIX	45	VANCOMYCIN	16
MICROSPHERE		<i>tri-nymyo</i>	64	<i>vancomycin hcl</i>	16
<i>triamcinolone</i>	66,	<i>tri-sprintec</i>	64	VANCOMYCIN HCL	16
<i>acetonide</i>	93	TRIUMEQ	19	<i>vancomycin</i>	16
<i>triamcinolone</i>	95	TRIUMEQ PD	19	<i>hydrochloride</i>	
<i>acetonide dental</i>		<i>tri-vite/fluoride</i>	81	VANCOMYCIN	16
<i>paste</i>		<i>trivora-28</i>	64	HYDROCHLORIDE	
<i>triamterene/</i>	36	<i>tri-vylibra</i>	64	VAQTA	79
<i>hydrochlorothiazide</i>		<i>tri-vylibra lo</i>	64	VARENICLINE	54
<i>triazolam</i>	52	TRIZIVIR	20	STARTING MONTH	
TRICARE PRENATAL	81	TROGARZO	19	BOX	
<i>trientine</i>	60	TROPHAMINE	82	VARENICLINE	54
<i>hydrochloride</i>		<i>trospium chloride</i>	73	TARTRATE	
<i>tri-estarylla</i>	64	<i>trospium chloride er</i>	73	VARIVAX	79
<i>tri femynor</i>	64	TRULICITY	58	VASCEPA	34
<i>trifluoperazine hcl</i>	49	TRUMENBA	78	<i>velivet</i>	64
<i>trifluoperazine</i>	49	TRUSELTIQ	29	VELTASSA	60
<i>hydrochloride</i>		TRUXIMA	29	VEMLIDY	21
<i>trifluridine</i>	83	TUKYSA	29	VENCLEXTA	29
<i>trihexyphenidyl hcl</i>	46	TURALIO	29	VENCLEXTA	29
				STARTING PACK	

Drug name	Page	Drug name	Page	Drug name	Page
VENLAFAXINE	45	VP-PNV-DHA	81	<i>zaleplon</i>	52
BESYLATE ER		VRAYLAR	49	ZARXIO	74
<i>venlafaxine hcl er</i>	45	VRAYLAR CAP	49	ZEJULA	30
<i>venlafaxine hydrochloride</i>	45	THERAPY PACK		ZELBORAF	30
<i>venlafaxine hydrochloride er</i>	45	VUMERITY	53	<i>zenatane</i>	90
VENTAVIS	38	<i>vyfemla</i>	65	ZENPEP	72
VENTOLIN HFA	87	<i>vylibra</i>	65	<i>zenzedi</i>	51
<i>verapamil hcl</i>	36	VYVANSE	51	ZERVIATE	84
<i>verapamil hcl er</i>	36	VYZULTA	85	<i>zidovudine</i>	19
<i>verapamil hcl sr</i>	36	<i>warfarin sodium</i>	74	<i>ziprasidone hcl</i>	49
VERAPAMIL HCL SR	36	WELIREG	26	<i>ziprasidone mesylate</i>	49
<i>verapamil hydrochloride</i>	36	<i>wera</i>	65	ZIRABEV	30
<i>verapamil hydrochloride er</i>	36	WESTAB PLUS	81	ZIRGAN	83
VERSACLOZ	49	<i>wymzya fe</i>	65	<i>zoledronic acid</i>	59
VERZENIO	29	XALKORI	30	ZOLEDRONIC ACID	59
<i>vestura</i>	64	XARELTO	74	ZOLINZA	30
VICTOZA	58	XARELTO STARTER	74	<i>zolmitriptan</i>	52
<i>vienna</i>	64	PACK		<i>zolmitriptan odt</i>	52
<i>vigabatrin</i>	42	XATMEP	76	<i>zolpidem tartrate</i>	52
<i>vigadrone</i>	42	XCOPRI	42	<i>zonisamide</i>	42
VIIBRYD STARTER	45	XELJANZ	76	<i>zovia 1/35</i>	65
PACK		XELJANZ XR	76	ZTALMY	42
<i>vilazodone hydrochloride</i>	45	XERMELO	72	<i>zumandimine</i>	65
<i>viorele</i>	64	XGEVA	59	ZYCLARA	95
VIRACEPT	19	XHANCE	88	ZYDELIG	30
VIREAD	19	XIFAXAN	72	ZYKADIA	30
VITRAKVI	30	XIGDUO XR	58, 59	ZYLET	82
VIVITROL	54	XIIDRA	85	ZYPREXA RELPREVV	50
VIZIMPRO	30	XOLAIR	88	ZYTIGA	25
<i>volnea</i>	65	XOSPATA	30		
VONJO	30	XPOVIO	30		
<i>voriconazole</i>	17	XTANDI	25		
VOSEVI	21	XULTOPHY	56		
VOTRIENT	30	XYREM	54		
		YF-VAX	79		
		<i>yuvafem</i>	65		
		<i>zafirlukast</i>	87		

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-241-0357. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

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.

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** choose “Manage your prescription drugs.”



AetnaRetireePlans.com

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