



Aetna[®] Medicare HMO/PPO/POS/PPPO

2023 Formulary (List of covered drugs)

B2

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

Formulary ID Number: 23016 Version 8

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-833-570-6670** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

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.

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

What is the Aetna Medicare Comprehensive 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?	6
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?	7
For more information	8
Mail-order pharmacy	8
Drug tier copay levels	8
Aetna® Medicare Formulary	9
Formulary key	10
Drug list	10
Index of Drugs	99

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.

What is the Aetna Medicare Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed on 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 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 will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand- name drug currently on the formulary, or add new restrictions to the brand-name drug, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost- sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below 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.

The enclosed 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.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

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 99. 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:

QL Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for 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. The drugs available through our plan's mail-order service 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.

GC Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

You can find out if your drug has requirements or limits by looking on 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 them 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, unless the drug is 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 setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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 **1-833-570-6670 (TTY: 711)** 8 a.m. to 8 p.m., E.S.T., 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.

Drug tier copay levels

This 2023 comprehensive formulary is a listing of brand-name and generic drugs. Aetna® Medicare's 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. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

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

Our plan combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Aetna® Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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 our plan has any special requirements for coverage of your drug. The following abbreviations are used:

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

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-570-6670 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = 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 GC = Gap Coverage
<i>Lowercase italics</i> = Generic medications		

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

<i>allopurinol tabs</i>	1	MO GC
<i>colchicine tabs</i>	2	QL (120 EA per 30 days) MO GC
<i>febuxostat</i>	4	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	4	MO
<i>probenecid/colchicine</i>	2	MO GC

NSAIDS

<i>celecoxib caps 400mg</i>	2	QL (30 EA per 30 days) MO GC
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO GC
<i>diclofenac potassium</i>	2	QL (120 EA per 30 days) MO GC
<i>diclofenac sodium dr</i>	2	MO GC
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO GC
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal</i>	2	QL (90 EA per 30 days) MO GC
<i>ec-naproxen tbec 375mg</i>	2	QL (120 EA per 30 days) GC
<i>ec-naproxen tbec 500mg</i>	2	QL (90 EA per 30 days) MO GC
<i>etodolac er tb24 600mg</i>	4	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 5.

Drug name	Drug tier	Requirements/Limits
<i>etodolac er tb24 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>	2	QL (120 EA per 30 days) MO GC
<i>etodolac caps 200mg</i>	2	QL (90 EA per 30 days) MO GC
<i>etodolac tabs 500mg</i>	2	QL (60 EA per 30 days) MO GC
<i>etodolac tabs 400mg</i>	2	QL (90 EA per 30 days) MO GC
FENOPROFEN CALCIUM CAPS 400MG	4	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>	4	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	2	QL (90 EA per 30 days) MO GC
<i>ibu tabs 600mg, 800mg</i>	1	GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO GC
<i>ibuprofen oral susp 100mg/5ml</i>	2	MO GC
<i>ketoprofen er</i>	4	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>meloxicam tabs</i>	1	MO GC
<i>nabumetone</i>	2	MO GC
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO GC
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO GC
<i>naproxen susp</i>	4	MO
<i>naproxen dr tabs 375mg</i>	2	QL (120 EA per 30 days) MO GC
<i>naproxen dr tabs 500mg</i>	2	QL (90 EA per 30 days) MO GC
<i>oxaprozin</i>	2	QL (90 EA per 30 days) MO GC
<i>piroxicam caps 20mg</i>	2	QL (30 EA per 30 days) MO GC
<i>piroxicam caps 10mg</i>	2	QL (60 EA per 30 days) MO GC
<i>relafen tabs 500mg, 750mg</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>sulindac</i>	2	QL (60 EA per 30 days) MO GC
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	4	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>	4	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate tab er 100mg, 120mg, 20mg, 30mg, 40mg, 60mg</i>	3	QL (30 EA per 30 days) PA MO
<i>hydrocodone bitartrate tab er 80mg</i>	4	QL (30 EA per 30 days) PA
HYSINGLA ER	3	QL (30 EA per 30 days) PA
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride</i>	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg</i>	4	QL (30 EA per 30 days) PA
<i>morphine sulfate er cp24 (generic Avinza) 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cap24 (gneric Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	3	QL (90 EA per 30 days) PA MO
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
<i>tramadol hcl er tabs</i>	4	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 GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>acetaminophen/codeine soln</i>	2	QL (2700 ML per 30 days) MO GC
<i>butorphanol tartrate nasal soln</i>	4	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	4	
<i>butorphanol tartrate inj 2mg/ml</i>	4	MO
CODEINE SULFATE	4	QL (180 EA per 30 days) MO
<i>endocet</i>	4	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	4	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	4	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML, 2MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	4	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	4	B/D MO
<i>morphine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ ML, 2MG/ML, 4MG/ML, 5MG/ ML, 8MG/ML	4	B/D
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate inj 1mg/ml</i>	4	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO GC
<i>tramadol hydrochloride/ acetaminophen</i>	2	QL (240 EA per 30 days) MO GC

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i>	5	MO
<i>amikacin sulfate</i>	4	MO
<i>atovaquone</i>	5	PA MO
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
CAYSTON	5	PA LA
<i>chloramphenicol sodium succinate</i>	4	
<i>clindamycin hcl</i>	2	MO GC
<i>clindamycin hydrochloride</i>	2	MO GC
<i>clindamycin palmitate hcl</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>clindamycin phosphate inj</i> 300mg/2ml, 9000mg/60ml	4	
<i>clindamycin phosphate inj</i> 600mg/4ml, 900mg/6ml	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	5	PA MO
<i>dapsone tabs 100mg, 25mg</i>	3	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium</i> <i>chloride inj 1.2mg/ml; 0.9%, 1mg/</i> <i>ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium</i> <i>chloride inj 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	4	MO
<i>isotonic gentamicin</i>	4	MO
<i>ivermectin</i>	2	QL (12 EA per 90 days) PA MO GC
<i>linezolid tabs</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 30 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	4	PA
<i>meropenem inj 500mg</i>	4	
<i>meropenem inj 1gm</i>	4	MO
<i>methenamine hippurate</i>	2	MO GC
<i>methenamine mandelate</i>	4	MO
<i>metronidazole caps 375mg</i>	2	MO GC
<i>metronidazole inj 500mg/100ml</i>	4	
<i>metronidazole tabs 250mg,</i> <i>500mg</i>	2	MO GC
<i>neomycin sulfate</i>	2	MO GC
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	2	MO GC
<i>nitrofurantoin macrocrystals caps 25mg</i>	4	MO
<i>nitrofurantoin monohydrate/ macrocrystals</i>	2	MO GC
<i>paromomycin sulfate</i>	4	MO
<i>pentamidine isethionate inhalation solr</i>	4	B/D MO
<i>pentamidine isethionate inj</i>	4	MO
<i>praziquantel</i>	2	MO GC
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate</i>	5	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	2	MO GC
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	MO GC
<i>sulfamethoxazole/trimethoprim inj</i>	4	MO
SYNERCID	5	
<i>tinidazole</i>	3	MO
<i>tobramycin sulfate inj 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin sulfate inj 1.2gm</i>	5	
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	2	MO GC
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	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 5.

Drug name	Drug tier	Requirements/Limits
<i>vancomycin hydrochloride caps 250mg</i>	4	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	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride inj 500mg</i>	4	MO
ANTIFUNGALS		
ABELCET	4	B/D
<i>amphotericin b</i>	4	B/D MO
<i>amphotericin b liposome</i>	5	B/D
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tabs, oral susp</i>	2	MO GC
<i>fluconazole/sodium chloride</i>	4	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole tabs 200mg</i>	2	PA MO GC
<i>miconazole</i>	5	
NOXAFIL ORAL SUSP	5	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	2	MO GC
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) MO
<i>terbinafine hcl</i>	2	QL (90 EA per 365 days) MO GC
<i>voriconazole inj</i>	5	PA
<i>voriconazole oral susp</i>	5	PA MO
<i>voriconazole tabs 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>chloroquine phosphate</i>	2	MO GC
COARTEM	4	MO
<i>mefloquine hcl</i>	2	MO GC
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	4	MO
APTIVUS	5	MO
<i>atazanavir sulfate</i>	4	MO
EDURANT	5	MO
<i>efavirenz</i>	4	MO
<i>emtricitabine</i>	4	MO
EMTRIVA ORAL SOLN	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TAB 25MG	4	
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK, TABS	5	MO
ISENTRESS CHEW 25MG	4	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA ORAL SUSP	4	MO
<i>maraviroc</i>	5	MO
<i>nevirapine er tb24 100mg</i>	2	GC
<i>nevirapine er tb24 400mg</i>	4	MO
<i>nevirapine tabs</i>	2	MO GC
<i>nevirapine susp</i>	4	MO
NORVIR SOLN, ORAL POWDER	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
REYATAZ ORAL POWDER	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	MO
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
<i>stavudine</i>	4	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	5	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIRACEPT	5	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	5	MO
<i>zidovudine caps, syrp</i>	2	MO GC
<i>zidovudine tabs</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	4	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir soln</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	4	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	5	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride</i>	2	MO GC
<i>isoniazid tabs</i>	1	MO GC
<i>isoniazid inj</i>	4	
<i>isoniazid syrp</i>	4	MO
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	
SIRTURO	5	PA LA
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir</i>	2	MO GC
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	5	QL (630 ML per 30 days) MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV ORAL SOLN	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO GC
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>ganciclovir</i>	4	B/D
HARVONI	5	PA
<i>lamivudine tabs 100mg</i>	3	MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days) MO GC
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO GC
<i>oseltamivir phosphate oral susp</i>	2	QL (1080 ML per 365 days) MO GC
PEGASYS	5	PA
PREVYMIS TABS	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin caps</i>	3	
<i>ribavirin tabs</i>	4	
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hcl tabs 1gm</i>	2	MO GC
<i>valacyclovir hydrochloride tabs 500mg</i>	2	MO GC
<i>valganciclovir hydrochloride oral soln</i>	5	MO
<i>valganciclovir tabs</i>	3	MO
VEMLIDY	5	MO
VOSEVI	5	PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	MO GC
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO GC
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium inj 1gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
<i>cefazolin inj 2gm</i>	4	
<i>cefdinir</i>	2	MO GC
<i>cefepime inj 1gm, 2gm</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>cefixime caps</i>	3	MO
<i>cefixime oral susp</i>	4	MO
<i>cefotetan inj 1gm/10ml, 2gm/20ml</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	2	MO GC
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	4	
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
CEFTRIAXONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium inj 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil</i>	2	MO GC
<i>cefuroxime sodium inj 1.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin caps 250mg, 500mg</i>	2	MO GC
<i>cephalexin caps 750mg</i>	4	MO
<i>cephalexin oral susp, tabs</i>	2	MO GC
SUPRAX ORAL SUSP 500MG/ML	3	
<i>tazicef</i>	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	MO
<i>azithromycin tabs</i>	1	MO GC
<i>azithromycin oral susp</i>	2	MO GC
<i>azithromycin inj</i>	4	MO
<i>clarithromycin er</i>	4	MO
<i>clarithromycin tabs</i>	2	MO GC
<i>clarithromycin oral susp</i>	4	MO
DIFICID ORAL SUSP	5	
DIFICID TABS	5	MO
<i>erythrocin stearate</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>erythromycin base</i>	4	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tabs</i>	4	MO
<i>erythromycin lactobionate</i>	5	
<i>erythromycin cpep 250mg</i>	4	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	2	MO GC
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	MO GC
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	4	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO GC
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	MO GC
PENICILLINS		
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	2	MO GC
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	4	MO
<i>amoxicillin/clavulanate potassium oral susp 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO GC
<i>amoxicillin/clavulanate potassium oral susp 250mg/5ml; 62.5mg/5ml</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>amoxicillin/clavulanate</i>	2	MO GC
<i>potassium tabs 500mg; 125mg, 875mg; 125mg</i>		
<i>amoxicillin/clavulanate</i>	4	MO
<i>potassium tabs 250mg; 125mg</i>		
<i>amoxicillin caps, chew, tabs</i>	1	MO GC
<i>amoxicillin oral susp 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	1	MO GC
<i>amoxicillin oral susp 400mg/5ml</i>	2	MO GC
<i>ampicillin</i>	2	MO GC
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i>	4	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
BICILLIN L-A	4	MO
<i>dicloxacillin sodium</i>	2	MO GC
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>nafcillin sodium inj 10gm, 2gm</i>	5	
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
<i>penicillin g potassium inj 20000000unit</i>	4	MO
<i>penicillin g potassium inj 5000000unit</i>	5	MO
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium tabs</i>	1	MO GC
<i>penicillin v potassium solr</i>	2	MO GC
<i>piperacillin sodium/tazobactam sodium</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate caps, tabs 20mg</i>	2	MO GC
<i>doxycycline hyclate inj</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>doxycycline monohydrate caps 50mg</i>	2	MO GC
<i>doxycycline monohydrate caps 100mg, 150mg, 75mg</i>	4	MO
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	2	MO GC
<i>doxycycline monohydrate tabs 150mg</i>	4	MO
<i>doxycycline oral susp 25mg/5ml</i>	4	MO
<i>minocycline hcl caps</i>	2	MO GC
<i>minocycline hcl tabs 50mg, 75mg</i>	4	ST MO
<i>minocycline hydrochloride</i>	2	MO GC
<i>mondoxyne nl</i>	4	
NUZYRA	5	LA
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	3	B/D MO
LEUKERAN	4	MO

ANTIMETABOLITES

INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA LA
<i>mercaptopurine</i>	3	MO
<i>methotrexate</i>	2	MO GC
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	2	MO GC
<i>methotrexate sodium inj 1gm</i>	4	
ONUREG	5	QL (14 EA per 28 days) PA LA
PURIXAN	5	
TABLOID	4	MO

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO GC
<i>bicalutamide</i>	3	MO
ELIGARD	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
EMCYT	5	MO
ERLEADA	5	PA LA
<i>exemestane</i>	4	MO
<i>flutamide</i>	3	MO
<i>letrozole</i>	2	MO GC
<i>leuprolide acetate</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LYSODREN	5	MO
<i>megestrol acetate tabs 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA LA
ORGOVYX	5	PA LA MO
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO GC
<i>toremifene citrate</i>	4	PA MO
XTANDI	5	PA LA
ZYTIGA TABS 500MG	5	PA LA
IMMUNOMODULATORS		
<i>lenalidomide caps 25mg</i>	5	QL (21 EA per 28 days) PA LA
<i>lenalidomide caps 10mg, 15mg, 5mg</i>	5	QL (28 EA per 28 days) PA LA
POMALYST	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 20MG, 25MG	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 10MG, 15MG, 2.5MG, 5MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA LA
MISCELLANEOUS		
ASPARLAS	5	PA LA
BESREMI	5	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	5	PA
<i>hydroxyurea</i>	2	MO GC
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
MATULANE	5	LA MO
ONCASPAR	5	PA
SYNRIBO	5	PA
<i>tretinoin caps 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA LA MO
MOLECULAR TARGET AGENTS		
ALECENSA	5	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	5	PA LA MO
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA LA MO
AYVAKIT	5	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA LA
BOSULIF TABS 100MG	5	QL (180 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA
BRAFTOVI	5	QL (180 EA per 30 days) PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA LA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE TABS	5	QL (60 EA per 30 days) PA LA
CALQUENCE CAPS	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 20MG	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 28 days) PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	5	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	5	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	5	QL (90 EA per 30 days) PA
EXKIVITY	5	QL (120 EA per 30 days) PA LA MO
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA LA MO
GAVRETO	5	QL (120 EA per 30 days) PA LA
GILOTRIF	5	QL (30 EA per 30 days) PA LA MO
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 15MG, 45MG	5	QL (30 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA LA
IRESSA	5	QL (30 EA per 30 days) PA LA
JAKAFI	5	QL (60 EA per 30 days) PA LA
KISQALI	5	PA
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LORBRENA TABS 100MG	5	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA LA
LYNPARZA	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) PA LA
MEKTOVI	5	QL (180 EA per 30 days) PA LA
NERLYNX	5	QL (180 EA per 30 days) PA LA
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
QINLOCK	5	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA LA
<i>romidepsin inj 10MG</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA LA
RUBRACA	5	PA LA
RYDAPT	5	QL (224 EA per 28 days) PA
SCEMBLIX TABS 40MG	5	QL (300 EA per 30 days) PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
STIVARGA	5	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	QL (120 EA per 30 days) PA LA
TAGRISSE	5	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.25MG	5	QL (90 EA per 30 days) PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TRUSELTIQ CPPK 100MG	5	QL (21 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 0, 25MG	5	QL (42 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 25MG	5	QL (63 EA per 28 days) PA LA MO
TRUXIMA	5	PA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO	5	QL (120 EA per 30 days) PA LA MO
UKONIQ	5	QL (120 EA per 30 days) PA LA MO
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
VONJO	5	QL (120 EA per 30 days) PA LA MO
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (120 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA LA
XPOVIO TBPK 40MG, 60MG	5	QL (4 EA per 28 days) PA LA MO
XPOVIO TBPK 40MG, 50MG	5	QL (8 EA per 28 days) PA LA MO
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA LA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
<i>leucovorin calcium tabs</i>	3	MO
MESNEX TABS 400MG	5	MO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

ACE INHIBITORS

<i>benazepril hcl</i>	1	MO GC
<i>benazepril hydrochloride</i>	1	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>captopril</i>	1	MO GC
<i>enalapril maleate tabs</i>	1	MO GC
<i>fosinopril sodium</i>	1	MO GC
<i>lisinopril</i>	1	MO GC
<i>moexipril hcl</i>	1	MO GC
<i>perindopril erbumine</i>	1	MO GC
<i>quinapril hcl</i>	1	MO GC
<i>quinapril hydrochloride</i>	1	MO GC
<i>ramipril</i>	1	MO GC
<i>trandolapril</i>	1	MO GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	2	MO GC
KERENDIA	3	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO GC
<i>prazosin hydrochloride</i>	2	MO GC
<i>terazosin hcl</i>	1	MO GC
<i>terazosin hydrochloride</i>	1	MO GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO GC
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/ hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/ hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO GC
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO GC
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO GC
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>olmesartan medoxomil/ amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO GC
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 32mg</i>	1	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO GC
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (60 EA per 30 days) MO GC
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO GC
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	4	
<i>amiodarone hydrochloride tabs</i>	2	MO GC
<i>amiodarone hydrochloride inj</i>	4	
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>flecainide acetate</i>	2	MO GC
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	4	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone</i>	2	GC
<i>propafenone hcl</i>	2	MO GC
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	MO GC
<i>sotalol hydrochloride (af)</i>	2	MO GC
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized caps 134mg, 130mg, 200mg, 43mg, 67mg</i>	2	MO GC
<i>fenofibrate caps</i>	2	MO GC
<i>fenofibrate tabs 145mg, 160mg, 40mg, 48mg, 54mg</i>	2	MO GC
<i>fenofibrate tabs 120mg</i>	4	MO
<i>fenofibric acid dr</i>	2	MO GC
<i>gemfibrozil</i>	2	MO GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO GC
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO GC
<i>lovastatin</i>	1	MO GC
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO GC
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam hydrochloride</i>	4	MO
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	2	MO GC
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO GC
<i>niacin</i>	4	MO
<i>niacin er tbc 1000mg, 750mg</i>	2	MO GC
<i>niacin er tbc 500mg</i>	2	QL (60 EA per 30 days) MO GC
<i>niacor</i>	4	MO
PRALUENT	3	PA
<i>prevalite</i>	4	MO
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	2	MO GC
<i>bisoprolol</i>	2	MO GC
<i>fumarate/hydrochlorothiazide</i>		
<i>metoprolol/hydrochlorothiazide</i>	2	MO GC
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	2	MO GC
<i>atenolol</i>	1	MO GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO GC
<i>carvedilol</i>	1	MO GC
<i>carvedilol phosphate er</i>	4	QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tabs</i>	2	MO GC
<i>labetalol hydrochloride inj 5mg/ ml</i>	4	MO
<i>metoprolol succinate er</i>	1	MO GC
<i>metoprolol tartrate tabs</i>	1	MO GC
<i>metoprolol tartrate inj</i>	4	
<i>nadolol</i>	2	MO GC
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	4	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 5.

Drug name	Drug tier	Requirements/Limits
<i>nebivolol hydrochloride tabs 20mg</i>	4	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO GC
<i>propranolol hcl er</i>	2	MO GC
<i>propranolol hcl oral soln, tabs</i>	2	MO GC
<i>propranolol hcl inj</i>	4	
<i>propranolol hydrochloride</i>	2	MO GC
<i>propranolol hydrochloride er</i>	2	MO GC
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO GC
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	4	
<i>amlodipine besylate</i>	1	MO GC
<i>cartia xt</i>	2	GC
<i>dilt-xr</i>	2	MO GC
<i>diltiazem hcl cd</i>	2	MO GC
<i>diltiazem hcl er</i>	2	MO GC
<i>diltiazem hcl tabs</i>	2	MO GC
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	4	
<i>diltiazem hydrochloride</i>	4	
<i>diltiazem hydrochloride er</i>	2	MO GC
<i>felodipine er</i>	2	MO GC
<i>isradipine</i>	2	MO GC
<i>matzim la tb24 420mg</i>	2	GC
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg</i>	2	MO GC
<i>nicardipine hcl caps 20mg, 30mg</i>	4	MO
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	MO GC
<i>nifedipine er tb24 30mg, 60mg</i>	3	MO
<i>nisoldipine er</i>	4	MO
<i>taztia xt</i>	2	GC
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>tiadylt er cp24 420mg</i>	2	MO GC
<i>verapamil hcl</i>	1	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>verapamil hcl er tbc</i>	1	MO GC
<i>verapamil hcl er cp24</i>	2	MO GC
VERAPAMIL HCL SR CP24 360MG	3	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO GC
<i>verapamil hcl sr tbc 240mg</i>	1	MO GC
<i>verapamil hydrochloride er tbc</i>	1	MO GC
<i>verapamil hydrochloride er cp24</i>	2	MO GC
<i>verapamil hydrochloride tabs</i>	1	MO GC
<i>verapamil hydrochloride inj</i>	4	MO
DIURETICS		
<i>acetazolamide er caps</i>	2	MO GC
<i>acetazolamide tabs</i>	4	MO
<i>amiloride hcl</i>	2	MO GC
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
<i>bumetanide tabs</i>	2	MO GC
<i>bumetanide inj</i>	4	MO
<i>chlorthalidone</i>	2	MO GC
<i>furosemide oral soln, tabs</i>	1	MO GC
<i>furosemide inj</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO GC
<i>indapamide</i>	1	MO GC
<i>methazolamide</i>	4	MO
<i>metolazone</i>	2	MO GC
<i>spironolactone/hydrochlorothiazide</i>	2	MO GC
<i>torseamide</i>	2	MO GC
<i>triamterene/hydrochlorothiazide</i>	1	MO GC
MISCELLANEOUS		
<i>aliskiren</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO GC
BIDIL	4	MO
<i>clonidine hcl ptwk 0.1mg/24hr</i>	2	QL (8 EA per 28 days) MO GC
<i>clonidine hcl ptwk 0.2mg/24hr, 0.3mg/24hr</i>	4	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	1	MO GC
CORLANOR SOLN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
CORLANOR TABS	4	MO
<i>digitek</i>	2	QL (30 EA per 30 days) GC
<i>digox</i>	2	QL (30 EA per 30 days) GC
<i>digoxin oral soln</i>	3	MO
<i>digoxin inj</i>	4	MO
<i>digoxin tabs 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO GC
<i>digoxin tabs 62.5mcg</i>	2	QL (90 EA per 30 days) MO GC
<i>droxidopa caps 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	5	QL (90 EA per 30 days) PA
<i>guanfacine hcl</i>	4	PA MO
<i>hydralazine hcl tabs</i>	1	MO GC
<i>hydralazine hcl inj</i>	4	MO
<i>hydralazine hydrochloride</i>	1	MO GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl tabs 2.5mg, 5mg</i>	2	MO GC
<i>midodrine hcl tabs 10mg</i>	4	MO
<i>minoxidil</i>	2	MO GC
<i>ranolazine er</i>	4	MO
NITRATES		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	MO GC
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	2	MO GC
NITRO-BID	3	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	2	MO GC
NITROGLYCERIN INJ	4	
<i>nitroglycerin subl</i>	2	MO GC
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	4	B/D LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil</i>	5	PA
TRACLEER TAB FOR ORAL SUSP 32MG	5	QL (120 EA per 30 days) PA LA
VENTAVIS	5	PA LA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam er</i>	4	MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>alprazolam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>buspirone hcl</i>	1	MO GC
<i>buspirone hydrochloride</i>	1	MO GC
<i>chlordiazepoxide hcl</i>	4	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride</i>	4	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate</i>	2	MO GC
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days) MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO GC
<i>lorazepam inj</i>	4	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>lorazepam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>oxazepam</i>	4	QL (120 EA per 30 days) PA MO
ANTICONVULSANTS		
APTIOM TABS 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTIOM TABS 600MG, 800MG	5	QL (60 EA per 30 days) MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine er cp12</i>	4	MO
<i>carbamazepine er tb12 100mg</i>	2	MO GC
<i>carbamazepine er tb12 200mg, 400mg</i>	4	MO
<i>carbamazepine chew, tabs</i>	2	MO GC
<i>carbamazepine susp</i>	4	MO
CELONTIN	4	MO
<i>clobazam susp</i>	4	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	4	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days) MO GC
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO GC
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO GC
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO GC
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO GC
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam conc</i>	2	QL (240 ML per 30 days) PA MO GC
<i>diazepam tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>diazepam oral soln</i>	4	QL (1200 ML per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>diazepam inj</i>	4	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium</i>	2	MO GC
<i>divalproex sodium dr</i>	2	MO GC
<i>divalproex sodium er</i>	2	MO GC
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	2	GC
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<i>ethosuximide caps</i>	2	MO GC
<i>ethosuximide soln</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	3	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide inj</i>	4	
<i>lacosamide oral soln</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide tabs 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>lamotrigine immediate release tabs, chew tabs</i>	2	MO GC
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	2	MO GC
<i>lamotrigine starter kit/green</i>	5	MO
<i>lamotrigine starter kit/orange</i>	2	MO GC
<i>levetiracetam er</i>	2	MO GC
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam oral soln, tabs</i>	2	MO GC
<i>levetiracetam inj</i>	4	
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	2	MO GC
<i>oxcarbazepine susp</i>	4	MO
<i>phenobarbital sodium</i>	4	PA
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin</i>	2	MO GC
<i>phenytoin sodium</i>	4	
<i>phenytoin sodium extended</i>	2	MO GC
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO GC
<i>roweepra</i>	2	GC
<i>rufinamide susp</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	4	QL (480 EA per 30 days) PA
<i>rufinamide tabs 400mg</i>	5	QL (240 EA per 30 days) PA MO
SPRITAM	4	PA MO
<i>subvenite</i>	2	GC
<i>subvenite starter kit/blue</i>	2	GC
<i>subvenite starter kit/green</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>subvenite starter kit/orange</i>	2	GC
SYMPAZAN	5	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
TOPIRAMATE ER	4	MO
<i>topiramate cpsp</i>	2	MO GC
<i>topiramate tabs 100mg</i>	2	QL (120 EA per 30 days) MO GC
<i>topiramate tabs 200mg</i>	2	QL (60 EA per 30 days) MO GC
<i>topiramate tabs 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO GC
<i>valproate sodium</i>	5	
<i>valproic acid</i>	2	MO GC
VALTOCO LIQD	4	QL (10 EA per 30 days) PA MO
VALTOCO LQPK	5	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	5	QL (180 EA per 30 days) PA LA
XCOPRI TABS 100MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABS 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG	5	QL (56 EA per 28 days) MO
<i>zonisamide</i>	2	MO GC
ZTALMY	5	QL (1100 ML per 30 days) PA LA
ANTIDEMENTIA		
<i>donepezil hcl tbdp</i>	1	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 23mg</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hydrochloride</i>	1	QL (30 EA per 30 days) MO GC
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA MO GC
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO GC
<i>memantine hydrochloride tabs</i>	2	QL (60 EA per 30 days) PA MO GC
NAMZARIC	4	MO
<i>rivastigmine tartrate</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	3	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	3	PA MO
<i>amoxapine</i>	3	MO
<i>bupropion hcl immediate release tabs 100mg</i>	2	QL (120 EA per 30 days) MO GC
<i>bupropion hcl immediate release tabs 75mg</i>	2	QL (180 EA per 30 days) MO GC
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO GC
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO GC
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days) MO GC
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO GC
<i>clomipramine hydrochloride caps</i>	4	PA MO
<i>desipramine hydrochloride tabs 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	PA MO
<i>desipramine hydrochloride tabs 100mg</i>	4	PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	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 GC
<i>doxepin hcl oral conc, caps 75mg</i>	2	PA MO GC
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	PA MO GC
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO GC
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	4	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QL (30 EA per 30 days) MO GC
<i>escitalopram oxalate tabs 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO GC
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO GC
<i>fluoxetine hcl soln</i>	2	MO GC
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg, 60mg</i>	2	MO GC
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA MO GC
<i>imipramine hydrochloride tabs 10mg</i>	2	PA MO GC
MARPLAN	4	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 5.

Drug name	Drug tier	Requirements/Limits
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO GC
<i>mirtazapine tabs 15mg, 30mg, 45mg</i>	1	QL (30 EA per 30 days) MO GC
<i>mirtazapine tabs 7.5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>nefazodone hydrochloride</i>	4	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	3	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	3	MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>paroxetine hcl tabs 30mg</i>	1	QL (60 EA per 30 days) MO GC
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>paroxetine hydrochloride susp</i>	4	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>phenelzine sulfate</i>	2	MO GC
<i>protriptyline hcl</i>	4	PA MO
<i>sertraline hcl oral conc</i>	4	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO GC
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA per 30 days) MO GC
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	MO GC
<i>trazodone hydrochloride tabs 300mg</i>	4	MO
<i>trimipramine maleate caps 50mg</i>	4	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	4	QL (240 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>trimipramine maleate caps</i> 100mg	4	QL (60 EA per 30 days) PA MO
TRINTELLIX	4	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER	4	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO GC
<i>venlafaxine hydrochloride tabs</i> 25mg, 37.5mg, 50mg, 75mg, 100mg	2	MO GC
<i>venlafaxine hydrochloride er</i> <i>cp24 75mg</i>	2	QL (30 EA per 30 days) MO GC
VIIBRYD STARTER PACK	4	MO
<i>vilazodone hydrochloride tabs</i> 20mg, 40mg	4	QL (30 EA per 30 days)
<i>vilazodone hydrochloride tabs</i> 10mg	4	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl soln, tabs</i>	2	MO GC
<i>amantadine hcl caps</i>	2	QL (120 EA per 30 days) MO GC
<i>benztropine mesylate inj</i>	2	MO GC
<i>benztropine mesylate tabs</i>	2	PA MO GC
<i>bromocriptine mesylate tabs,</i> <i>caps</i>	4	MO
<i>carbidopa tabs</i>	4	
<i>carbidopa/levodopa</i>	1	MO GC
<i>carbidopa/levodopa er</i>	2	MO GC
<i>carbidopa/levodopa odt</i>	2	MO GC
CARBIDOPA/ LEVODOPA/ENTACAPONE	4	MO
<i>entacapone</i>	4	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	QL (150 EA per 30 days) PA
NEUPRO	4	MO
<i>pramipexole dihydrochloride</i> <i>immediate release tabs</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole er tb24 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.25mg, 3mg</i>	2	MO GC
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO GC
<i>selegiline hcl tabs, caps</i>	4	MO
<i>trihexyphenidyl hcl oral soln</i>	4	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	2	PA MO GC
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO
CAPLYTA CAPS 10.5MG, 21MG	5	QL (30 EA per 30 days) PA
CAPLYTA CAPS 42MG	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
<i>chlorpromazine hydrochloride oral conc</i>	4	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (120 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	PA
<i>clozapine odt tbdp 100mg</i>	4	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>clozapine tabs 200mg</i>	3	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	3	QL (270 EA per 30 days)
FANAPT	5	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	4	PA MO
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl conc, tabs</i>	2	MO GC
<i>fluphenazine hcl inj</i>	4	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO GC
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
<i>haloperidol tabs</i>	2	MO GC
<i>haloperidol conc</i>	3	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine</i>	2	MO GC
<i>molindone hydrochloride tabs 10mg, 5mg</i>	3	
<i>molindone hydrochloride tabs 25mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg, 5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>perphenazine</i>	4	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	4	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 GC
<i>quetiapine fumarate tabs 25mg</i>	2	QL (180 EA per 30 days) MO GC
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO GC
<i>quetiapine fumarate tabs 150mg</i>	2	QL (90 EA per 30 days) GC
<i>quetiapine fumarate tabs 100mg, 50mg</i>	2	QL (90 EA per 30 days) MO GC
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 0.5mg</i>	2	QL (90 EA per 30 days) MO GC
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg</i>	4	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 5.

Drug name	Drug tier	Requirements/Limits
<i>risperidone soln</i>	2	QL (480 ML per 30 days) MO GC
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO GC
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO GC
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO GC
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO
<i>trifluoperazine hcl tabs 2mg, 5mg</i>	3	MO
<i>trifluoperazine hcl tabs 10mg</i>	4	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	3	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/ dextroamphetamine er cp24</i>	4	QL (30 EA per 30 days) MO
<i>amphetamine/ dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/ dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	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 5.

Drug name	Drug tier	Requirements/Limits
<i>atomoxetine caps 18mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 20mg, 35mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er cp24 25mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tabs 5mg, 10mg</i>	4	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days)
<i>guanfacine er tabs 2mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>guanfacine hydrochloride tb24 1mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>guanfacine hydrochloride tb24 3mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	4	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days) MO GC
<i>methylphenidate hydrochloride chewable tablet</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO GC
HETLIOZ CAPS	5	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	5	QL (158 ML per 30 days) PA LA MO
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO
<i>triazolam tabs 0.125mg</i>	4	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO GC
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>dihydroergotamine mesylate inj</i>	5	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>ergotamine tartrate/caffeine</i>	3	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO GC
NURTEC	3	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO GC
<i>rizatriptan benzoate tabs</i>	2	QL (12 EA per 30 days) MO GC
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO GC
<i>sumatriptan succinate refill inj</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO GC
<i>sumatriptan succinate inj</i>	4	QL (4 ML per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
<i>lithium carbonate caps, tabs</i>	1	MO GC
<i>lithium carbonate er</i>	2	MO GC
LITHIUM ORAL SOLN	4	MO
NUDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 330mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 165mg, 82.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tabs 60mg</i>	3	MO
<i>pyridostigmine bromide er</i>	4	MO
<i>riluzole</i>	4	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA LA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	3	PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA LA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
VUMERITY	5	QL (120 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs</i>	2	MO GC
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 EA per 30 days) PA MO GC
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl caps 4mg, tabs 2mg</i>	2	MO GC
<i>tizanidine hydrochloride caps 2mg, 6mg, tabs 4mg</i>	2	MO GC
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA MO
<i>armodafinil tabs 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	4	MO
APO-VARENICLINE	4	PA MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	2	QL (90 EA per 30 days) MO GC
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg</i>	2	QL (60 EA per 30 days) MO GC
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days) MO GC
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO GC
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl inj 2mg/2ml</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>naloxone hcl inj 4mg/10ml</i>	2	MO GC
<i>naloxone hydrochloride nasal spray</i>	3	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	2	GC
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	2	MO GC
<i>naltrexone hcl tabs</i>	2	MO GC
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	4	PA MO
VARENICLINE TARTRATE TABS 1MG, 0.5MG	4	PA MO
VIVITROL	5	

ENDOCRINE AND METABOLIC

ANDROGENS

<i>oxandrolone tabs 2.5mg</i>	2	QL (120 EA per 30 days) PA MO GC
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	2	PA MO GC
<i>testosterone enanthate inj</i>	2	PA MO GC
<i>testosterone pump gel 1%</i>	3	QL (300 GM per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	3	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	3	QL (300 GM per 30 days) PA MO
<i>testosterone topical solution</i>	2	QL (180 ML per 30 days) PA MO GC

ANTIDIABETICS, INSULINS

BD ALCOHOL SWABS	1	MO GC
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	MO GC
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	1	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	1	MO GC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	1	MO GC
BD/NOVO PEN NEEDLE ULTRA-FINE	1	MO GC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	1	MO GC
CURITY GAUZE PADS 2"X2"	1	MO GC
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
NOVOLOG PENFILL	3	MO
SOLIQUA 100/33	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	2	QL (90 EA per 30 days) MO GC
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO GC
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO GC
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO GC
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	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 5.

Drug name	Drug tier	Requirements/Limits
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO GC
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO GC
<i>metformin hydrochloride er tb24 (generic Glumetza) 500mg</i>	4	QL (120 EA per 30 days) PA
<i>metformin hydrochloride er tb24 (generic Fortamet) 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO GC
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO GC
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO GC
<i>miglitol</i>	2	QL (90 EA per 30 days) MO GC
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO GC
OZEMPIC 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC 2MG/1.5ML (1MG/ DOSE)	3	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML, 5.5MG/ ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO GC
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO GC
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO GC
RYBELSUS	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (6 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days)
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days)
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral soln</i>	1	MO GC
<i>alendronate sodium tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>calcitonin-salmon nasal spray</i>	2	MO GC
FORTEO	5	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 30 days) MO GC
<i>ibandronate sodium inj</i>	4	QL (3 ML per 90 days) MO
NATPARA	5	PA LA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj</i> 30mg/10ml, 90mg/10ml	4	
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO GC
<i>risedronate sodium tabs 35mg</i>	2	QL (12 EA per 84 days) MO GC
<i>risedronate sodium tabs 30mg,</i> <i>5mg</i>	2	QL (30 EA per 30 days) MO GC
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml,</i> <i>5mg/100ml</i>	4	
CHELATING AGENTS		
CHEMET	4	MO
<i>deferasirox pack, tabs for oral</i> <i>susp 125mg, 250mg, 500mg</i>	5	PA
<i>deferasirox tabs 90mg</i>	3	PA
<i>deferasirox tabs 180mg, 360mg</i>	5	PA
LOKELMA PACK 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACK 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine tabs</i>	5	
<i>sodium polystyrene sulfonate</i> <i>oral powder</i>	3	MO
<i>sps oral susp 15gm/60ml</i>	3	MO
<i>trientine hydrochloride</i>	5	PA
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	2	GC
<i>altavera</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>alyacen 1/35</i>	2	MO GC
<i>alyacen 7/7/7</i>	2	GC
<i>amethia</i>	2	GC
<i>amethyst</i>	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>ashlyna</i>	2	GC
<i>aubra</i>	2	GC
<i>aubra eq</i>	2	GC
<i>aurovela 1.5/30</i>	2	GC
<i>aurovela 24 fe</i>	2	GC
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	2	GC
<i>balziva</i>	2	GC
<i>blisovi 24 fe</i>	2	MO GC
<i>blisovi fe 1.5/30</i>	2	MO GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i>	2	MO GC
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	GC
<i>charlotte 24 fe</i>	2	GC
<i>chateal</i>	2	GC
<i>chateal eq</i>	2	GC
<i>cryselle-28</i>	2	MO GC
<i>cyred</i>	2	GC
<i>cyred eq</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>daysee</i>	2	GC
<i>deblitane</i>	2	GC
<i>delyla</i>	2	GC
<i>desogestrel/ethinyl estradiol</i>	2	MO GC
<i>dolishale</i>	2	GC
<i>drospirenone/ethinyl estradiol</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	2	MO GC
<i>elinest</i>	2	GC
<i>eluryng</i>	4	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	MO GC
<i>errin</i>	2	MO GC
<i>estarylla</i>	2	MO GC
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO GC
<i>falmina</i>	2	GC
<i>fayosim</i>	2	GC
<i>femynor</i>	2	GC
<i>finzala</i>	2	GC
GIANVI	3	
<i>hailey 1.5/30</i>	2	MO GC
<i>hailey 24 fe</i>	2	GC
<i>hailey fe 1.5/30</i>	2	GC
<i>hailey fe 1/20</i>	2	GC
<i>heather</i>	2	GC
<i>iclevia</i>	2	GC
<i>incassia</i>	2	GC
<i>introvale</i>	2	GC
<i>isibloom</i>	2	GC
<i>jaimiess</i>	2	MO GC
<i>jasmiel</i>	2	GC
<i>jencycla</i>	2	GC
JOLESSA	3	
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	MO GC
<i>junel fe 1/20</i>	2	MO GC
<i>junel fe 24</i>	2	GC
<i>kaitlib fe</i>	2	MO GC
<i>kalliga</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	MO GC
<i>kelnor 1/50</i>	2	MO GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia</i>	2	GC
LEENA	3	MO
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel and ethinyl estradiol</i>	2	MO GC
<i>levonorgestrel/ethinyl estradiol</i>	2	MO GC
<i>levora 0.15/30-28</i>	2	GC
<i>lillow</i>	2	GC
<i>lo-zumandimine</i>	2	GC
<i>loestrin 1.5/30-21</i>	2	GC
<i>loestrin 1/20-21</i>	2	GC
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC
<i>lojaimiess</i>	2	MO GC
<i>loryna</i>	2	GC
<i>low-ogestrel</i>	2	GC
<i>lutera</i>	2	MO GC
<i>lyleq</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa</i>	2	MO GC
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	MO
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	GC
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>mono-linyah</i>	2	GC
<i>necon 0.5/35-28</i>	2	GC
<i>nikki</i>	2	GC
NORA-BE	3	
<i>norethindrone tabs 0.35mg</i>	2	MO GC
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew tabs</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO GC
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO GC
<i>norgestimate/ethinyl estradiol</i>	2	MO GC
<i>norlyda</i>	2	GC
<i>norlyroc</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	MO GC
<i>nortrel 1/35 28-day regimen</i>	2	GC
<i>nortrel 1/35 21-day regimen</i>	2	MO GC
<i>nortrel 7/7/7</i>	2	GC
<i>nylia 1/35</i>	2	GC
<i>nylia 7/7/7</i>	2	MO GC
<i>nymyo</i>	2	GC
OCELLA	3	
<i>orsythia</i>	2	GC
<i>philith</i>	2	GC
<i>pimtrea</i>	2	GC
<i>pirmella 1/35</i>	2	MO GC
<i>pirmella 7/7/7</i>	2	MO GC
<i>portia-28</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>previfem</i>	2	GC
<i>reclipsen</i>	2	GC
RIVELSA	3	
<i>setlakin</i>	2	GC
<i>sharobel</i>	2	GC
<i>simliya</i>	2	GC
<i>simpesse</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	MO GC
<i>syeda</i>	2	GC
<i>tarina 24 fe</i>	2	GC
<i>tarina fe 1/20</i>	2	GC
<i>tarina fe 1/20 eq</i>	2	GC
TILIA FE	3	
<i>tri femynor</i>	2	GC
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	MO GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-mili</i>	2	GC
<i>tri-lo-sprintec</i>	2	MO GC
<i>tri-mili</i>	2	GC
<i>tri-nymyo</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	2	GC
<i>trivora-28</i>	2	MO GC
<i>tydemy</i>	2	GC
<i>velivet</i>	2	MO GC
<i>vestura</i>	2	MO GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	MO GC
<i>volnea</i>	2	GC
<i>vyfemla</i>	2	MO GC
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>wymzya fe</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	2	GC
ENDOMETRIOSIS		
<i>danazol caps</i>	4	MO
SYNAREL	5	MO
ESTROGENS		
<i>amabelz</i>	4	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>dotti</i>	4	QL (8 EA per 28 days) MO
DUAVEE	4	MO
<i>estradiol valerate inj</i>	4	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	4	MO
<i>estradiol oral tabs</i>	2	MO GC
<i>estradiol vaginal tabs</i>	3	MO
<i>estradiol patch weekly</i>	3	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	3	QL (8 EA per 28 days) MO
<i>estradiol vaginal crea</i>	4	MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO GC
<i>jinteli</i>	2	GC
<i>lyllana</i>	4	QL (8 EA per 28 days)
<i>mimvey</i>	4	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO GC
PREMARIN	4	MO
PREMPRO	4	MO
<i>yuvafem</i>	4	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf vial, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>fludrocortisone acetate tabs</i>	2	MO GC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	MO GC
<i>methylprednisolone acetate inj</i>	4	B/D MO
<i>methylprednisolone dose pack</i>	2	MO GC
<i>methylprednisolone sodium succinate inj 1000mg</i>	4	B/D MO
<i>methylprednisolone sodium succinate inj 125mg, 40mg</i>	4	B/D MO
<i>methylprednisolone tabs</i>	2	B/D MO GC
<i>prednisolone oral soln 15mg/5ml</i>	2	B/D MO GC
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	2	B/D MO GC
<i>prednisolone sodium phosphate oral soln 25mg/5ml, 5mg/5ml</i>	4	B/D MO
PREDNISON	4	B/D MO
<i>prednisone tabs</i>	1	B/D MO GC
<i>prednisone tab therapy pack</i>	2	MO GC
<i>prednisone soln</i>	4	B/D MO
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	4	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	5	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE KIT	3	
GVOKE PFS	3	MO
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	4	
<i>betaine anhydrous</i>	5	LA MO
<i>cabergoline</i>	3	MO
<i>carglumic acid</i>	5	PA LA MO
CERDELGA	5	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	4	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CYSTAGON	4	PA LA
<i>desmopressin acetate tabs</i>	3	MO
<i>desmopressin acetate nasal soln</i>	4	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
<i>fomepizole</i>	5	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
KORLYM	5	PA LA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	4	MO
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
<i>methergine</i>	4	
<i>methylergonovine maleate tabs</i>	5	MO
<i>nitisinone</i>	5	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>raloxifene hydrochloride</i>	2	MO GC
SANDOSTATIN LAR DEPOT KIT	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA LA
SOMAVERT INJ	5	PA LA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate caps, tabs 667mg</i>	3	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	5	MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	MO GC
<i>megestrol acetate susp 40mg/ml</i>	3	MO
<i>megestrol acetate susp 625mg/5ml</i>	4	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO GC
<i>progesterone caps</i>	2	MO GC
<i>progesterone inj</i>	4	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO GC
LEVO-T	4	
<i>levothyroxine sodium tabs</i>	1	MO GC
LEVOTHYROXINE SODIUM INJ SOLN 200MCG/5ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML	5	
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	2	MO GC
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	1	MO GC
<i>propylthiouracil tabs</i>	2	MO GC
SYNTHROID	3	MO
UNITHROID	3	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO GC
<i>calcitriol inj 1mcg/ml</i>	4	
<i>calcitriol oral soln 1mcg/ml</i>	4	MO
<i>doxercalciferol inj</i>	4	
<i>paricalcitol</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant caps 80mg</i>	4	B/D
<i>aprepitant caps therapy pack</i>	4	B/D MO
<i>aprepitant caps 125mg</i>	5	B/D MO
<i>compro</i>	4	MO
DIMENHYDRINATE INJ	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	5	B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	PA MO GC
<i>metoclopramide hcl tabs 5mg</i>	2	MO GC
<i>metoclopramide hcl inj, oral soln</i>	4	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	2	MO GC
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	2	MO GC
<i>ondansetron hcl tabs 24mg</i>	2	B/D GC
<i>ondansetron hcl oral soln</i>	2	QL (900 ML per 30 days) B/D MO GC
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	2	B/D MO GC
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	4	MO
<i>ondansetron odt</i>	2	B/D MO GC
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO GC
<i>prochlorperazine rectal supp</i>	4	MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg</i>	2	PA MO GC
<i>promethazine hcl inj, supp</i>	4	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA MO GC
<i>promethegan</i>	4	PA
SANCUSO	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	4	QL (10 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>trimethobenzamide hydrochloride caps</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	4	PA MO
<i>dicyclomine hydrochloride caps, tabs</i>	2	PA MO GC
<i>dicyclomine hydrochloride inj</i>	4	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO GC
<i>glycopyrrolate oral soln</i>	4	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate vial inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hydrochloride oral soln</i>	4	MO
<i>cimetidine tabs</i>	4	MO
<i>famotidine premixed inj</i>	4	
<i>famotidine tabs</i>	1	MO GC
<i>famotidine inj</i>	4	
<i>famotidine oral susp</i>	4	MO
<i>nizatidine soln</i>	2	MO GC
<i>nizatidine caps</i>	4	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	4	MO
<i>budesonide er tabs 9mg</i>	5	MO
<i>budesonide cpep 3mg</i>	4	MO
<i>hydrocortisone enem 100mg/60ml</i>	2	MO GC
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	4	MO
<i>mesalamine supp</i>	2	MO GC
<i>mesalamine enem, kit</i>	4	MO
<i>sulfasalazine tabs, dr tabs</i>	2	MO GC
LAXATIVES		
CLENPIQ	4	MO
<i>constulose</i>	2	GC
<i>enulose</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>gavilyte-c</i>	2	MO GC
<i>gavilyte-g</i>	2	MO GC
<i>gavilyte-n/flavor pack</i>	2	GC
<i>generlac</i>	2	GC
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
<i>lactulose oral soln</i>	2	MO GC
NULYTELY	3	MO
<i>peg-3350/electrolytes</i>	2	MO GC
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	MO GC
PLENVU	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
MISCELLANEOUS		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/ atropine sulfate tabs</i>	3	MO
<i>diphenoxylate/atropine oral soln</i>	4	MO
GATTEX	5	PA LA
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	2	MO GC
<i>misoprostol tabs</i>	2	MO GC
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO GC
<i>ursodiol caps 300mg</i>	3	MO
<i>ursodiol tabs</i>	4	MO
XERMELO	5	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	5	PA MO
PANCREATIC ENZYMES		
CREON	3	MO
ZENPEP	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	2	QL (30 EA per 30 days) MO GC
<i>esomeprazole sodium inj</i>	2	GC
<i>lansoprazole caps dr 15mg</i>	2	QL (30 EA per 30 days) MO GC
<i>lansoprazole caps dr 30mg</i>	2	QL (42 EA per 30 days) MO GC
<i>omeprazole dr caps 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium ec tabs 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pantoprazole sodium ec tabs 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>rabeprazole sodium dr tabs 20mg</i>	2	QL (30 EA per 30 days) MO GC
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO GC
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO GC
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>silodosin caps 8mg</i>	2	QL (30 EA per 30 days) MO GC
<i>silodosin caps 4mg</i>	4	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO GC
MISCELLANEOUS		
<i>acetic acid 0.25%</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>bethanechol chloride</i>	2	MO GC
ELMIRON	5	QL (90 EA per 30 days) MO
<i>potassium citrate er tbc</i> 540mg	2	MO GC
<i>potassium citrate er tbc</i> 1080mg, 15meq	4	MO
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er</i>	4	QL (30 EA per 30 days)
GEMTESA	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	4	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb</i> 24 5mg	2	QL (30 EA per 30 days) MO GC
<i>oxybutynin chloride er tb</i> 24 10mg, 15mg	2	QL (60 EA per 30 days) MO GC
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO GC
<i>oxybutynin chloride syr</i> p	2	QL (600 ML per 30 days) MO GC
<i>solifenacin succinate</i>	3	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	3	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) ST MO
<i>tropium chloride</i>	2	QL (60 EA per 30 days) MO GC
<i>tropium chloride er</i>	4	QL (30 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate crea</i> 2%	4	MO
<i>metronidazole vaginal</i>	4	MO
<i>miconazole</i> 3	2	MO GC
<i>terconazole crea</i>	2	MO GC
<i>terconazole supp</i>	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate</i>	4	QL (60 EA per 30 days)
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium inj</i> 2.5mg/0.5ml	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>fondaparinux sodium inj</i> 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	MO
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJ 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/D5W	4	
HEPARIN SODIUM/DEXTROSE	4	
HEPARIN SODIUM/NACL 0.45%	3	
HEPARIN SODIUM/SODIUM CHLORIDE	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ ML	3	
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	MO GC
<i>warfarin sodium</i>	1	MO GC
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO ORAL SUSP	3	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	2	MO GC
BERINERT	5	QL (24 EA per 30 days) PA LA
<i>cilostazol</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
DOPTELET	5	QL (60 EA per 30 days) PA LA
DROXIA	3	MO
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	2	MO GC
PROMACTA PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	5	QL (27 ML per 30 days) PA LA MO
<i>tranexamic acid tabs</i>	3	MO
<i>tranexamic acid inj</i>	4	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	4	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO GC
<i>clopidogrel tabs 300mg</i>	2	QL (2 EA per 365 days) MO GC
<i>dipyridamole tabs</i>	4	PA MO
<i>prasugrel</i>	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
KEVZARA	5	QL (2.28 ML per 28 days) PA
OTEZLA STARTER PACK	5	QL (110 EA per 365 days) PA
OTEZLA TABS	5	QL (60 EA per 30 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 75MG/0.83ML	5	QL (6 EA per 365 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 365 days) PA
TALTZ	5	QL (3 ML per 28 days) PA LA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (480 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO GC
<i>leflunomide</i>	2	QL (30 EA per 30 days) MO GC
<i>methotrexate sodium tabs 2.5mg</i>	2	MO GC
XATMEP	4	MO
IMMUNOGLOBULINS		
BIVIGAM	5	PA LA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	B/D LA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA LA
GAMUNEX-C	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

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	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA LA
INTRON A	5	LA
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs 50mg</i>	2	B/D MO GC
BENLYSTA	5	PA LA
<i>cyclosporine</i>	4	B/D MO
<i>cyclosporine modified</i>	4	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>gengraf caps</i>	4	B/D
<i>gengraf soln</i>	4	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	B/D MO
<i>mycophenolate mofetil oral susp</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE ORAL SOLN	4	B/D MO
<i>sirolimus soln</i>	5	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D MO
<i>sirolimus tabs 2mg</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
BCG VACCINE	3	
BXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DENGVAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
DEXTROSE 5%/NACL 0.225%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers</i>	4	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/ DEXTROSE	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	4	
<i>sodium bicarbonate inj 8.4%</i>	4	MO
<i>sodium chloride 0.45%</i>	4	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>adc/fluoride</i>	4	MO
<i>effer-k tab 25meq</i>	2	MO GC
<i>fluoride</i>	4	MO
<i>klor-con 10</i>	2	GC
<i>klor-con 8</i>	2	GC
<i>klor-con m10</i>	2	MO GC
<i>klor-con m15</i>	2	MO GC
<i>klor-con m20</i>	2	MO GC
<i>klor-con powder packet 20meq</i>	4	
<i>klor-con/ef</i>	2	MO GC
M-NATAL PLUS	3	MO
<i>multi vitamin/fluoride</i>	4	MO
<i>multi-vitamin/fluoride drops</i>	4	MO
<i>multi-vitamin/fluoride/iron</i>	4	MO
<i>multivitamin/fluoride</i>	4	MO
NEONATAL PLUS	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
NIVA-PLUS	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
<i>poly-vitamin/fluoride</i>	4	
<i>potassium chloride er</i>	2	MO GC
<i>potassium chloride pack 20meq</i>	4	MO
<i>potassium chloride oral soln 10%, 20%</i>	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PREPLUS	3	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>sodium fluoride soln 0.5mg/ml</i>	4	MO
<i>tri-vite/fluoride</i>	4	MO
TRICARE PRENATAL TABS	3	MO
VP-PNV-DHA	3	MO
WESTAB PLUS	3	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	2	GC
<i>dextrose 5%</i>	2	MO GC
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
NUTRILIPID	3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>plenamine</i>	4	B/D
PREMASOL	5	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

BLEPHAMIDE S.O.P.	4	MO
<i>neo-polycin hc</i>	2	GC
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	2	MO GC
<i>neomycin/polymyxin/ dexamethasone</i>	2	MO GC
<i>neomycin/polymyxin/ hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	MO GC
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone</i>	4	MO
ZYLET	3	MO

ANTI-INFECTIVES

<i>ak-poly-bac</i>	2	GC
<i>bacitracin</i>	4	MO
<i>bacitracin/polymyxin b</i>	2	MO GC
BESIVANCE	3	MO
CILOXAN OINT	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	QL (30 ML per 30 days) MO GC
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO GC
<i>gatifloxacin</i>	2	QL (20 ML per 30 days) MO GC
<i>gentak</i>	2	QL (42 GM per 30 days) MO GC
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>levofloxacin ophthalmic soln 0.5%</i>	2	QL (30 ML per 30 days) MO GC
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i>	2	QL (12 ML per 30 days) MO GC
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i>	4	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin</i>	2	GC
<i>neomycin/bacitracin/polymyxin</i>	2	MO GC
<i>neomycin/polymyxin/gramicidin</i>	2	MO GC
<i>ofloxacin ophthalmic soln 0.3%</i>	2	QL (60 ML per 30 days) MO GC
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	MO GC
<i>sulfacetamide sodium oint 10%</i>	2	QL (42 GM per 30 days) MO GC
<i>sulfacetamide sodium soln 10%</i>	2	QL (90 ML per 30 days) MO GC
<i>tobramycin soln 0.3%</i>	2	QL (30 ML per 30 days) MO GC
<i>trifluridine</i>	2	MO GC
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	MO GC
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO
<i>bromfenac ophthalmic solution</i>	4	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO GC
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	QL (10 ML per 30 days) MO GC
<i>difluprednate</i>	4	MO
DUREZOL	3	MO
FLAREX	4	MO
FLUOROMETHOLONE	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO GC
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO GC
LOTEMAX OINT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	2	MO GC
<i>prednisolone acetate ophthalmic susp</i>	2	MO GC
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	MO GC
<i>cromolyn sodium ophthalmic soln 4%</i>	2	MO GC
<i>epinastine hcl</i>	2	MO GC
LASTACAFT	4	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	MO GC
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	2	MO GC
ZERVIAE	4	MO
ANTIGLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLN 0.1%	3	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO GC
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	2	MO GC
brinzolamide	4	MO
<i>carteolol hcl</i>	2	MO GC
COMBIGAN	3	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO GC
<i>dorzolamide hydrochloride</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	4	MO
<i>latanoprost ophthalmic soln</i>	1	MO GC
<i>levobunolol hcl</i>	1	MO GC
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	4	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE	4	MO
OPHTHALMIC GEL FORMING SOLUTION		
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO GC
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	4	MO
<i>travoprost</i>	2	MO GC
VYZULTA	4	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTH SOLN	3	MO
CYSTARAN	5	PA LA
ISOPTO ATROPINE	3	MO
<i>proparacaine hcl</i>	2	MO GC
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
XIIDRA	3	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid otic soln 2%</i>	2	MO GC
CIPRO HC	4	MO
CIPROFLOXACIN OTIC SOLN 0.2%	3	MO
<i>ciprofloxacin/dexamethasone</i>	4	MO
<i>flac otic oil</i>	4	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	4	QL (20 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>hydrocortisone/acetic acid otic soln</i>	4	MO
<i>neomycin/polymyxin/hc otic soln</i>	4	MO
<i>neomycin/polymyxin/ hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	2	MO GC
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	2	B/D MO GC
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO GC
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 28 days) MO GC
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO GC
ANTI-HISTAMINES		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (30 ML per 25 days) MO GC
<i>azelastine hydrochloride nasal spray 0.1%</i>	2	QL (30 ML per 25 days) MO GC
<i>carbinoxamine maleate soln</i>	4	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	4	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	2	QL (300 ML per 30 days) MO GC
<i>clemastine fumarate tabs 2.68mg</i>	2	PA MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	4	PA MO
<i>cyproheptadine hcl tabs 4mg</i>	4	PA MO
<i>desloratadine</i>	2	QL (30 EA per 30 days) MO GC
<i>desloratadine odt</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	4	MO
<i>hydroxyzine hcl tabs</i>	4	PA MO
<i>hydroxyzine hydrochloride inj, syrp 10mg/5ml</i>	4	PA MO
<i>hydroxyzine pamoate caps</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	2	QL (30 EA per 30 days) MO GC
<i>levocetirizine dihydrochloride soln</i>	4	MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	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 GC
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i>	2	QL (17 GM per 30 days) MO GC
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	2	QL (36 GM per 30 days) MO GC
<i>albuterol sulfate nebu</i>	2	B/D MO GC
<i>albuterol sulfate syrp, tabs</i>	4	MO
<i>levalbuterol hcl nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO GC
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	4	B/D MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate tabs, inj</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>montelukast sodium pack</i>	2	QL (30 EA per 30 days) MO GC
<i>zafirlukast</i>	4	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 5.

Drug name	Drug tier	Requirements/Limits
MISCELLANEOUS		
<i>acetylcysteine inhalation soln</i> 10%, 20%	2	B/D MO GC
<i>aminophylline</i>	4	
<i>cromolyn sodium nebu</i> 20mg/2ml	2	B/D MO GC
DALIRESP	4	MO
<i>epinephrine inj 0.15mg/0.3ml,</i> <i>0.15mg/0.15ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO GC
ESBRIET CAPS	5	QL (270 EA per 30 days) PA LA
FASENRA	5	QL (1 ML per 28 days) PA LA
FASENRA PEN	5	QL (1 ML per 28 days) PA LA
KALYDECO PACK	5	QL (56 EA per 28 days) PA LA
KALYDECO TABS	5	QL (60 EA per 30 days) PA LA
OFEV	5	QL (60 EA per 30 days) PA LA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA LA
ORKAMBI PACK	5	QL (56 EA per 28 days) PA LA
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
<i>theophylline er tabs 24hr 400mg,</i> <i>600mg</i>	2	MO GC
<i>theophylline er tabs 12hr 300mg,</i> <i>450mg</i>	4	MO
<i>theophylline oral soln</i>	2	MO GC
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 0; 25MG	5	QL (84 EA per 28 days) PA LA MO
XOLAIR	5	PA LA
NASAL STEROIDS		
<i>flunisolide nasal spray 0.025%</i>	2	QL (75 ML per 30 days) MO GC
<i>fluticasone propionate susp</i> 50mcg/act	2	QL (16 GM per 30 days) MO GC
<i>mometasone furoate susp</i> 50mcg/act	2	QL (34 GM per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
XHANCE	4	QL (32 ML per 30 days) PA
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	4	PA
<i>amnestem</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO GC
<i>clindamycin phosphate lotn 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days) MO GC
<i>dapsone gel 5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	2	MO GC
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	4	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	4	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium lotn 10%</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
TRETINOIN MICROSPPHERE	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPPHERE PUMP	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	2	QL (30 GM per 30 days) MO GC
<i>gentamicin sulfate oint 0.1%</i>	2	QL (30 GM per 30 days) MO GC
<i>mafenide acetate packets</i>	4	MO
<i>mupirocin oint</i>	2	QL (30 GM per 30 days) MO GC
<i>mupirocin crea</i>	4	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	2	MO GC
SSD	3	
SULFAMYLON CREAM 85MG/ GM	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine crea 0.77%</i>	2	QL (90 GM per 30 days) MO GC
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO GC
<i>ciclopirox sham</i>	2	QL (120 ML per 30 days) MO GC
<i>ciclopirox susp</i>	2	QL (60 ML per 30 days) MO GC
<i>clotrimazole/betamethasone dipropionate cream</i>	4	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	2	QL (45 GM per 30 days) MO GC
<i>clotrimazole soln 1%</i>	2	QL (30 ML per 30 days) MO GC
<i>econazole nitrate cream</i>	3	QL (85 GM per 30 days) MO
ERTACZO	5	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 5.

Drug name	Drug tier	Requirements/Limits
<i>ketoconazole crea 2%</i>	2	QL (60 GM per 30 days) MO GC
<i>ketoconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	4	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	4	QL (90 GM per 30 days) MO
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO GC
<i>nystatin oint 100000unit/gm</i>	2	QL (30 GM per 30 days) MO GC
<i>nystatin powd 100000unit/gm</i>	2	QL (60 GM per 30 days) MO GC
<i>nystop</i>	2	QL (60 GM per 30 days) GC
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	4	PA MO
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	4	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	4	QL (120 GM per 30 days) PA
CALCITRIOL OINT 3MCG/GM	4	QL (800 GM per 28 days) PA MO
<i>methoxsalen caps</i>	5	MO
<i>tazarotene cream 0.1%</i>	3	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO GC
<i>selenium sulfide lotion 2.5%</i>	2	MO GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	2	GC
<i>ala-cort crea 2.5%</i>	2	QL (30 GM per 30 days) GC
<i>alclometasone dipropionate</i>	4	MO
<i>betamethasone dipropionate augmented crea</i>	2	MO GC
<i>betamethasone dipropionate augmented gel, oint</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>betamethasone dipropionate augmented lotn</i>	4	QL (60 ML per 30 days) MO
<i>betamethasone dipropionate lotn</i>	2	MO GC
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	2	MO GC
<i>betamethasone valerate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate sham</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liqd</i>	4	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide lotn</i>	4	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream, oint</i>	4	QL (100 GM per 30 days) MO
<i>desrx</i>	4	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	4	QL (60 GM per 30 days)
<i>diflorasone diacetate oint</i>	5	QL (60 GM per 30 days) MO
ENSTILAR	5	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (90 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>fluocinonide emulsified base cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	MO GC
<i>fluticasone propionate lotn 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	2	MO GC
<i>halobetasol propionate crea</i>	2	QL (50 GM per 30 days) MO GC
<i>halobetasol propionate oint</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	4	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate oint</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	4	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate oint</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	2	MO GC
<i>hydrocortisone crea 2.5%</i>	2	QL (30 GM per 30 days) MO GC
<i>hydrocortisone lotn 2.5%</i>	2	MO GC
<i>hydrocortisone oint 2.5%</i>	2	QL (30 GM per 30 days) MO GC
<i>mometasone furoate crea 0.1%</i>	2	MO GC
<i>mometasone furoate oint 0.1%</i>	2	MO GC
<i>mometasone furoate soln 0.1%</i>	2	MO GC
<i>prednicarbate</i>	4	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	4	
TEXACORT	4	MO
<i>tovet</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetone aers spray</i>	4	MO
<i>triamcinolone acetone crea 0.025%, 0.5%</i>	2	MO GC
<i>triamcinolone acetone crea 0.1%</i>	2	QL (454 GM per 30 days) MO GC
<i>triamcinolone acetone lotn 0.025%, 0.1%</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>triamcinolone acetonide oint</i> 0.025%, 0.1%, 0.5%	2	MO GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	2	QL (30 GM per 30 days) PA MO GC
<i>lidocaine ptch</i>	4	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	4	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotn</i>	2	MO GC
<i>azelaic acid gel</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) MO GC
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM	4	QL (50 GM per 30 days) MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	4	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</i> 1%	2	MO GC
IMIQUIMOD PUMP	5	QL (15 GM per 28 days) MO
<i>imiquimod crea 5%</i>	2	QL (24 EA per 30 days) MO GC
<i>imiquimod crea 3.75%</i>	5	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole gel 0.75%</i>	2	MO GC
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	4	
<i>procto-pak</i>	4	MO
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	2	GC
<i>rosadan crea</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR	5	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP CREAM 2.5%	5	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	MO
<i>permethrin cream 5%</i>	2	MO GC
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
<i>sodium chloride irrigation soln 0.9%</i>	2	MO GC
<i>sterile water for irrigation</i>	2	MO GC
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO GC
<i>clinpro 5000</i>	4	MO
<i>clotrimazole troc 10mg</i>	2	MO GC
<i>dentagel</i>	4	MO
<i>fluoridex daily defense</i>	4	
<i>fluoridex sensitivity relief/sls free</i>	4	
<i>fluorimax 5000</i>	4	
<i>fluorimax 5000 sensitive</i>	4	
<i>just right 5000</i>	4	
<i>lidocaine viscous soln 2%</i>	4	MO
<i>nystatin susp 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	2	GC
<i>paroex</i>	1	GC
<i>periogard</i>	1	GC
<i>pilocarpine hydrochloride tabs</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>sf gel</i>	4	MO
<i>sodium fluoride 5000 ppm dental paste</i>	4	MO
<i>sodium fluoride gel 1.1%</i>	4	MO
<i>triamcinolone acetonide dental paste</i>	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	18, 19	<i>ak-poly-bac</i>	84	<i>amiodarone hcl</i>	33
<i>abacavir sulfate/</i>	19	<i>ala-cort</i>	93	<i>amiodarone</i>	33
<i>lamivudine</i>		<i>albendazole</i>	14	<i>hydrochloride</i>	
ABELCET	17	<i>albuterol sulfate</i>	89	<i>amitriptyline hcl</i>	44
ABILIFY MAINTENA	48	<i>albuterol sulfate hfa</i>	89	<i>amitriptyline</i>	44
<i>abiraterone acetate</i>	25	<i>alclometasone</i>	93	<i>hydrochloride</i>	
<i>acamprosate calcium</i>	55	<i>dipropionate</i>		<i>amlodipine besylate</i>	31, 32, 36, 37
<i>dr</i>		ALECENSA	27		
<i>acarbose</i>	58	<i>alendronate sodium</i>	60	<i>amlodipine besylate/</i>	37
<i>accutane</i>	91	<i>alfuzosin hcl</i>	74	<i>atorvastatin calcium</i>	
<i>acebutolol</i>	35	<i>aliskiren</i>	37	<i>amlodipine</i>	31
<i>hydrochloride</i>		<i>allopurinol</i>	10	<i>besylate/benazepril</i>	
<i>acetaminophen/</i>	12, 13	<i>alosepron</i>	73	<i>hydrochloride</i>	
<i>codeine</i>		<i>hydrochloride</i>		<i>amlodipine besylate/</i>	32
<i>acetazolamide</i>	37	ALPHAGAN P	86	<i>valsartan</i>	
<i>acetazolamide er</i>	37	<i>alprazolam</i>	39	<i>amlodipine/</i>	32
<i>acetic acid</i>	74, 87	<i>alprazolam er</i>	39	<i>olmesartan</i>	
<i>acetylcysteine</i>	68, 90	ALPRAZOLAM	39	<i>medoxomil</i>	
		INTENSOL		<i>ammonium lactate</i>	96
<i>acitretin</i>	93	ALREX	85	<i>amnestem</i>	91
ACTHIB	79	<i>altavera</i>	61	<i>amoxapine</i>	44
ACTIMMUNE	79	ALUNBRIG	27	<i>amoxicillin</i>	24
<i>acyclovir</i>	20	<i>alyacen 1/35</i>	61	<i>amoxicillin/</i>	23, 24
<i>acyclovir sodium</i>	20	<i>alyacen 7/7/7</i>	61	<i>clavulanate</i>	
ADACEL	79	<i>alyq</i>	38	<i>potassium</i>	
<i>adc/fluoride</i>	82	<i>amabelz</i>	67	<i>amoxicillin/</i>	23
<i>adefovir dipivoxil</i>	20	<i>amantadine hcl</i>	47	<i>clavulanate</i>	
ADEMPAS	38	<i>ambrisentan</i>	38	<i>potassium er</i>	
ADVAIR DISKUS	91	<i>amethia</i>	62	<i>amphetamine/</i>	51
ADVAIR HFA	91	<i>amethyst</i>	62	<i>dextroamphetamine</i>	
<i>afeditab cr</i>	36	<i>amikacin sulfate</i>	14	<i>amphetamine/</i>	51
<i>afirmelle</i>	61	<i>amiloride hcl</i>	37	<i>dextroamphetamine</i>	
AIMOVIG	53	<i>amiloride/</i>	37	<i>er</i>	
		<i>hydrochlorothiazide</i>		<i>amphotericin b</i>	17
		<i>aminophylline</i>	90		

Drug name	Page	Drug name	Page	Drug name	Page
<i>amphotericin b liposome</i>	17	ATROPINE SULFATE	87	BELSOMRA	53
<i>ampicillin</i>	24	ATROVENT HFA	88	<i>benazepril hcl</i>	31
<i>ampicillin sodium</i>	24	<i>aubra</i>	62	<i>benazepril hcl/ hydrochlorothiazide</i>	31
<i>ampicillin-sulbactam</i>	24	<i>aubra eq</i>	62	<i>benazepril hydrochloride</i>	31
<i>anagrelide hydrochloride</i>	76	<i>aurovela 1.5/30</i>	62	BENLYSTA	79
<i>anastrozole</i>	25	<i>aurovela 24 fe</i>	62	<i>benztropine mesylate</i>	47
ANORO ELLIPTA	88	<i>aurovela fe 1.5/30</i>	62	BERINERT	76
APO-VARENICLINE	55	AUSTEDO	54	BESIVANCE	84
<i>aprepitant</i>	71	<i>aviane</i>	62	BESREMI	26
<i>apri</i>	62	AVONEX	54	<i>betaine anhydrous</i>	68
APTIOM	39	<i>ayuna</i>	62	<i>betamethasone dipropionate</i>	94
APTIVUS	18	AYVAKIT	27	<i>betamethasone dipropionate augmented</i>	93, 94
<i>aranelle</i>	62	<i>azathioprine</i>	79	<i>betamethasone valerate</i>	94
ARCALYST	79	<i>azelaic acid</i>	96	BETASERON	54
<i>aripiprazole</i>	48	<i>azelastine hcl</i>	86, 88	<i>betaxolol hcl</i>	35, 86
<i>aripiprazole odt</i>	48	<i>azelastine hydrochloride</i>	88	<i>bethanechol chloride</i>	75
ARISTADA	48	<i>azithromycin</i>	22	BETOPTIC-S	86
ARISTADA INITIO	48	AZITHROMYCIN	22	BEVESPI	88
<i>armodafinil</i>	55	<i>aztreonam</i>	14	AEROSPHERE	
ARNUITY ELLIPTA	91	<i>bacitracin</i>	84	<i>bexarotene</i>	26, 96
<i>asenapine maleate sl</i>	48	<i>bacitracin/polymyxin b</i>	84	BEXSERO	80
<i>ashlyna</i>	62	<i>baclofen</i>	55	<i>bicalutamide</i>	25
ASPARLAS	26	<i>balsalazide disodium</i>	72	BICILLIN L-A	24
<i>aspirin/dipyridamole er</i>	77	BALVERSA	27	BIDIL	37
<i>atazanavir sulfate</i>	18	<i>balziva</i>	62	BIKTARVY	19
<i>atenolol</i>	35	BARACLUDGE	20	<i>bisoprolol fumarate</i>	35
<i>atenolol/ chlorthalidone</i>	35	BASAGLAR	56	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	35
<i>atomoxetine</i>	52	KWIKPEN		BIVIGAM	78
<i>atomoxetine hydrochloride</i>	51	BCG VACCINE	80	BLEPHAMIDE S.O.P.	84
<i>atorvastatin calcium</i>	34	BD ALCOHOL SWABS	56	<i>blisovi 24 fe</i>	62
<i>atovaquone</i>	14, 17	BD INSULIN SYRINGE	56, 57		
<i>atovaquone/ proguanil hcl</i>	17	BD/NOVO PEN NEEDLE	57		

Drug name	Page	Drug name	Page	Drug name	Page
<i>blisovi fe 1.5/30</i>	62	<i>bupropion</i>	44	<i>carbinoxamine</i>	88
<i>blisovi fe 1/20</i>	62	<i>hydrochloride er (sr)</i>		<i>maleate</i>	
BOOSTRIX	80	<i>bupropion</i>	44	CARBINOXAMINE	88
<i>bosentan</i>	38, 39	<i>hydrochloride er (xl)</i>		MALEATE	
BOSULIF	27	<i>bupropion</i>	44	<i>carglumic acid</i>	68
BRAFTOVI	27	<i>bupropion</i>	44	<i>carteolol hcl</i>	86
BREO ELLIPTA	91	<i>hydrochloride</i>		<i>cartia xt</i>	36
BREZTRI	88	<i>butorphanol tartrate</i>	13	<i>carvedilol</i>	35
AEROSPHERE		BYDUREON BCISE	58	<i>carvedilol phosphate</i>	35
<i>briellyn</i>	62	BYETTA	58	<i>er</i>	
BRILINTA	77	<i>cabergoline</i>	68	<i>caspofungin acetate</i>	17
<i>brimonidine tartrate</i>	86	CABOMETYX	27	CAYSTON	14
BRIMONIDINE	86	<i>calcipotriene</i>	93	<i>caziant</i>	62
TARTRATE		<i>calcitonin-salmon</i>	60	<i>cefaclor</i>	21
<i>brinzolamide</i>	86	<i>calcitrene</i>	93	CEFACLOR ER	21
BRIVIACT	39, 40	<i>calcitriol</i>	70	<i>cefadroxil</i>	21
<i>bromfenac</i>	85	CALCITRIOL	93	<i>cefazolin</i>	21
<i>bromocriptine</i>	47	<i>calcium acetate</i>	70	CEFAZOLIN	21
<i>mesylate</i>		CALQUENCE	27	<i>cefazolin sodium</i>	21
BROMSITE	85	<i>camila</i>	62	CEFAZOLIN SODIUM	21
BRUKINSA	27	CAMRESE	62	<i>cefdinir</i>	21
<i>budesonide</i>	72, 91	CAMRESE LO	62	<i>cefepime</i>	21
<i>budesonide er</i>	72	<i>candesartan cilexetil</i>	33	<i>cefixime</i>	22
<i>bumetanide</i>	37	<i>candesartan cilexetil/</i>	32	<i>cefotetan</i>	22
<i>buprenorphine</i>	12	<i>hydrochlorothiazide</i>		<i>cefoxitin sodium</i>	22
<i>buprenorphine hcl</i>	55	CAPLYTA	48	<i>cefpodoxime proxetil</i>	22
<i>buprenorphine hcl/</i>	55	CAPRELSA	27	<i>cefprozil</i>	22
<i>naloxone hcl</i>		<i>captopril</i>	31	<i>ceftazidime</i>	22
<i>buprenorphine</i>	55	<i>carbamazepine</i>	40	CEFTAZIDIME/	22
<i>hydrochloride/</i>		<i>carbamazepine er</i>	40	DEXTROSE	
<i>naloxone</i>		<i>carbidopa</i>	47	<i>ceftriaxone in iso-</i>	22
<i>hydrochloride</i>		<i>carbidopa/levodopa</i>	47	<i>osmotic dextrose</i>	
<i>bupropion hcl</i>	44	CARBIDOPA/	47	<i>ceftriaxone sodium</i>	22
<i>bupropion</i>	55	LEVODOPA/		CEFTRIAOXONE	22
<i>hydrochloride er</i>		ENTACAPONE		SODIUM	
		<i>carbidopa/levodopa</i>	47	<i>cefuroxime axetil</i>	22
		<i>er</i>		<i>cefuroxime sodium</i>	22
		<i>carbidopa/levodopa</i>	47	<i>celecoxib</i>	10
		<i>odt</i>			

Drug name	Page	Drug name	Page	Drug name	Page
CELONTIN	40	<i>ciprofloxacin/</i>	87	CLINOLIPID	83
<i>cephalexin</i>	22	<i>dexamethasone</i>		<i>clinpro 5000</i>	97
CERDELGA	68	<i>ciprofloxacin hcl</i>	23	<i>clobazam</i>	40
<i>cetirizine</i>	88	<i>ciprofloxacin</i>	23,	<i>clobetasol</i>	94
<i>hydrochloride</i>		<i>hydrochloride</i>	84	<i>propionate</i>	
<i>cevimeline</i>	97	<i>ciprofloxacin i.v.-in</i>	23	<i>clobetasol</i>	94
<i>hydrochloride</i>		<i>d5w</i>		<i>propionate e</i>	
<i>charlotte 24 fe</i>	62	CIPRO HC	87	<i>clobetasol</i>	94
<i>chateal</i>	62	<i>citalopram</i>	44	<i>propionate emollient</i>	
<i>chateal eq</i>	62	<i>hydrobromide</i>		<i>clodan</i>	94
CHEMET	61	<i>claravis</i>	91	<i>clomipramine</i>	44
<i>chloramphenicol</i>	14	<i>clarithromycin</i>	22	<i>hydrochloride</i>	
<i>sodium succinate</i>		<i>clarithromycin er</i>	22	<i>clonazepam</i>	40
<i>chlordiazepoxide hcl</i>	39	<i>clemastine fumarate</i>	88	<i>clonazepam odt</i>	40
<i>chlordiazepoxide</i>	39	CLENPIQ	72	<i>clonidine hcl</i>	37
<i>hydrochloride</i>		<i>clindamycin hcl</i>	14	<i>clonidine</i>	37
<i>chlorhexidine</i>	97	<i>clindamycin</i>	14	<i>hydrochloride</i>	
<i>gluconate</i>		<i>hydrochloride</i>		<i>clopidogrel</i>	77
<i>chloroquine</i>	18	<i>clindamycin</i>	14	<i>clorazepate</i>	40
<i>phosphate</i>		<i>palmitate hcl</i>		<i>dipotassium</i>	
<i>chlorpromazine hcl</i>	48	<i>clindamycin</i>	15,	<i>clotrimazole</i>	92
<i>chlorpromazine</i>	48	<i>phosphate</i>	75,	<i>clotrimazole/</i>	92
<i>hydrochloride</i>			91	<i>betamethasone</i>	
<i>chlorthalidone</i>	37	<i>clindamycin</i>	14	<i>dipropionate</i>	
<i>chlorzoxazone</i>	55	<i>phosphate/dextrose</i>		<i>clotrimazole troc</i>	97
<i>cholestyramine</i>	35	CLINDAMYCIN/	15	<i>clozapine</i>	48,
<i>cholestyramine light</i>	35	SODIUM CHLORIDE			49
<i>ciclopirox</i>	92	CLINIMIX 4.25%/	83	<i>clozapine odt</i>	48
<i>ciclopirox olamine</i>	92	DEXTROSE 5%		CLOZAPINE ODT	48
<i>cilostazol</i>	76	CLINIMIX 4.25%/	83	COARTEM	18
CILOXAN	84	DEXTROSE 10%		CODEINE SULFATE	13
CIMDUO	19	CLINIMIX 5%/	83	<i>colchicine</i>	10
<i>cimetidine</i>	72	DEXTROSE 15%		<i>colesevelam</i>	35
<i>cimetidine</i>	72	CLINIMIX 5%/	83	<i>hydrochloride</i>	
<i>hydrochloride</i>		DEXTROSE 20%		<i>colestipol hcl</i>	35
<i>cinacalcet</i>	68,	CLINIMIX 6/5	83	<i>colistimethate</i>	15
<i>hydrochloride</i>	69	CLINIMIX 8/10	83	<i>sodium</i>	
CIPROFLOXACIN	87	CLINIMIX 8/14	83	COMBIGAN	86
		<i>clinisol sf 15%</i>	83		

Drug name	Page	Drug name	Page	Drug name	Page
COMBIVENT	88	DAPTACEL	80	<i>dexamethylphenidate</i>	52
RESPIMAT		<i>daptomycin</i>	15	<i>hydrochloride</i>	
COMETRIQ	27	DAPTOMYCIN	15	<i>dexamethylphenidate</i>	52
COMPLERA	19	<i>dasetta 1/35</i>	62	<i>hydrochloride er</i>	
<i>compro</i>	71	<i>dasetta 7/7/7</i>	62	<i>dextroamphetamine</i>	52
<i>constulose</i>	72	DAURISMO	27	<i>sulfate</i>	
COPAXONE	54	<i>daysee</i>	62	<i>dextroamphetamine</i>	52
COPIKTRA	27	<i>deblitane</i>	62	<i>sulfate er</i>	
CORLANOR	37,	<i>deferasirox</i>	61	DEXTROSE 2.5%/	81
	38	DELESTROGEN	67	NACL 0.45%	
COTELLIC	27	DELSTRIGO	19	<i>dextrose 5%</i>	81,
CREON	73	<i>delyla</i>	62		83
<i>cromolyn sodium</i>	73,	DENGVAXIA	80	DEXTROSE 5% /	81
	86,	<i>dentagel</i>	97	ELECTROLYTE #48	
	90	DESCOVY	19	VIAFLEX	
<i>cryselle-28</i>	62	<i>desipramine</i>	44	DEXTROSE 5%/	81
CURITY GAUZE	57	<i>hydrochloride</i>		LACTATED RINGERS	
PADS 2		<i>desloratadine</i>	89	DEXTROSE 5%/	81
<i>cyclobenzaprine</i>	55	<i>desloratadine odt</i>	89	NACL 0.2%	
<i>hydrochloride</i>		<i>desmopressin</i>	69	<i>dextrose 5%/nacl</i>	81
<i>cyclophosphamide</i>	25	<i>acetate</i>		0.3%	
CYCLOPHOSPHA-	25	<i>desogestrel/ethinyl</i>	62	DEXTROSE 5%/	81
MIDE		<i>estradiol</i>		NACL 0.9%	
<i>cycloserine</i>	20	<i>desonide</i>	94	DEXTROSE 5%/	81
<i>cyclosporine</i>	79	<i>desoximetasone</i>	94	NACL 0.33%	
<i>cyclosporine</i>	79	<i>desrx</i>	94	DEXTROSE 5%/	81
<i>modified</i>		<i>desvenlafaxine er</i>	45	NACL 0.45%	
<i>cyproheptadine hcl</i>	89	DESVENLAFAXINE	45	DEXTROSE 5%/	81
<i>cyred</i>	62	ER		NACL 0.225%	
<i>cyred eq</i>	62	<i>dexamethasone</i>	67	<i>dextrose 10%</i>	81,
CYSTAGON	69	DEXAMETHASONE	67		83
CYSTARAN	87	INTENSOL		DEXTROSE 10%/	81
<i>dabigatran etexilate</i>	75	<i>dexamethasone</i>	67,	NACL 0.2%	
<i>dalfampridine er</i>	54	<i>sodium phosphate</i>	85	DEXTROSE 10%/	81
DALIRESP	90	<i>dexlansoprazole</i>	74	NACL 0.45%	
<i>danazol</i>	67	<i>dexamethylphenidate</i>	52	DEXTROSE 50%	83
<i>dantrolene sodium</i>	55	<i>hcl</i>		DEXTROSE 70%	83
<i>dapsone</i>	15,	<i>dexamethylphenidate</i>	52	DIACOMIT	40
	91	<i>hcl er</i>		<i>diazepam</i>	40,
					41

Drug name	Page	Drug name	Page	Drug name	Page
DIAZEPAM RECTAL GEL	40	diphenoxylate/atropine	73	doxycycline	25
diazoxide	68	diphenoxylate hydrochloride/atropine sulfate	73	DOXYCYCLINE	96
diclofenac potassium	10	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	80	doxycycline hyclate	24
diclofenac sodium	85, 96	dipyridamole	77	doxycycline monohydrate	25
diclofenac sodium dr	10	disopyramide phosphate	33	DRIZALMA	45
diclofenac sodium er	10	disulfiram	55	dronabinol	71
diclofenac sodium/misoprostol	10	divalproex sodium	41	drosiprenone/ethinyl estradiol	62, 63
dicloxacillin sodium	24	divalproex sodium dr	41	drosiprenone/ethinyl estradiol/levomefolate calcium	63
dicyclomine hcl	72	divalproex sodium er	41	DROXIA	77
dicyclomine hydrochloride	72	dofetilide	33	droxidopa	38
DIFICID	22	dolishale	62	DUAVEE	67
diflorasone diacetate	94	donepezil hcl	43	duloxetine hcl	45
diflunisal	10	donepezil hydrochloride	43	duloxetine hydrochloride	45
difluprednate	85	DOPTLET	77	DUPIXENT	77
digitek	38	dorzolamide hcl/timolol maleate	86	DUREZOL	85
digox	38	dorzolamide hydrochloride	86, 87	dutasteride	74
digoxin	38	dorzolamide hydrochloride/timolol maleate	87	dutasteride/tamsulosin hydrochloride	74
dihydroergotamine mesylate	53	dotti	67	ec-naproxen	10
DILANTIN	41	DOVATO	19	econazole nitrate	92
DILANTIN-125	41	doxazosin mesylate	32	EDARBI	33
DILANTIN INFATABS	41	doxepin hcl	45	EDARBYCLOR	32
diltiazem hcl	36	doxepin hydrochloride	45, 53	EDURANT	18
DILTIAZEM HCL	36	DOXEPIN HYDROCHLORIDE	96	efavirenz	18, 19
diltiazem hcl cd	36	doxercalciferol	70	efavirenz/emtricitabine/tenofovir disoproxil fumarate	19
diltiazem hcl er	36	doxy 100	24	efavirenz/lamivudine/tenofovir disoproxil fumarate	19
diltiazem hcl inj	36			effer-k	82
diltiazem hydrochloride	36				
diltiazem hydrochloride er	36				
dilt-xr	36				
DIMENHYDRINATE	71				
diphenhydramine hcl	89				

Drug name	Page	Drug name	Page	Drug name	Page
<i>eletriptan</i>	53	EPIDIOLEX	41	<i>estradiol/</i>	67
<i>hydrobromide</i>		<i>epinastine hcl</i>	86	<i>norethindrone</i>	
ELIGARD	25	<i>epinephrine</i>	90	<i>acetate</i>	
<i>elimest</i>	63	<i>epitol</i>	41	<i>estradiol vaginal</i>	67
ELIQUIS	75	EPIVIR HBV	20	<i>estradiol valerate</i>	67
ELIQUIS STARTER	75	<i>eplerenone</i>	32	ESTRING	67
PACK		<i>epoprostenol sodium</i>	39	<i>ethambutol</i>	20
ELMIRON	75	EPRONTIA	41	<i>hydrochloride</i>	
<i>eluryng</i>	63	<i>ergotamine tartrate/</i>	54	<i>ethosuximide</i>	41
EMCYT	26	<i>caffeine</i>		<i>ethosuximide soln</i>	41
EMEND	71	ERIVEDGE	28	<i>ethynodiol diacetate/</i>	63
<i>emoquette</i>	63	ERLEADA	26	<i>ethinyl estradiol</i>	
EMSAM	45	<i>erlotinib</i>	28	<i>etodolac</i>	11
<i>emtricitabine</i>	18,	<i>hydrochloride</i>		<i>etodolac er</i>	10, 11
	19	<i>errin</i>	63	<i>etravirine</i>	18
<i>emtricitabine/</i>	19	ERTACZO	92	<i>euthyrox</i>	70
<i>tenofovir disoproxil</i>		<i>ertapenem</i>	15	<i>everolimus</i>	28,
<i>emtricitabine/</i>	19	<i>ery</i>	91		79
<i>tenofovir disoproxil</i>		<i>erythrocin stearate</i>	22	EVOTAZ	19
<i>fumarate</i>		<i>erythromycin</i>	23,	<i>exemestane</i>	26
EMTRIVA	18		84,	EXKIVITY	28
EMVERM	15		91	<i>ezetimibe</i>	35
<i>enalapril maleate</i>	32	<i>erythromycin base</i>	23	<i>ezetimibe/</i>	35
<i>enalapril maleate/</i>	31	<i>erythromycin/</i>	91	<i>simvastatin</i>	
<i>hydrochlorothiazide</i>		<i>benzoyl peroxide</i>		<i>falmina</i>	63
ENBREL	77	<i>erythromycin dr</i>	23	<i>famciclovir</i>	20
ENBREL MINI	77	<i>erythromycin</i>	23	<i>famotidine</i>	72
ENBREL SURECLICK	77	<i>ethylsuccinate</i>		<i>famotidine premixed</i>	72
<i>endocet</i>	13	<i>erythromycin</i>	23	FANAPT	49
ENGERIX-B	80	<i>lactobionate</i>		FANAPT TITRATION	49
<i>enoxaparin sodium</i>	75	ESBRIET	90	PACK	
<i>enpresse-28</i>	63	<i>escitalopram oxalate</i>	45	FARXIGA	58
<i>enskyce</i>	63	<i>esomeprazole</i>	74	FARYDAK	28
ENSTILAR	94	<i>magnesium</i>		FASENRA	90
<i>entacapone</i>	47	<i>esomeprazole</i>	74	FASENRA PEN	90
<i>entecavir</i>	20	<i>sodium</i>		<i>fayosim</i>	63
ENTRESTO	32	<i>estarylla</i>	63	<i>febuxostat</i>	10
<i>enulose</i>	72	<i>estradiol</i>	67	<i>felbamate</i>	41
EPCLUSA	20			<i>felodipine er</i>	36

Drug name	Page	Drug name	Page	Drug name	Page
<i>femynor</i>	63	<i>fluocinolone</i>	87	<i>fondaparinux sodium</i>	75,
<i>fenofibrate</i>	34	<i>acetonide otic oil</i>			76
<i>fenofibric acid dr</i>	34	<i>fluocinolone</i>	94	FORTEO	60
<i>fenoprofen calcium</i>	11	<i>acetonide scalp</i>		<i>fosamprenavir</i>	18
FENOPROFEN	11	<i>fluocinonide</i>	95	<i>calcium</i>	
CALCIUM		<i>fluocinonide</i>	95	<i>fosinopril sodium</i>	31,
<i>fentanyl</i>	12	<i>emulsified base</i>			32
<i>fentanyl citrate</i>	13	<i>fluoride</i>	82	<i>fosinopril sodium/</i>	31
<i>fesoterodine</i>	75	<i>fluoridex</i>	97	<i>hydrochlorothiazide</i>	
<i>fumarate er</i>		<i>fluoridex sensitivity</i>	97	<i>fosphenytoin sodium</i>	41
FETZIMA	45	<i>relief/sls free</i>		FOTIVDA	28
FETZIMA TITRATION	45	<i>fluorimax 5000</i>	97	FRAGMIN	76
PACK		<i>fluorimax 5000</i>	97	FREAMINE III	83
FIASP	57	<i>sensitive</i>		<i>furosemide</i>	37
FIASP FLEXTOUCH	57	FLUOROMETHOLONE	85	FUZEON	18
FIASP PENFILL	57	FLUOROPLEX	96	<i>fyavolv</i>	67
FINACEA	96	<i>fluorouracil</i>	96	FYCOMPA	41
<i>finasteride</i>	74	FLUOROURACIL	96	<i>gabapentin</i>	41
FINTEPLA	41	CREA 0.5%		<i>galantamine</i>	43,
<i>finzala</i>	63	<i>fluoxetine dr</i>	45	<i>hydrobromide</i>	44
<i>flac otic oil</i>	87	<i>fluoxetine hcl</i>	45	<i>galantamine</i>	43
FLAREX	85	<i>fluoxetine</i>	45	<i>hydrobromide er</i>	
FLEBOGAMMA DIF	78	<i>hydrochloride</i>		GAMASTAN	78
<i>flecainide acetate</i>	33	<i>fluphenazine</i>	49	GAMMAGARD	78
FLOVENT DISKUS	91	<i>decanoate</i>		LIQUID	
FLOVENT HFA	91	<i>fluphenazine hcl</i>	49	GAMMAGARD S/D	78
<i>fluconazole</i>	17	<i>fluphenazine</i>	49	GAMMAKED	78
<i>fluconazole in</i>	17	<i>hydrochloride</i>		GAMMAPLEX	78
<i>sodium chloride</i>		<i>flurbiprofen</i>	11	GAMUNEX-C	78
<i>fluconazole/sodium</i>	17	<i>flurbiprofen sodium</i>	86	<i>ganciclovir</i>	21
<i>chloride</i>		<i>flutamide</i>	26	GARDASIL 9	80
<i>flucytosine</i>	17	<i>fluticasone</i>	90,	<i>gatifloxacin</i>	84
<i>fludrocortisone</i>	68	<i>propionate</i>	95	GATTEX	73
<i>acetate</i>		<i>fluvastatin</i>	34	<i>gavilyte-c</i>	73
<i>flunisolide</i>	90	<i>fluvastatin sodium er</i>	34	<i>gavilyte-g</i>	73
<i>fluocinolone</i>	94	<i>fluvoxamine maleate</i>	39	<i>gavilyte-n/flavor</i>	73
<i>acetonide</i>		<i>fluvoxamine maleate</i>	39	<i>pack</i>	
<i>fluocinolone</i>	94	<i>er</i>		GAVRETO	28
<i>acetonide body</i>		<i>fomepizole</i>	69	<i>gemfibrozil</i>	34

Drug name	Page	Drug name	Page	Drug name	Page
GEMTESA	75	GVOKE PFS	68	HUMULIN R U-500	57
<i>generlac</i>	73	HAEGARDA	77	(CONCENTRATED)	
<i>gengraf</i>	79	<i>hailey 1.5/30</i>	63	HUMULIN R U-500	57
GENOTROPIN	69	<i>hailey 24 fe</i>	63	KWIKPEN	
GENOTROPIN	69	<i>hailey fe 1.5/30</i>	63	<i>hydralazine hcl</i>	38
MINIQUICK		<i>hailey fe 1/20</i>	63	<i>hydralazine</i>	38
<i>gentak</i>	84	<i>halobetasol</i>	95	<i>hydrochloride</i>	
<i>gentamicin sulfate</i>	15, 84, 92	<i>propionate</i>		<i>hydrochlorothiazide</i>	37
<i>gentamicin sulfate/0.9% sodium chloride</i>	15	<i>haloperidol</i>	49	<i>hydrocodone/acetaminophen</i>	13
<i>gentamicin sulfate pediatric</i>	15	<i>haloperidol</i>	49	<i>hydrocodone bitartrate/acetaminophen</i>	12
GENVOYA	19	<i>haloperidol lactate</i>	49	<i>hydrocodone bitartrate er</i>	13
GIANVI	63	HARVONI	21	<i>hydrocodone/ibuprofen</i>	13
GILENYA	54	HAVRIX	80	<i>hydrocortisone</i>	68, 72, 95
GILOTRIF	28	<i>heather</i>	63	<i>hydrocortisone/acetetic acid</i>	88
<i>glimepiride</i>	58	<i>heparin sodium</i>	76	<i>hydrocortisone butyrate</i>	95
<i>glipizide</i>	58	HEPARIN SODIUM	76	<i>hydrocortisone perianal</i>	96
<i>glipizide er</i>	58	HEPARIN SODIUM/ D5W	76	<i>hydrocortisone valerate</i>	95
<i>glipizide/metformin hydrochloride</i>	58	HEPARIN SODIUM/ DEXTROSE	76	<i>hydromorphone hcl</i>	13
<i>glipizide xl</i>	58	HEPARIN SODIUM/ NACL 0.45%	76	HYDROMORPHONE	13
<i>glycopyrrolate</i>	72	HEPARIN SODIUM/ SODIUM CHLORIDE	76	HCL	
GLYXAMBI	58	HEPATAMINE	83	<i>hydromorphone</i>	13
GOLYTELY	73	HETLIOZ	53	<i>hydrochloride</i>	
<i>granisetron hcl</i>	71	HETLIOZ LQ ORAL SUSP	53	HYDROMORPHONE	13
<i>griseofulvin microsize</i>	17	HIBERIX	80	<i>hydroxychloroquine sulfate</i>	78
<i>griseofulvin ultramicrosize</i>	17	HUMIRA	78	<i>hydroxyurea</i>	26
<i>guanfacine er</i>	52	HUMIRA PEDIATRIC	77	<i>hydroxyzine hcl</i>	89
<i>guanfacine hcl</i>	38	CROHNS DISEASE STARTER PACK			
<i>guanfacine hydrochloride</i>	52	HUMIRA PEN	77, 78		
GVOKE HYOPEN	68	HUMIRA PEN- PEDIATRIC UC STARTER PACK	77		
GVOKE KIT	68				

Drug name	Page	Drug name	Page	Drug name	Page
<i>hydroxyzine hydrochloride</i>	89	IPOL INACTIVATED IPV	80	JANUMET	58, 59
<i>hydroxyzine pamoate</i>	89	<i>ipratropium bromide</i>	88	JANUMET XR	58, 59
HYSINGLA ER	12	<i>ipratropium bromide/</i> <i>albuterol sulfate</i>	88	JANUVIA	59
<i>ibandronate sodium</i>	61	<i>ipratropium bromide</i>	88	JARDIANCE	59
IBRANCE	28	<i>nasal</i>		<i>jasmiel</i>	63
<i>ibu</i>	11	<i>irbesartan</i>	32, 33	<i>jencycla</i>	63
<i>ibuprofen</i>	11	<i>irbesartan/</i> <i>hydrochlorothiazide</i>	32	JENTADUETO	59
<i>icatibant acetate</i>	77	IRESSA	28	JENTADUETO XR	59
<i>iclevia</i>	63	ISENTRESS	18	<i>jinteli</i>	67
ICLUSIG	28	ISENTRESS HD	18	JOLESSA	63
IDHIFA	28	<i>isibloom</i>	63	<i>juleber</i>	63
ILEVRO	86	ISOLYTE-P/	81	JULUCA	19
<i>imatinib mesylate</i>	28	DEXTROSE 5%		<i>junel 1.5/30</i>	63
IMBRUVICA	28	ISOLYTE-S	81	<i>junel 1/20</i>	63
<i>imipenem/cilastatin</i>	15	ISOLYTE-S PH 7.4	81	<i>junel fe 1.5/30</i>	63
<i>imipramine hcl</i>	45	<i>isoniazid</i>	20	<i>junel fe 1/20</i>	63
<i>imipramine hydrochloride</i>	45	ISOPTO ATROPINE	87	<i>junel fe 24</i>	63
<i>imiquimod</i>	96	<i>isosorbide dinitrate</i>	38	<i>just right 5000</i>	97
IMIQUIMOD PUMP	96	<i>isosorbide dinitrate/</i> <i>hydralazine hydrochloride</i>	38	<i>kaitlib fe</i>	63
IMOVAX RABIES (H.D.C.V.)	80	<i>isosorbide mononitrate</i>	38	<i>kalliga</i>	63
<i>incassia</i>	63	<i>isosorbide mononitrate er</i>	38	KALYDECO	90
INCRELEX	69	<i>isotonic gentamicin</i>	15	<i>kariva</i>	64
INCRUSE ELLIPTA	88	<i>isotretinoin</i>	91	KCL 0.3%/D5W/ NACL 0.9%	81
<i>indapamide</i>	37	<i>isradipine</i>	36	KCL 0.3%/D5W/ NACL 0.45%	81
INFANRIX	80	<i>itraconazole</i>	17	KCL 0.15%/D5W/ NACL 0.2%	81
INLYTA	28	<i>ivermectin</i>	15	KCL 0.15%/D5W/ NACL 0.9%	81
INQOVI	25	IXIARO	80	KCL 0.15%/D5W/ NACL 0.45%	81
INREBIC	28	<i>jaimiess</i>	63	KCL 0.075%/D5W/ NACL 0.45%	81
INTELENCE	18	JAKAFI	28	<i>kelnor 1/35</i>	64
INTRON A	79	<i>jantoven</i>	76	<i>kelnor 1/50</i>	64
<i>introvale</i>	63			KERENDIA	32
INVEGA SUSTENNA	49				
INVEGA TRINZA	49				
INVIRASE	18				

Drug name	Page	Drug name	Page	Drug name	Page
KESIMPTA	54	<i>lamotrigine odt</i>	42	<i>leucovorin calcium</i>	31
<i>ketoconazole</i>	17, 93	<i>lamotrigine starter kit/blue</i>	42	LEUKERAN	25
<i>ketodan</i>	93	<i>lamotrigine starter kit/green</i>	42	<i>leuprolide acetate</i>	26
<i>ketoprofen er</i>	11	<i>lamotrigine starter kit/orange</i>	42	<i>levalbuterol</i>	89
<i>ketorolac</i>	11,	<i>lansoprazole</i>	74	<i>levalbuterol hcl</i>	89
<i>tromethamine</i>	86	<i>lanthanum carbonate</i>	70	LEVALBUTEROL	89
KEVZARA	78	LANTUS	57	TARTRATE HFA	
KINRIX	80	LANTUS SOLOSTAR	57	LEVEMIR	57
KISQALI	26, 28	<i>lapatinib ditosylate</i>	28	LEVEMIR	57
KISQALI FEMARA	26	<i>larin 1.5/30</i>	64	FLEXTOUCH	
200 DOSE		<i>larin 1/20</i>	64	<i>levetiracetam</i>	42
KISQALI FEMARA	26	<i>larin 24 fe</i>	64	<i>levetiracetam er</i>	42
400 DOSE		<i>larin fe 1.5/30</i>	64	<i>levetiracetam/ sodium chloride</i>	42
KISQALI FEMARA	26	<i>larin fe 1/20</i>	64	<i>levobunolol hcl</i>	87
600 DOSE		<i>larissia</i>	64	<i>levocarnitine</i>	69
<i>klor-con</i>	82	LASTACRAFT	86	LEVOCARNITINE	69
<i>klor-con 8</i>	82	<i>latanoprost</i>	87	<i>levocetirizine</i>	89
<i>klor-con 10</i>	82	LATUDA	49	<i>dihydrochloride</i>	
<i>klor-con/ef</i>	82	LEENA	64	<i>levofloxacin</i>	23, 85
<i>klor-con m10</i>	82	<i>leflunomide</i>	78	<i>levofloxacin in d5w</i>	23
<i>klor-con m15</i>	82	<i>lenalidomide</i>	26	<i>levonest</i>	64
<i>klor-con m20</i>	82	LENVIMA	29	<i>levonorgestrel and ethinyl estradiol</i>	64
KORLYM	69	LENVIMA 8 MG	29	<i>levonorgestrel/ ethinyl estradiol</i>	64
KRISTALOSE	73	DAILY DOSE		<i>levora</i>	64
<i>kurvelo</i>	64	LENVIMA 10 MG	28	LEVO-T	70
KYNMOBI	47	DAILY DOSE		<i>levothyroxine sodium</i>	70
<i>labetalol</i>	35	LENVIMA 14 MG	29	LEVOTHYROXINE	70
<i>hydrochloride</i>		DAILY DOSE		SODIUM	
<i>lacosamide</i>	41	LENVIMA 18 MG	29	LEVOXYL	70
<i>lactated ringers</i>	81	DAILY DOSE		LEXIVA	18
<i>lactulose</i>	73	LENVIMA 20 MG	29	<i>lidocaine</i>	96
<i>lamivudine</i>	18, 21	DAILY DOSE		<i>lidocaine hcl</i>	14, 34
<i>lamivudine/ zidovudine</i>	19	LENVIMA 24 MG	29	LIDOCAINE HCL	34
<i>lamotrigine</i>	42	DAILY DOSE			
<i>lamotrigine er</i>	41	<i>lessina</i>	64		
		<i>letrozole</i>	26		

Drug name	Page	Drug name	Page	Drug name	Page
LIDOCAINE HCL IN D5W	34	<i>lovastatin</i>	34	<i>meloxicam</i>	11
<i>lidocaine</i>	14	<i>low-ogestrel</i>	64	<i>memantine hcl</i>	44
<i>hydrochloride</i>		<i>loxapine</i>	49	<i>memantine</i>	44
<i>lidocaine/prilocaine</i>	96	<i>lo-zumandimine</i>	64	<i>hydrochloride</i>	
<i>lidocaine viscous</i>	97	LUMAKRAS	29	<i>memantine</i>	44
<i>lillow</i>	64	LUMIGAN	87	<i>hydrochloride er</i>	
<i>linezolid</i>	15	LUPRON DEPOT (1-MONTH)	26	MENACTRA	80
LINEZOLID	15	LUPRON DEPOT (3-MONTH)	26	MENQUADFI	80
LINZESS	73	LUPRON DEPOT-PED (1-MONTH)	69	MENVEO	80
<i>liothyronine sodium</i>	70	LUPRON DEPOT-PED (3-MONTH)	69	<i>mercaptapurine</i>	25
<i>lisinopril</i>	31, 32	<i>lutera</i>	64	<i>meropenem</i>	15
<i>lisinopril/hydrochlorothiazide</i>	31	<i>lyleq</i>	64	<i>mesalamine</i>	72
LITHIUM	54	<i>lyllana</i>	67	<i>mesalamine dr</i>	72
<i>lithium carbonate</i>	54	LYNPARZA	29	MESNEX	31
<i>lithium carbonate er</i>	54	LYSODREN	26	<i>metformin</i>	59
<i>loestrin 1.5/30-21</i>	64	<i>lyza</i>	64	<i>hydrochloride</i>	
<i>loestrin 1/20-21</i>	64	<i>mafenide acetate</i>	92	<i>metformin</i>	59
<i>loestrin fe 1.5/30</i>	64	<i>magnesium sulfate</i>	81	<i>hydrochloride er</i>	
<i>loestrin fe 1/20</i>	64	MAGNESIUM SULFATE	81	<i>methadone hcl</i>	12
<i>lojaimiess</i>	64	<i>malathion</i>	97	METHADONE HCL INJ	12
LOKELMA	61	<i>maraviroc</i>	18	<i>methadone</i>	12
LONSURF	25	<i>marlissa</i>	64	<i>hydrochloride</i>	
<i>loperamide hcl</i>	73	MARPLAN	45	<i>methazolamide</i>	37
<i>lopinavir/ritonavir</i>	19, 20	MATULANE	27	<i>methenamine</i>	15
<i>lorazepam</i>	39	<i>matzim la</i>	36	<i>hippurate</i>	
<i>lorazepam intensol</i>	39	MAVYRET	21	<i>methenamine</i>	15
LORBRENA	29	<i>meclizine hcl</i>	71	<i>mandelate</i>	
<i>loryna</i>	64	<i>medroxyprogesterone acetate</i>	64, 70	<i>methergine</i>	69
<i>losartan potassium</i>	33	<i>mefloquine hcl</i>	18	<i>methimazole</i>	70
<i>losartan potassium/hydrochlorothiazide</i>	32	<i>megestrol acetate</i>	26, 70	<i>methotrexate</i>	25, 78
LOTEMAX	86			<i>methotrexate sodium</i>	25, 78
LOTEMAX SM	86			<i>methoxsalen</i>	93
<i>loteprednol etabonate</i>	86	MEKINIST	29	<i>methscopolamine bromide</i>	72
		MEKTOVI	29	<i>methylergonovine maleate</i>	69

Drug name	Page	Drug name	Page	Drug name	Page
<i>methylphenidate hydrochloride</i>	53	MICROGESTIN FE 1/20	64	MULTAQ	34
<i>methylphenidate hydrochloride cd</i>	52, 53	<i>midodrine hcl</i>	38	<i>multi vitamin/fluoride</i>	82
<i>methylphenidate hydrochloride er</i>	52, 53	<i>miglitol</i>	59	<i>multi-vitamin/fluoride</i>	82
METHYLPHENIDATE HYDROCHLORIDE ER	53	<i>mili</i>	64	<i>multivitamin/fluoride</i>	82
<i>methylprednisolone</i>	68	<i>mimvey</i>	67	<i>multi-vitamin/fluoride/iron</i>	82
<i>methylprednisolone acetate</i>	68	<i>minocycline hcl</i>	25	<i>mupirocin</i>	92
<i>methylprednisolone sodium succinate</i>	68	<i>minocycline hydrochloride</i>	25	<i>mycophenolate mofetil</i>	79
<i>metoclopramide hcl</i>	71	<i>minoxidil</i>	38	<i>mycophenolic acid dr</i>	79
<i>metoclopramide hydrochloride</i>	71	<i>mirtazapine</i>	46	<i>myorisan</i>	91
<i>metoclopramide odt</i>	71	<i>mirtazapine odt</i>	46	MYRBETRIQ	75
METOCLOPRAMIDE ODT	71	<i>misoprostol</i>	73	<i>nabumetone</i>	11
<i>metolazone</i>	37	MITIGARE	10	<i>nadolol</i>	35
<i>metoprolol/ hydrochlorothiazide</i>	35	M-M-R II	80	<i>nafcillin sodium</i>	24
<i>metoprolol succinate er</i>	35	M-NATAL PLUS	82	<i>naftifine hcl</i>	93
<i>metoprolol tartrate</i>	35	<i>modafinil</i>	55	<i>naloxone hcl</i>	55, 56
<i>metronidazole</i>	15, 96	<i>moexipril hcl</i>	32	<i>naloxone hydrochloride</i>	56
<i>metronidazole vaginal</i>	75	<i>molindone hydrochloride</i>	49	<i>naltrexone hcl</i>	56
<i>metyrosine</i>	38	<i>mometasone furoate</i>	90, 95	NAMZARIC	44
<i>micafungin</i>	17	<i>mondoxylene nl</i>	25	<i>naproxen</i>	11
<i>miconazole 3</i>	75	<i>mono-lynyah</i>	65	<i>naproxen dr</i>	11
MICROGESTIN 1.5/30	64	<i>montelukast sodium</i>	89	<i>naproxen sodium</i>	11
MICROGESTIN 1/20	64	<i>morphine sulfate</i>	13, 14	<i>naratriptan hcl</i>	54
<i>microgestin 24 fe</i>	64	MORPHINE SULFATE	13	NATACYN	85
MICROGESTIN FE 1.5/30	64	<i>morphine sulfate er</i>	12	<i>nateglinide</i>	59
		MORPHINE SULFATE/SODIUM CHLORIDE	12	NATPARA	61
		MOVANTIK	73	NAYZILAM	42
		<i>moxifloxacin hydrochloride</i>	23, 85	<i>nebivolol hydrochloride</i>	35, 36
		<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	23	<i>necon 0.5/35-28</i>	65
				<i>nefazodone hydrochloride</i>	46
				<i>neomycin/bacitracin/ polymyxin</i>	85

Drug name	Page	Drug name	Page	Drug name	Page
<i>neomycin/</i>	84	<i>nitrofurantoin</i>	16	<i>nortriptyline</i>	46
<i>polymyxin/</i>		<i>macrocrystals</i>		<i>hydrochloride</i>	
<i>bacitracin/</i>		<i>nitrofurantoin</i>	16	NORVIR	18
<i>hydrocortisone</i>		<i>monohydrate/</i>		NOVOLIN 70/30	57
<i>neomycin/</i>	84	<i>macrocrystals</i>		NOVOLIN 70/30	57
<i>polymyxin/</i>		NITROGLYCERIN INJ	38	FLEXPEN	
<i>dexamethasone</i>		<i>nitroglycerin lingual</i>	38	NOVOLIN N	57
<i>neomycin/</i>	85	<i>spray</i>		NOVOLIN N	57
<i>polymyxin/</i>		<i>nitroglycerin subl</i>	38	FLEXPEN	
<i>gramicidin</i>		<i>nitroglycerin</i>	38	NOVOLIN R	57
<i>neomycin/</i>	88	<i>transdermal</i>		NOVOLIN R FLEXPEN	57
<i>polymyxin/hc</i>		NIVA-PLUS	83	NOVOLOG	57
<i>neomycin/</i>	84,	<i>nizatidine</i>	72	NOVOLOG FLEXPEN	57
<i>polymyxin/</i>	88	NORA-BE	65	NOVOLOG MIX	57
<i>hydrocortisone</i>		<i>norethindrone</i>	65	70/30	
<i>neomycin sulfate</i>	15	<i>norethindrone</i>	70	NOVOLOG MIX	57
NEONATAL PLUS	82	<i>acetate</i>		70/30 PREFILLED	
<i>neo-polycin</i>	84,	<i>norethindrone</i>	65,	FLEXPEN	
	85	<i>acetate/ethinyl</i>	67	NOVOLOG PENFILL	57
<i>neo-polycin hc</i>	84	<i>estradiol</i>		NOXAFIL	17
NERLYNX	29	<i>norethindrone</i>	65	NUBEQA	26
NEUPRO	47	<i>acetate/ethinyl</i>		NUDEXTA	54
<i>nevirapine</i>	18	<i>estradiol/ferrous</i>		NULOJIX	79
<i>nevirapine er</i>	18	<i>fumarate</i>		NULYTELY	73
NEXAVAR	29	<i>norethindrone &</i>	65	NUPLAZID	50
<i>niacin</i>	35	<i>ethinyl estradiol</i>		NURTEC	54
<i>niacin er</i>	35	<i>ferrous fumarate</i>		NUTRILIPID	83
<i>niacor</i>	35	<i>norethindrone/ethinyl</i>	65	NUZYRA	25
<i>nicardipine hcl</i>	36	<i>estradiol/ferrous</i>		<i>nyamyc</i>	93
NICOTROL	56	<i>fumarate</i>		<i>nylia 1/35</i>	65
NICOTROL INHALER	56	<i>norgestimate/ethinyl</i>	65	<i>nylia 7/7/7</i>	65
<i>nifedipine er</i>	36	<i>estradiol</i>		<i>nymyo</i>	65
<i>nikki</i>	65	NORITATE	96	<i>nystatin</i>	17,
<i>nilutamide</i>	26	<i>norlyda</i>	65		93,
NINLARO	29	<i>norlyroc</i>	65		97
<i>nisoldipine er</i>	36	NORPACE CR	34	<i>nystop</i>	93
<i>nitazoxanide</i>	15	<i>nortrel 0.5/35 (28)</i>	65	OCELLA	65
<i>nitisinone</i>	69	<i>nortrel 1/35</i>	65	OCTAGAM	79
NITRO-BID	38	<i>nortrel 7/7/7</i>	65	<i>octreotide acetate</i>	69
		<i>nortriptyline hcl</i>	46		

Drug name	Page	Drug name	Page	Drug name	Page
ODEFSEY	20	<i>oxandrolone</i>	56	<i>penicillin g potassium</i>	24
ODOMZO	29	<i>oxaprozin</i>	11	PENICILLIN G	24
OFEV	90	<i>oxazepam</i>	39	POTASSIUM IN	
<i>ofloxacin</i>	85, 88	<i>oxcarbazepine</i>	42	ISO-OSMOTIC	
<i>olanzapine</i>	50	<i>oxybutynin chloride</i>	75	DEXTROSE	
<i>olanzapine odt</i>	50	<i>oxybutynin chloride</i>	75	PENICILLIN G	24
<i>olmesartan</i>	33	<i>oxycodone/</i>	14	PROCAINE	
<i>medoxomil</i>		<i>acetaminophen</i>		<i>penicillin g sodium</i>	24
<i>olmesartan</i>	32	<i>oxycodone hcl</i>	14	<i>penicillin v potassium</i>	24
<i>medoxomil/</i>		<i>oxycodone</i>	14	PENTACEL	80
<i>amlodipine/</i>		<i>hydrochloride</i>		<i>pentamidine</i>	16
<i>hydrochlorothiazide</i>		OZEMPIC	59	<i>isethionate</i>	
<i>olmesartan</i>	33	<i>pacerone</i>	34	<i>pentoxifylline er</i>	77
<i>medoxomil/</i>		<i>paliperidone er</i>	50	<i>perindopril erbumine</i>	32
<i>hydrochlorothiazide</i>		<i>pamidronate</i>	61	<i>periogard</i>	97
<i>olopatadine hcl</i>	86, 89	<i>disodium</i>		<i>permethrin</i>	97
<i>olopatadine</i>	86	PAMIDRONATE	61	<i>perphenazine</i>	46, 50
<i>hydrochloride</i>		DISODIUM		<i>perphenazine/</i>	46
<i>omeprazole</i>	74	PANRETIN	96	<i>amitriptyline</i>	
ONCASPAR	27	<i>pantoprazole sodium</i>	74	PERSERIS	50
<i>ondansetron hcl</i>	71	PANZYGA	79	<i>phenelzine sulfate</i>	46
<i>ondansetron</i>	71	<i>paricalcitol</i>	70	<i>phenobarbital</i>	42
<i>hydrochloride</i>		<i>paroex</i>	97	<i>phenobarbital</i>	42
<i>ondansetron odt</i>	71	<i>paromomycin sulfate</i>	16	<i>sodium</i>	
ONUREG	25	<i>paroxetine hcl</i>	46	PHENYTEK	42
OPSUMIT	39	<i>paroxetine hcl er</i>	46	<i>phenytoin</i>	42
ORACEA	96	<i>paroxetine</i>	46	<i>phenytoin sodium</i>	42
<i>oralone dental paste</i>	97	<i>hydrochloride</i>		<i>phenytoin sodium</i>	42
ORGOVYX	26	PASER	20	<i>extended</i>	
ORKAMBI	90	PEDIARIX	80	<i>philith</i>	65
<i>orsythia</i>	65	PEDVAX HIB	80	PHOSPHOLINE	87
<i>oseltamivir</i>	21	<i>peg-3350/</i>	73	IODIDE	
<i>phosphate</i>		<i>electrolytes</i>		PIFELTRO	18
OTEZLA	78	<i>peg-3350/nacl/na</i>	73	<i>pilocarpine hcl</i>	87
OTEZLA STARTER	78	<i>bicarbonate/kcl</i>		<i>pilocarpine</i>	97
PACK		PEGASYS	21	<i>hydrochloride</i>	
<i>oxacillin sodium</i>	24	PEMAZYRE	29	<i>pimozide</i>	50
		<i>penicillamine</i>	61	<i>pimtrea</i>	65

Drug name	Page	Drug name	Page	Drug name	Page
<i>pindolol</i>	36	POTASSIUM	81	PRENATAL	83
<i>pioglitazone hcl</i>	59	CHLORIDE/		PRENATAL PLUS	83
<i>pioglitazone hcl- glimepiride</i>	59	DEXTROSE/SODIUM		PRENATAL PLUS	83
<i>pioglitazone hcl/ metformin hcl</i>	59	CHLORIDE		LOW IRON	
<i>pioglitazone</i>	60	<i>potassium chloride</i>	83	PREPLUS	83
<i>hydrochloride</i>		<i>er</i>		PRETOMANID	20
<i>piperacillin sodium/ tazobactam sodium</i>	24	<i>potassium chloride/ sodium chloride</i>	82	<i>prevalite</i>	35
PIQRAY	29	POTASSIUM	82	<i>previfem</i>	66
<i>pirfenidone</i>	90	CHLORIDE/SODIUM		PREVYMIS	21
<i>pirmella 1/35</i>	65	CHLORIDE		PREZCOBIX	20
<i>pirmella 7/7/7</i>	65	<i>potassium citrate er</i>	75	PREZISTA	18
<i>piroxicam</i>	11	PRALUENT	35	PRIFTIN	20
PLASMA-LYTE-148	81	<i>pramipexole</i>	47	<i>primaquine</i>	18
PLASMA-LYTE A	81	<i>dihydrochloride</i>		<i>phosphate</i>	
<i>plenamine</i>	84	<i>prasugrel</i>	77	<i>primidone</i>	42
PLENVU	73	<i>pravastatin sodium</i>	34	PRIORIX	80
PNV PRENATAL	83	<i>praziquantel</i>	16	PRIVIGEN	79
PLUS MULTIVITAMIN		<i>prazosin</i>	32	<i>probenecid</i>	10
<i>podofilox</i>	97	<i>hydrochloride</i>		<i>probenecid/ colchicine</i>	10
<i>polycin</i>	85	<i>prednicarbate</i>	95	PROCALAMINE	84
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	85	<i>prednisolone</i>	68	<i>prochlorperazine</i>	71
<i>poly-vitamin/fluoride</i>	83	<i>prednisolone acetate</i>	86	<i>prochlorperazine</i>	71
POMALYST	26	<i>prednisolone sodium</i>	68	<i>edisylate</i>	
<i>portia-28</i>	65	<i>phosphate</i>		<i>prochlorperazine</i>	71
<i>posaconazole dr</i>	17	PREDNISOLONE	86	<i>maleate</i>	
<i>potassium chloride</i>	82, 83	SODIUM		PROCRIT	76
POTASSIUM	82	PHOSPHATE		<i>procto-med hc</i>	97
CHLORIDE		OPHTHALMIC SOLN		<i>procto-pak</i>	97
POTASSIUM	81	1%		<i>proctosol hc</i>	95
CHLORIDE/ DEXTROSE		<i>prednisone</i>	68	<i>proctozone-hc</i>	97
		PREDNISONE	68	<i>progesterone</i>	70
		INTENSOL		PROGRAF	79
		<i>pregabalin</i>	42	PROLASTIN-C	90
		<i>pregabalin er</i>	54	PROLENSA	86
		PREHEVBRIO	80	PROLIA	61
		PREMARIN	67	PROMACTA	77
		PREMASOL	84	<i>promethazine hcl</i>	71
		PREMPRO	67		

Drug name	Page	Drug name	Page	Drug name	Page
<i>promethazine hydrochloride</i>	71	<i>rabeprazole sodium dr</i>	74	<i>ritonavir</i>	19
<i>promethegan</i>	71	<i>raloxifene hydrochloride</i>	69	<i>rivastigmine tartrate</i>	44
<i>propafenone hcl</i>	34	<i>ramipril</i>	32	<i>rivastigmine transdermal system</i>	
<i>propafenone hydrochloride er</i>	34	<i>ranolazine er</i>	38	RIVELSA	66
<i>proparacaine hcl</i>	87	<i>rasagiline mesylate</i>	48	<i>rizatriptan benzoate</i>	54
<i>propranolol hcl</i>	36	<i>reclipsen</i>	66	<i>rizatriptan benzoate odt</i>	54
<i>propranolol hcl er</i>	36	RECOMBIVAX HB	80	<i>romidepsin</i>	29
<i>propranolol hydrochloride</i>	36	RECTIV	97	<i>ropinirole er</i>	48
<i>propranolol hydrochloride er</i>	36	REGRANEX	97	<i>ropinirole hcl</i>	48
<i>propylthiouracil</i>	70	<i>relafen</i>	11	<i>rosadan</i>	97
PROQUAD	80	RELENZA	21	<i>rosuvastatin calcium</i>	34
PROSOL	84	DISKHALER		ROTARIX	80
<i>protriptyline hcl</i>	46	<i>repaglinide</i>	60	ROTATEQ	80
PULMICORT FLEXHALER	91	RESTASIS	87	<i>roweepra</i>	42
PULMOZYME	90	RESTASIS MULTIDOSE	87	ROZLYTREK	29
PURIXAN	25	RETEVMO	29	RUBRACA	29
<i>pyrazinamide</i>	20	REVLIMID	26	<i>rufinamide</i>	42
<i>pyridostigmine bromide</i>	54	REXULTI	50	RUKOBIA	19
<i>pyridostigmine bromide er</i>	54	REYATAZ	18	RYBELSUS	60
QINLOCK	29	REZUROCK	79	RYDAPT	29
QUADRACEL	80	RHOPRESSA	87	<i>sajazir</i>	77
<i>quetiapine fumarate</i>	50	<i>ribavirin</i>	21	SANCUSO	71
<i>quetiapine fumarate er</i>	50	<i>rifabutin</i>	20	SANDIMMUNE	79
<i>quinapril hcl</i>	32	<i>rifampin</i>	20	SANDOSTATIN LAR	69
<i>quinapril hydrochloride</i>	32	<i>riluzole</i>	54	SANTYL	97
<i>quinapril/ hydrochlorothiazide</i>	31	<i>rimantadine hydrochloride</i>	21	<i>sapropterin dihydrochloride</i>	69
<i>quinidine sulfate</i>	34	RINGERS INJECTION	82	SCSEMBLIX	29
<i>quinine sulfate</i>	18	RINVOQ	78	<i>scopolamine</i>	71
RABAVERT	80	<i>risedronate sodium</i>	61	SECUADO	51
		<i>risedronate sodium dr</i>	61	<i>selegiline hcl</i>	48
		RISPERDAL CONSTA	50	<i>selenium sulfide</i>	93
		<i>risperidone</i>	51	SELZENTRY	19
		<i>risperidone odt</i>	50	SEREVENT DISKUS	89
				<i>sertraline hcl</i>	46

Drug name	Page	Drug name	Page	Drug name	Page
<i>sertraline</i>	46	SODIUM SULFATE/	73	<i>sulfacetamide</i>	85,
<i>hydrochloride</i>		POTASSIUM		<i>sodium</i>	91
<i>setlakin</i>	66	SULFATE/		<i>sulfacetamide</i>	84
<i>sf gel</i>	98	MAGNESIUM		<i>sodium/prednisolone</i>	
<i>sharobel</i>	66	SULFATE		<i>sodium phosphate</i>	
SHINGRIX	80	<i>solifenacin succinate</i>	75	<i>sulfadiazine</i>	16
SIGNIFOR	69	SOLIQUA 100/33	58	<i>sulfamethoxazole/</i>	16
<i>sildenafil</i>	39	SOLTAMOX	26	<i>trimethoprim</i>	
<i>sildenafil citrate tabs</i>	39	SOLU-CORTEF	68	<i>sulfamethoxazole/</i>	16
<i>silodosin</i>	74	SOMATULINE DEPOT	70	<i>trimethoprim ds</i>	
<i>silver sulfadiazine</i>	92	SOMAVERT	70	SULFAMYLON	92
SIMBRINZA	87	<i>sorafenib tosylate</i>	29	<i>sulfasalazine</i>	72
<i>simliya</i>	66	<i>sorine</i>	34	<i>sulindac</i>	12
<i>simpesse</i>	66	<i>sotalol hcl</i>	34	<i>sumatriptan</i>	54
<i>simvastatin</i>	34	<i>sotalol hydrochloride</i>	34	<i>sumatriptan</i>	54
<i>sirolimus</i>	79	(af)		<i>succinate</i>	
SIRTURO	20	<i>spironolactone</i>	32,	<i>sumatriptan</i>	54
SIVEXTRO	16		37	<i>succinate refill</i>	
SKYRIZI	78	<i>spironolactone/</i>	37	<i>sunitinib malate</i>	30
SKYRIZI PEN	78	<i>hydrochlorothiazide</i>		SUPRAX	22
<i>sodium bicarbonate</i>	82	<i>sprintec</i>	28	SUPREP BOWEL	73
SODIUM	82		66	PREP	
BICARBONATE		SPRITAM	42	SUTAB	73
<i>sodium chloride</i>	82	SPRYCEL	29	<i>syeda</i>	66
SODIUM CHLORIDE	82	<i>sps</i>	61	SYMBICORT	91
<i>sodium chloride</i>	82	<i>sronyx</i>	66	SYMLINPEN 60	60
0.45%		SSD	92	SYMLINPEN 120	60
<i>sodium chloride</i>	97	<i>stavudine</i>	19	SYMPAZAN	43
<i>irrigation soln</i>		<i>sterile water for</i>	97	SYMTUZA	20
<i>sodium fluoride</i>	83,	<i>irrigation</i>		SYNAREL	67
	98	STIVARGA	30	SYNERCID	16
<i>sodium fluoride 5000</i>	98	<i>streptomycin sulfate</i>	16	SYNJARDY	60
<i>ppm dental</i>		STRIBILD	20	SYNJARDY XR	60
<i>sodium</i>	70	<i>subvenite</i>	42,	SYNRIBO	27
<i>phenylbutyrate</i>			43	SYNTHROID	70
<i>sodium polystyrene</i>	61	<i>subvenite starter kit</i>	42,	TABLOID	25
<i>sulfonate</i>			43	TABRECTA	30
		<i>sucralfate</i>	73	<i>tacrolimus</i>	79,
		SUCRALFATE SUSP	73		97

Drug name	Page	Drug name	Page	Drug name	Page
<i>tadalafil</i>	39	<i>terconazole</i>	75	<i>tobramycin sulfate</i>	16
TAFINLAR	30	<i>testosterone</i>	56	<i>tolterodine tartrate</i>	75
TAGRISSO	30	<i>testosterone</i>	56	<i>tolterodine tartrate er</i>	75
TALTZ	78	<i>cypionate</i>		<i>topiramate</i>	43
TALZENNA	30	<i>testosterone</i>	56	TOPIRAMATE ER	43
<i>tamoxifen citrate</i>	26	<i>enanthate</i>		<i>toremifene citrate</i>	26
<i>tamsulosin</i>	74	<i>testosterone gel</i>	56	<i>torseamide</i>	37
<i>hydrochloride</i>		<i>testosterone pump</i>	56	TOUJEO MAX	58
<i>tarina 24 fe</i>	66	<i>tetrabenazine</i>	54	SOLOSTAR	
<i>tarina fe 1/20</i>	66	<i>tetracycline</i>	25	TOUJEO SOLOSTAR	58
<i>tarina fe 1/20 eq</i>	66	<i>hydrochloride</i>		<i>tovet</i>	95
TASIGNA	30	TEXACORT	95	TPN ELECTROLYTES	82
<i>tazarotene</i>	93	THALOMID	26	TRACLEER	39
<i>tazicef</i>	22	<i>theophylline</i>	90	TRADJENTA	60
TAZORAC	93	<i>theophylline er</i>	90	<i>tramadol hcl</i>	14
<i>taztia xt</i>	36	<i>thioridazine hcl</i>	51	<i>tramadol hcl er</i>	12
TAZVERIK	30	<i>thiothixene</i>	51	<i>tramadol</i>	14
TDVAX	80	<i>tiadylt er</i>	36	<i>hydrochloride/</i>	
TECFIDERA	54, 55	<i>tiagabine</i>	43	<i>acetaminophen</i>	
TECFIDERA STARTER	54	<i>hydrochloride</i>		<i>trandolapril</i>	31, 32
PACK		TIBSOVO	30	<i>trandolapril/</i>	31
TEFLARO	22	TICOVAC	80	<i>verapamil hcl er</i>	
<i>telmisartan</i>	33	<i>tigecycline</i>	25	<i>tranexamic acid</i>	77
<i>telmisartan/</i>	33	TILIA FE	66	<i>tranylcypromine</i>	46
<i>amlodipine</i>		<i>timolol maleate</i>	36, 87	<i>sulfate</i>	
<i>telmisartan/</i>	33	TIMOLOL MALEATE	87	TRAVASOL	84
<i>hydrochlorothiazide</i>		<i>tinidazole</i>	16	<i>travoprost</i>	87
<i>temazepam</i>	53	TIVICAY	19	<i>trazodone</i>	46
TEMIXYS	20	TIVICAY PD	19	<i>hydrochloride</i>	
TENIVAC	80	<i>tizanidine hcl</i>	55	TRECTOR	20
<i>tenofovir disoproxil</i>	19	<i>tizanidine</i>	55	TRELEGY ELLIPTA	88
<i>fumarate</i>		<i>hydrochloride</i>		TRESIBA	58
TEPMETKO	30	TOBRADEX	84	TRESIBA	58
<i>terazosin hcl</i>	32	TOBRADEX ST	84	FLEXTOUCH	
<i>terazosin</i>	32	<i>tobramycin</i>	85	<i>tretinoin</i>	27, 92
<i>hydrochloride</i>		<i>tobramycin/</i>	84	TRETINOIN	92
<i>terbinafine hcl</i>	17	<i>dexamethasone</i>		MICROSPHERE	
<i>terbutaline sulfate</i>	89	<i>tobramycin nebu</i>	16		

Drug name	Page	Drug name	Page	Drug name	Page
<i>triamcinolone</i>	68,	<i>tri-nymyo</i>	66	VALTOCO	43
<i>acetonide</i>	95,	<i>tri-sprintec</i>	66	VANCOMYCIN	16
	96	TRIUMEQ	20	<i>vancomycin hcl</i>	16
<i>triamcinolone</i>	98	TRIUMEQ PD	20	VANCOMYCIN HCL	16
<i>acetonide dental</i>		<i>tri-vite/fluoride</i>	83	<i>vancomycin</i>	16,
<i>paste</i>		<i>trivora-28</i>	66	<i>hydrochloride</i>	17
<i>triamterene/</i>	37	<i>tri-vylibra</i>	66	VANCOMYCIN	17
<i>hydrochlorothiazide</i>		<i>tri-vylibra lo</i>	66	HYDROCHLORIDE	
<i>triazolam</i>	53	TRIZIVIR	20	VAQTA	81
TRICARE PRENATAL	83	TROGARZO	19	VARENICLINE	56
<i>trientine</i>	61	TROPHAMINE	84	STARTING MONTH	
<i>hydrochloride</i>		<i>tropium chloride</i>	75	BOX	
<i>tri-estarylla</i>	66	<i>tropium chloride er</i>	75	VARENICLINE	56
<i>tri femynor</i>	66	TRULICITY	60	TARTRATE	
<i>trifluoperazine hcl</i>	51	TRUMENBA	80	VARIVAX	81
<i>trifluoperazine</i>	51	TRUSELTIQ	30	VASCEPA	35
<i>hydrochloride</i>		TRUXIMA	30	<i>velivet</i>	66
<i>trifluridine</i>	85	TUKYSA	30	VELTASSA	61
<i>trihexyphenidyl hcl</i>	48	TURALIO	30	VEMLIDY	21
<i>trihexyphenidyl</i>	48	TWINRIX	80	VENCLEXTA	30
<i>hydrochloride</i>		TYBOST	19	VENCLEXTA	30
TRIJARDY XR	60	<i>tydemy</i>	66	STARTING PACK	
TRIKAFTA	90	TYPHIM VI	80	VENLAFAXINE	47
<i>tri-legest fe</i>	66	UKONIQ	30	BESYLATE ER	
<i>tri-linyah</i>	66	UNITHROID	70	<i>venlafaxine hcl er</i>	47
<i>tri-lo-estarylla</i>	66	<i>ursodiol</i>	73	<i>venlafaxine</i>	47
<i>tri-lo-marzia</i>	66	<i>valacyclovir hcl</i>	21	<i>hydrochloride</i>	
<i>tri-lo-mili</i>	66	<i>valacyclovir</i>	21	<i>venlafaxine</i>	47
<i>tri-lo-sprintec</i>	66	<i>hydrochloride</i>		<i>hydrochloride er</i>	
<i>trimethobenzamide</i>	72	VALCHLOR	97	VENTAVIS	39
<i>hydrochloride</i>		<i>valganciclovir</i>	21	VENTOLIN HFA	89
<i>trimethoprim</i>	16,	<i>valganciclovir</i>	21	<i>verapamil hcl</i>	36,
	85	<i>hydrochloride</i>			37
<i>trimethoprim sulfate/</i>	85	<i>valproate sodium</i>	43	<i>verapamil hcl er</i>	37
<i>polymyxin b sulfate</i>		<i>valproic acid</i>	43	<i>verapamil hcl sr</i>	37
<i>tri-mili</i>	66	<i>valsartan</i>	33	VERAPAMIL HCL SR	37
<i>trimipramine maleate</i>	46,	<i>valsartan/</i>	33	<i>verapamil</i>	37
	47	<i>hydrochlorothiazide</i>		<i>hydrochloride</i>	
TRINTELLIX	47				

Drug name	Page	Drug name	Page	Drug name	Page
<i>verapamil</i>	37	XALKORI	31	ZOLINZA	31
<i>hydrochloride er</i>		XARELTO	76	<i>zolpidem tartrate</i>	53
VERSACLOZ	51	XARELTO STARTER	76	<i>zonisamide</i>	43
VERZENIO	30	PACK		<i>zovia 1/35</i>	67
<i>vestura</i>	66	XATMEP	78	ZTALMY	43
VICTOZA	60	XCOPRI	43	<i>zumandimine</i>	67
<i>vienna</i>	66	XELJANZ	78	ZYCLARA	97
<i>vigabatrin</i>	43	XELJANZ XR	78	ZYDELIG	31
<i>vigadrone</i>	43	XERMELO	73	ZYKADIA	31
VIIIBRYD STARTER	47	XGEVA	61	ZYLET	84
PACK		XHANCE	91	ZYPREXA RELPREVV	51
<i>vilazodone</i>	47	XIFAXAN	73	ZYTIGA	26
<i>hydrochloride</i>		XIGDUO XR	60		
<i>viorele</i>	66	XIIDRA	87		
VIRACEPT	19	XOLAIR	90		
VIREAD	19	XOSPATA	31		
VITRAKVI	30	XPOVIO	31		
VIVITROL	56	XTANDI	26		
VIZIMPRO	30	XULTOPHY	58		
<i>volnea</i>	66	XYREM	55		
VONJO	31	YF-VAX	81		
<i>voriconazole</i>	17	<i>yuvafem</i>	67		
VOSEVI	21	<i>zafirlukast</i>	89		
VOTRIENT	31	<i>zaleplon</i>	53		
VP-PNV-DHA	83	ZARXIO	76		
VRAYLAR	51	ZEJULA	31		
VRAYLAR CAP	51	ZELBORAF	31		
THERAPY PACK		<i>zenatane</i>	92		
VUMERITY	55	ZENPEP	73		
<i>vyfemla</i>	66	<i>zenzedi</i>	53		
<i>vylibra</i>	66	ZERVIAE	86		
VYVANSE	53	<i>zidovudine</i>	19		
VYZULTA	87	<i>ziprasidone hcl</i>	51		
<i>warfarin sodium</i>	76	<i>ziprasidone mesylate</i>	51		
WELIREG	27	ZIRABEV	31		
<i>wera</i>	66	ZIRGAN	85		
WESTAB PLUS	83	<i>zoledronic acid</i>	61		
<i>wymzya fe</i>	66	ZOLEDRONIC ACID	61		

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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 1-833-570-6670. 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 1-833-570-6670 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

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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 1-833-570-6670. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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