2021 Comprehensive Formulary

Aetna Medicare
(List of Covered Drugs)
GRP A1
5 Tier

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

This formulary was updated on 10/01/2020. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-888-267-2637** or for **TTY users: 711**, 8 a.m. to 9 p.m., E.S.T., Monday through Friday, or visit **AetnaRetireePlans.com** choose "Manage your prescription drugs".

Formulary ID Number: 21115 Version 8

aetna™

Updated 10/01/20

Table of contents

Mail-order Pharmacy	3
What is the Aetna Medicare Comprehensive Formulary?	4
Can the Formulary (drug list) change?	4
How do I use the Formulary?	5
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	7
Aetna Medicare Formulary	**8**
Drug tier copay levels	9
Formulary key	10
Drug list	**10**
Index of Drugs	**84**
Enhanced drug list	**102**

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

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

Mail-order Pharmacy

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

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

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

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

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

When this drug list (formulary) refers to "we," "us", or "our," it means Aetna Medicare. When it refers to "plan" or "our plan," it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Aetna Medicare Comprehensive Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

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

The enclosed formulary is current as of 10/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 84. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

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

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

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna Medicare formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Aetna Medicare Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, *tiering* or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a *31*-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first *90* days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first *90* days of membership in our plan, we will cover a *31*-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

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

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

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

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

The information in the Requirements/Limits column tells you if Aetna Medicare has any special requirements for coverage of your drug.

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

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

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

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

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

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

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

Drug tier copay levels

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

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

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

You may have drug coverage in the Coverage Gap Stage

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

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

Key*

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

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tabs	1	MO
colchicine	3	QL (120 EA per 30 days) MO
MITIGARE	3	QL (60 EA per 30 days) MO
probenecid	3	MO
probenecid/colchicine	3	MO
NSAIDS		
celecoxib caps 400mg	3	QL (30 EA per 30 days) MO
celecoxib caps 100mg, 200mg, 50mg	3	QL (60 EA per 30 days) MO
diclofenac potassium	4	QL (120 EA per 30 days) MO
diclofenac sodium dr	2	MO
diclofenac sodium er	2	MO
diflunisal	4	MO
etodolac	3	MO
etodolac er	4	MO
flurbiprofen tabs 100mg	2	MO
ibu tabs 600mg, 800mg	2	
ibuprofen	2	MO
ketorolac tromethamine tabs 10mg	2	QL (20 EA per 30 days) PA MO
meloxicam	1	MO
nabumetone	2	MO
naproxen dr	2	MO
naproxen sodium tabs 275mg, 550mg	2	MO
naproxen tabs	1	MO
naproxen susp	2	MO
oxaprozin	4	MO
piroxicam	3	MO

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

Drug name	Drug tier	Requirements/Limits
sulindac	2	MO
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch	4	QL (10 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
methadone hcl oral soln	3	QL (450 ML per 30 days) PA MO
methadone hcl tabs	3	QL (90 EA per 30 days) PA MO
methadone hcl conc	3	QL (90 ML per 30 days) PA MO
morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	4	QL (30 EA per 30 days) PA MO
morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg	4	QL (60 EA per 30 days) PA MO
morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg	3	QL (60 EA per 30 days) PA MO
morphine sulfate er tbcr 15mg	3	QL (90 EA per 30 days) PA MO
TRAMADOL HCL ER CP24 100MG, 200MG, 300MG	4	QL (30 EA per 30 days) PA MO
tramadol hcl er tb24	4	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/codeine tabs	3	QL (180 EA per 30 days) MO
acetaminophen/codeine soln	3	QL (2700 ML per 30 days) MO
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days)
fentanyl citrate oral transmucosal lozenge	5	QL (120 EA per 30 days) PA MO
hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 7.5mg/15ml	3	QL (2700 ML per 30 days) MO
hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	3	QL (180 EA per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	3	QL (150 EA per 30 days) MO
hydromorphone hcl tabs	3	QL (180 EA per 30 days) MO
hydromorphone hcl liqd	4	QL (600 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
hydromorphone hcl inj 10mg/ml	4	B/D
hydromorphone hcl inj 2mg/ml	4	B/D MO
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml	4	B/D
morphine sulfate tabs	3	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF, 25MG/ML PF, 2MG/ML PF, 4MG/ML PF, 50MG/ML, 5MG/ML PF, 8MG/ML PF	4	B/D
morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml	4	B/D
morphine sulfate pf inj 1mg/ml	4	B/D MO
morphine sulfate oral soln 10mg/5ml, 20mg/5ml	3	QL (900 ML per 30 days) MO
morphine sulfate oral soln 100mg/5ml	4	QL (180 ML per 30 days) MO
nalbuphine hcl inj 10mg/ml, 20mg/ml	3	MO
oxycodone hcl caps	3	QL (180 EA per 30 days) MO
oxycodone hydrochloride soln	3	QL (900 ML per 30 days) MO
oxycodone hydrochloride oral conc	4	QL (180 ML per 30 days) MO
oxycodone hydrochloride tabs 30mg	3	QL (120 EA per 30 days) MO
oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg	3	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
oxycodone/aspirin tabs 325mg; 4.835mg	4	QL (180 EA per 30 days) MO
tramadol hcl tabs 50mg	2	QL (240 EA per 30 days) MO
tramadol hydrochloride/ acetaminophen	4	QL (240 EA per 30 days) MO
tramadol hydrochloride tabs 100mg	2	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%	4	
lidocaine hydrochloride pf inj 1%, 2%	4	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole	5	MO
ALINIA	5	MO
amikacin sulfate	4	MO
atovaquone	4	PA MO
aztreonam	4	MO
CAYSTON	5	PA LA
chloramphenicol inj 1gm	4	
clindamycin hcl caps 300mg, 75mg	2	MO
clindamycin hydrochloride caps 150mg	2	MO
clindamycin palmitate hcl	4	MO
clindamycin phosphate/dextrose	4	
clindamycin phosphate inj 300mg/2ml, 9000mg/60ml	4	
clindamycin phosphate inj 600mg/4ml, 900mg/6ml	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
colistimethate inj	4	PA MO
dapsone tabs 100mg, 25mg	3	MO
DAPTOMYCIN INJ 350MG	5	
daptomycin inj 500mg	5	MO
EMVERM	5	QL (12 EA per 365 days) MO
ertapenem	4	MO
gentamicin sulfate pediatric	4	MO
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	4	
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	4	MO
gentamicin sulfate inj 40mg/ml	4	MO
imipenem/cilastatin	4	MO

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

Drug name	Drug tier	Requirements/Limits
isotonic gentamicin	4	MO
ivermectin	3	MO
linezolid tabs	4	QL (56 EA per 28 days) PA MO
linezolid oral susp	5	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
linezolid inj 600mg/300ml	4	PA
meropenem inj 500mg	4	
meropenem inj 1gm	4	MO
methenamine hippurate	4	MO
METHENAMINE MANDELATE	4	MO
metronidazole in nacl 0.79%	4	
metronidazole caps 375mg	3	MO
metronidazole tabs 250mg, 500mg	3	MO
neomycin tabs	2	MO
nitrofurantoin macrocrystals	3	MO
nitrofurantoin monohydrate	3	MO
nitrofurantoin oral suspension	4	MO
paromomycin caps	4	MO
pentamidine isethionate inj	4	
pentamidine isethionate inhalation solr	4	B/D
praziquantel	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
streptomycin sulfate inj	4	MO
SULFADIAZINE	4	MO
sulfamethoxazole/trimethoprim ds	1	MO
sulfamethoxazole/trimethoprim tabs	1	MO
sulfamethoxazole/trimethoprim inj, susp	4	MO
SYNERCID	5	
tinidazole	4	MO
tobramycin nebu 300mg/5ml	3	QL (280 ML per 56 days) PA
tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml	4	
tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml	4	MO

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

Drug name	Drug tier	Requirements/Limits
trimethoprim tabs	2	MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
vancomycin hcl inj 100gm, 10gm	4	
vancomycin hydrochloride caps 125mg	4	QL (120 EA per 30 days) MO
vancomycin hydrochloride caps 250mg	5	QL (240 EA per 30 days) MO
vancomycin hydrochloride inj 1gm, 5gm, 750mg	4	
vancomycin hydrochloride inj 500mg	4	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML	4	
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	5	B/D
amphotericin b	4	B/D MO
caspofungin acetate inj 70mg	4	
caspofungin acetate inj 50mg	5	
fluconazole in nacl 200mg; 0.9%	4	
fluconazole in sodium chloride 400mg; 0.9%	4	
fluconazole tabs	2	MO
fluconazole oral susp	3	MO
flucytosine	5	MO
griseofulvin microsize	4	MO
griseofulvin ultramicrosize	4	MO
itraconazole	4	PA MO
ketoconazole tabs 200mg	2	PA MO
micafungin inj 50mg	4	
micafungin inj 100mg	5	
MYCAMINE INJ 50MG	4	MO
MYCAMINE INJ 100MG	5	
NOXAFIL	5	QL (630 ML per 30 days) MO
nystatin tabs 500000unit	4	MO
posaconazole dr	5	QL (93 EA per 30 days) MO
terbinafine hcl tabs	2	QL (90 EA per 365 days) MO
voriconazole tabs	4	MO

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

Drug name	Drug tier	Requirements/Limits
voriconazole inj	4	PA
voriconazole oral susp	4	PA MO
ANTIMALARIALS		
atovaquone/proguanil hcl	4	MO
chloroquine phosphate	2	MO
COARTEM	4	MO
mefloquine hcl	3	MO
primaquine phosphate	3	MO
quinine sulfate	4	PA MO
ANTIRETROVIRAL AGENTS		
abacavir	3	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
atazanavir sulfate caps 150mg, 300mg	4	MO
atazanavir sulfate caps 200mg	5	MO
CRIXIVAN	4	MO
didanosine caps 200mg, 250mg, 400mg	4	MO
EDURANT	5	MO
efavirenz caps 50mg	3	MO
efavirenz caps 200mg	4	MO
efavirenz tabs	5	MO
EMTRIVA	3	MO
fosamprenavir calcium	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE TABS	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK	3	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	5	MO
lamivudine soln 10mg/ml	4	MO
lamivudine tabs 150mg, 300mg	4	MO
LEXIVA	4	MO

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

Drug name	Drug tier	Requirements/Limits
nevirapine er tb24 100mg	3	
nevirapine er tb24 400mg	3	MO
nevirapine tabs	3	MO
nevirapine susp	4	
NORVIR PACK, ORAL SOLN	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	4	MO
REYATAZ CAPS 150MG,200 MG, PACK	5	MO
ritonavir	3	MO
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
stavudine	3	MO
tenofovir tabs	4	MO
TIVICAY PD	4	
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIDEX EC CAPS 125MG	4	MO
VIDEX PEDIATRIC	4	MO
VIRACEPT TABS	5	MO
VIREAD	5	MO
zidovudine	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate/lamivudine	4	MO
abacavir sulfate/ lamivudine/zidovudine	5	MO
ATRIPLA	5	MO

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

Drug name	Drug tier	Requirements/Limits
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
lamivudine/zidovudine	4	MO
lopinavir/ritonavir	4	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRUVADA	5	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
cycloserine	5	MO
ethambutol hydrochloride tabs 400mg	4	MO
isoniazid tabs	1	MO
isoniazid syrp	2	MO
isoniazid inj	4	
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
pyrazinamide	4	MO
rifabutin	4	MO
rifampin caps	3	MO
rifampin inj	4	
RIFATER	4	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
cefadroxil	2	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
cefazolin sodium iv inj 1gm	4	
cefazolin sodium inj 10gm, 1gm, 500mg	4	MO
cefdinir caps	2	MO
cefdinir oral susp	3	MO
cefepime	4	MO
cefixime	4	MO
cefotetan	4	
cefoxitin sodium	4	
cefpodoxime proxetil	4	MO
cefprozil	3	MO
CEFTAZIDIME/DEXTROSE	4	
ceftazidime inj 6gm	4	
ceftazidime inj 1gm, 2gm	4	MO
ceftriaxone in iso-osmotic dextrose	4	
CEFTRIAXONE SODIUM INJ 100GM	4	
ceftriaxone sodium iv inj 1gm	4	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	4	MO
cefuroxime axetil tabs	3	MO
cefuroxime sodium inj 1.5gm, 7.5gm	4	
cefuroxime sodium inj 750mg	4	MO
cephalexin	2	MO
tazicef	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin oral susp, tabs	2	MO
azithromycin inj	4	MO
clarithromycin oral susp, tabs	3	MO
DIFICID	5	MO

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

Drug name	Drug tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
erythromycin base	3	MO
erythromycin dr	4	MO
erythromycin ethylsuccinate tabs	3	MO
erythromycin stearate	3	MO
erythromycin cpep 250mg	3	MO
FLUOROQUINOLONES		
ciprofloxacin hcl tabs 100mg, 750mg	3	MO
ciprofloxacin hydrochloride tabs 250mg, 500mg	3	MO
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	4	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	4	MO
levofloxacin in d5w	4	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25mg/ml	3	MO
levofloxacin tabs 250mg, 500mg, 750mg	2	MO
PENICILLINS		
amoxicillin	1	MO
amoxicillin/clavulanate potassium	2	MO
amoxicillin/clavulanate potassium er	4	MO
ampicillin caps 500mg	1	MO
ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv	4	
ampicillin sodium inj 1gm, 2gm, 500mg	4	MO
ampicillin-sulbactam	4	
BICILLIN L-A	4	MO
dicloxacillin caps	3	MO
oxacillin sodium inj 10gm, 1gm	4	
oxacillin sodium inj 2gm	4	MO
penicillin g potassium	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
PENICILLIN G PROCAINE	4	MO

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

Drug name	Drug tier	Requirements/Limits
penicillin g sodium	4	
penicillin v potassium oral soln	1	MO
penicillin v potassium tabs	2	MO
piperacillin sodium/tazobactam sodium	4	
piperacillin/tazobactam	4	
TETRACYCLINES		
doxy 100 inj	4	MO
doxycycline hyclate caps, tabs	3	MO
doxycycline hyclate dr	4	MO
doxycycline monohydrate tabs	2	MO
doxycycline monohydrate caps	4	MO
doxycycline tabs 50mg	2	MO
doxycycline oral susp 25mg/5ml	3	MO
minocycline hcl	2	MO
minocycline hydrochloride caps 100mg, 50mg	2	MO
mondoxyne nl caps 100mg, 75mg	4	
morgidox 1x100mg	4	
morgidox 2x100mg	4	
okebo	4	
tetracycline hydrochloride	4	MO
tigecycline	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	
busulfan	5	
carboplatin	3	
carmustine	5	
cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml	3	
cyclophosphamide caps	3	B/D MO
cyclophosphamide inj	4	
GLEOSTINE CAPS 10MG	4	MO
GLEOSTINE CAPS 100MG, 40MG	5	MO
IFOSFAMIDE INJ 3GM	4	

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

Drug name	Drug tier	Requirements/Limits
ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml	4	
LEUKERAN	5	MO
melphalan hydrochloride inj	5	
melphalan tabs	4	B/D MO
oxaliplatin	4	
paraplatin	3	
thiotepa	5	
ANTIBIOTICS		
bleomycin sulfate	4	B/D
dactinomycin	5	
daunorubicin hydrochloride	4	
doxorubicin hcl liposome 2mg/ml	4	
doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml	4	
epirubicin hcl	4	
idarubicin hcl	4	
mitomycin inj 20mg, 5mg	4	
mitomycin inj 40mg	5	
mutamycin inj 20mg, 5mg	4	
mutamycin inj 40mg	5	
ANTIMETABOLITES		
adrucil	3	B/D
ALIMTA	5	
azacitidine	5	
cladribine	4	B/D
clofarabine	5	
cytarabine aqueous	4	B/D
decitabine	4	
fludarabine phosphate	4	
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	3	B/D
gemcitabine hcl inj 1gm, 200mg, 2gm	4	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
gemcitabine hydrochloride inj 200mg/2ml	4	

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

Drug name	Drug tier	Requirements/Limits
gemcitabine inj 38mg/ml	4	
mercaptopurine	4	MO
methotrexate sodium inj 1gm/40ml, 1gm	3	
methotrexate sodium inj 250mg/10ml, 50mg/2ml	3	MO
methotrexate pf inj 50mg/2ml	3	MO
PURIXAN	5	
TABLOID	4	MO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	5	PA
anastrozole	2	MO
bicalutamide	3	MO
DEPO-PROVERA INJ 400MG/ML	4	
EMCYT	4	MO
ERLEADA	5	PA LA
exemestane	4	MO
flutamide	4	MO
fulvestrant	5	
letrozole	2	MO
leuprolide acetate	3	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA
LYSODREN	3	
megestrol acetate tabs 20mg, 40mg	3	MO
nilutamide	5	MO
NUBEQA	5	PA
SOLTAMOX	5	MO
tamoxifen citrate	2	MO
toremifene citrate	4	PA MO
TRELSTAR MIXJECT	5	PA
XTANDI	5	PA LA
ZYTIGA	5	PA LA
IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG	5	QL (21 EA per 21 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
POMALYST CAPS 3MG, 4MG	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA
MISCELLANEOUS		
arsenic trioxide	5	
bexarotene	5	PA
dacarbazine	4	
hydroxyurea	2	MO
IMLYGIC	5	PA
INQOVI	5	QL (5 EA per 28 days) PA
irinotecan hcl inj 100mg/5ml	4	
irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml	4	
irinotecan inj 500mg/25ml	4	
KISQALI FEMARA 200MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	5	PA
LONSURF	5	PA
MATULANE	5	LA
mitoxantrone hcl	3	
SYLATRON KIT 200MCG, 300MCG	5	PA
SYNRIBO	5	PA
topotecan hcl	5	
tretinoin caps 10mg	5	MO
MITOTIC INHIBITORS		
ABRAXANE	5	
DOCETAXEL INJ 160MG/16ML	4	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	5	
docetaxel inj 20mg/ml, 80mg/4ml	4	
etoposide inj	3	
paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml	4	

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

Drug name	Drug tier	Requirements/Limits
toposar	3	
vinblastine sulfate	4	B/D
vincristine sulfate	4	B/D
vinorelbine tartrate	4	
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
ALECENSA	5	PA LA
ALUNBRIG	5	PA LA
AVASTIN	5	PA LA
AYVAKIT	5	QL (30 EA per 30 days) PA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA MO
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA MO
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA MO
BORTEZOMIB	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA LA MO
BRUKINSA	5	QL (120 EA per 30 days) PA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	PA LA MO
CAPRELSA	5	PA LA MO
COMETRIQ	5	PA LA
COPIKTRA	5	PA LA MO
COTELLIC	5	PA LA
DAURISMO	5	PA LA
ENHERTU	5	PA
ERIVEDGE	5	PA LA
erlotinib hydrochloride tabs 100mg, 150mg	5	QL (30 EA per 30 days) PA
erlotinib hydrochloride tabs 25mg	5	QL (90 EA per 30 days) PA
everolimus tabs 2.5mg, 5mg, 7.5mg	5	QL (30 EA per 30 days) PA
FARYDAK CAPS 10MG, 20MG	5	PA LA
GILOTRIF	5	PA LA MO
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA

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

Drug name	Drug tier	Requirements/Limits
IBRANCE TABS	5	QL (21 EA per 28 days) PA
IBRANCE CAPS	5	QL (21 EA per 28 days) PA LA
ICLUSIG	5	PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
imatinib mesylate tabs 400mg	5	QL (60 EA per 30 days) PA
imatinib mesylate tabs 100mg	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	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
IRESSA	5	PA LA
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA	5	PA
KISQALI	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LORBRENA	5	PA LA
LYNPARZA	5	PA LA
MEKINIST	5	PA LA
MEKTOVI	5	PA LA
NERLYNX	5	PA LA
NEXAVAR	5	PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PADCEV	5	PA
PEMAZYRE	5	QL (14 EA per 21 days) PA MO
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA

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

Drug name	Drug tier	Requirements/Limits
QINLOCK	5	QL (90 EA per 30 days) PA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
ROMIDEPSIN	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA
RUBRACA	5	PA LA
RYDAPT	5	PA
SARCLISA	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA LA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	PA LA
TAGRISSO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	PA
TAZVERIK	5	QL (240 EA per 30 days) PA MO
TECENTRIQ INJ 840MG/14ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA LA
temsirolimus	5	
TIBSOVO	5	PA LA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA MO
TURALIO	5	QL (120 EA per 30 days) PA MO
TYKERB	5	PA LA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	PA LA MO
VENCLEXTA TABS 10MG	4	PA LA MO
VENCLEXTA TABS 100MG, 50MG	5	PA LA MO
VERZENIO	5	PA LA
VITRAKVI	5	PA LA
VIZIMPRO	5	PA LA
VOTRIENT	5	PA LA
XALKORI	5	PA LA

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

Drug name	Drug tier	Requirements/Limits
XOSPATA	5	PA LA MO
XPOVIO 100 MG ONCE WEEKLY	5	QL (20 EA per 28 days) PA MO
XPOVIO 40 MG ONCE WEEKLY	5	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	5	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	5	QL (12 EA per 28 days) PA MO
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	5	QL (16 EA per 28 days) PA MO
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA MO
ZEJULA	5	PA LA MO
ZELBORAF	5	PA LA
ZOLINZA	5	PA
ZYDELIG	5	PA LA
ZYKADIA	5	PA
PROTECTIVE AGENTS		
dexrazoxane	4	
leucovorin calcium tabs	3	MO
leucovorin calcium inj	4	
levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml	4	
levoleucovorin inj 50mg	5	
mesna	4	
MESNEX	5	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride	2	QL (30 EA per 30 days) MO
benazepril hcl/hydrochlorothiazide	2	MO
captopril/hydrochlorothiazide	1	MO
enalapril maleate/hydrochlorothiazide	1	MO
fosinopril sodium/hydrochlorothiazide	1	MO
lisinopril/hydrochlorothiazide	1	MO
quinapril/hydrochlorothiazide	2	MO
ACE INHIBITORS		
benazepril hcl tabs 10mg, 50mg, 5mg	1	MO
benazepril hydrochloride tabs 20mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
captopril	3	MO
enalapril maleate	1	MO
fosinopril sodium	1	MO
lisinopril	1	MO
moexipril hcl	1	MO
perindopril erbumine	2	MO
quinapril hcl tabs 20mg, 40mg, 5mg	1	MO
quinapril hydrochloride tabs 10mg	1	MO
ramipril	1	MO
trandolapril	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	4	MO
spironolactone	1	MO
ALPHA BLOCKERS		
doxazosin mesylate	2	MO
prazosin hcl caps 1mg, 5mg	3	MO
prazosin hydrochloride caps 2mg	3	MO
terazosin hcl caps 10mg, 1mg, 5mg	1	MO
terazosin hydrochloride caps 2mg	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate/valsartan	2	QL (30 EA per 30 days) MO
amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	2	QL (30 EA per 30 days) MO
amlodipine/valsartan/ hydrochlorothiazide tabs 5mg; 12.5mg; 160mg	2	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg	3	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	3	QL (60 EA per 30 days) MO
ENTRESTO	3	MO
irbesartan/hydrochlorothiazide	2	QL (30 EA per 30 days) MO
losartan potassium/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
telmisartan/amlodipine	4	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg	3	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	3	QL (60 EA per 30 days) MO
valsartan/hydrochlorothiazide	2	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	3	QL (30 EA per 30 days) MO
eprosartan mesylate	2	QL (30 EA per 30 days)
irbesartan	1	QL (30 EA per 30 days) MO
losartan potassium tabs 100mg	1	QL (30 EA per 30 days) MO
losartan potassium tabs 25mg, 50mg	1	QL (60 EA per 30 days) MO
telmisartan	4	QL (30 EA per 30 days) MO
valsartan tabs 320mg	2	QL (30 EA per 30 days) MO
valsartan tabs 160mg, 40mg, 80mg	2	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hcl	2	MO
amiodarone hydrochloride	2	MO
disopyramide phosphate	4	PA MO
dofetilide	4	
flecainide acetate	3	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
lidocaine hcl prefilled syringe inj 100mg/5ml, 50mg/5ml	4	
MULTAQ	4	MO
NORPACE CR	4	MO
pacerone	2	
propafenone hcl tabs	3	MO
propafenone hydrochloride er	4	MO
quinidine sulfate	2	MO
sorine	2	
sotalol hcl	2	MO
sotalol hcl (af)	2	MO
ANTILIPEMICS, FIBRATES		
fenofibrate	3	MO

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

Drug name	Drug tier	Requirements/Limits
fenofibrate micronized caps 67mg, 134mg, 200mg	3	MO
fenofibric acid dr caps	4	MO
gemfibrozil	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium	1	QL (30 EA per 30 days) MO
fluvastatin caps	4	QL (60 EA per 30 days) MO
fluvastatin sodium er tabs	4	QL (30 EA per 30 days) MO
lovastatin	1	MO
pravastatin sodium	1	QL (30 EA per 30 days) MO
rosuvastatin calcium	3	QL (30 EA per 30 days) MO
simvastatin	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	4	MO
cholestyramine light	4	MO
colesevelam hydrochloride	3	MO
colestipol hcl	4	MO
ezetimibe	4	MO
JUXTAPID	5	PA LA MO
niacin er tbcr 1000mg, 750mg	4	MO
niacin er tbcr 500mg	4	QL (60 EA per 30 days) MO
omega-3-acid ethyl esters	4	QL (120 EA per 30 days) MO
PRALUENT	3	PA MO
prevalite	4	MO
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone	3	MO
bisoprolol fumarate/hydrochlorothiazide	2	MO
metoprolol/hydrochlorothiazide	3	MO
propranolol/hydrochlorothiazide	2	MO
BETA-BLOCKERS		
acebutolol hcl caps 200mg	2	MO
acebutolol hydrochloride caps 400mg	2	MO
atenolol	1	MO
betaxolol hcl tabs 10mg, 20mg	3	MO
bisoprolol fumarate	2	MO

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

Drug name	Drug tier	Requirements/Limits
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
carvedilol tabs	1	MO
labetalol hydrochloride tabs	3	MO
labetalol hydrochloride inj 5mg/ml	4	MO
metoprolol succinate er	2	MO
metoprolol tartrate tabs	1	MO
metoprolol tartrate cartridge 5mg/5ml	4	
metoprolol tartrate vial 5mg/5ml	4	MO
nadolol	4	MO
pindolol	3	MO
propranolol hcl er caps 120mg, 160mg	4	MO
propranolol hcl oral soln, tabs 40mg, 80mg	3	MO
propranolol hcl inj	4	
propranolol hydrochloride er caps 60mg, 80mg	4	MO
propranolol hydrochloride tabs 10mg, 20mg, 60mg	3	MO
timolol maleate tabs 10mg, 20mg, 5mg	1	MO
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	1	MO
cartia xt	2	
dilt-xr	2	MO
diltiazem hcl cd	2	MO
diltiazem hcl er caps, tabs	2	MO
diltiazem hcl tabs	2	MO
DILTIAZEM HCL INJ 100MG	4	
diltiazem hcl inj 125mg/25ml, 50mg/10ml	4	
diltiazem hydrochloride inj 25mg/5ml	4	
isradipine	2	MO
matzim la	2	MO
nicardipine hcl	4	MO
NYMALIZE ORAL SOLN	5	

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

Drug name	Drug tier	Requirements/Limits
taztia xt	2	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
tiadylt er cp24 420mg	2	MO
verapamil hcl 40mg, 80mg	1	MO
verapamil hcl er caps, tabs	2	MO
VERAPAMIL HCL SR CP24 360MG	3	MO
verapamil hcl sr cp24 120mg, 180mg, 240mg	2	MO
verapamil hcl sr tbcr 240mg	2	MO
verapamil hydrochloride er caps 200mg	2	MO
verapamil hydrochloride tabs 120mg	1	MO
verapamil hcl inj 2.5mg/ml	4	MO
DIURETICS		
acetazolamide er caps	4	MO
acetazolamide tabs	3	MO
amiloride hcl	3	MO
amiloride/hydrochlorothiazide	2	MO
bumetanide tabs	3	MO
bumetanide inj	4	MO
chlorthalidone	2	MO
furosemide oral soln, tabs	1	MO
furosemide inj	4	MO
hydrochlorothiazide	1	MO
indapamide	2	MO
methazolamide	4	MO
metolazone	4	MO
spironolactone/hydrochlorothiazide	3	MO
torsemide	3	MO
triamterene/hydrochlorothiazide	1	MO
MISCELLANEOUS		
aliskiren	4	MO
amlodipine besylate/atorvastatin calcium	3	MO
clonidine hcl weekly patch	3	QL (8 EA per 28 days) MO
clonidine hydrochloride tabs	2	MO

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

Drug name	Drug tier	Requirements/Limits
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
DEMSER	5	PA MO
digitek	3	QL (30 EA per 30 days)
digox	3	QL (30 EA per 30 days)
digoxin tabs	3	QL (30 EA per 30 days) MO
digoxin inj	4	MO
hydralazine hcl tabs 10mg	2	MO
hydralazine hcl inj	4	MO
hydralazine hydrochloride tabs 100mg, 25mg, 50mg	2	MO
midodrine hcl	4	MO
minoxidil	2	MO
NORTHERA CAPS 200MG, 300MG	5	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	5	QL (90 EA per 30 days) PA LA
ranolazine er	4	MO
NITRATES		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	3	MO
isosorbide mononitrate er tabs	2	MO
isosorbide mononitrate immediate release tabs	1	MO
minitran	3	
NITRO-BID	3	MO
NITRO-DUR	4	MO
nitroglycerin lingual spray 0.4mg	4	MO
nitroglycerin patch	3	MO
NITROGLYCERIN INJ	4	
nitroglycerin subl	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 EA per 30 days) PA LA
alyq	5	PA
ambrisentan	5	QL (30 EA per 30 days) PA
bosentan tabs 62.5mg	5	QL (120 EA per 30 days) PA
bosentan tabs 125mg	5	QL (60 EA per 30 days) PA
epoprostenol sodium	4	B/D LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
sildenafil citrate tabs 20mg	3	QL (90 EA per 30 days) PA
tadalafil (generic adcirca) tabs 20mg	5	PA
TRACLEER	5	QL (120 EA per 30 days) PA
VENTAVIS	5	PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tabs 0.25mg, 0.5mg	3	QL (120 EA per 30 days) MO
alprazolam tabs 1mg, 2mg	3	QL (150 EA per 30 days) MO
buspirone hcl tabs 15mg, 30mg	2	MO
buspirone hydrochloride tabs 10mg, 5mg, 7.5mg	2	MO
fluvoxamine maleate tabs	4	MO
lorazepam conc	2	QL (150 ML per 30 days) MO
lorazepam inj	4	QL (150 ML per 30 days) MO
lorazepam tabs 0.5mg	2	QL (120 EA per 30 days) MO
lorazepam tabs 1mg, 2mg	2	QL (150 EA per 30 days) MO
ANTICONVULSANTS		
APTIOM	5	MO
BANZEL	5	PA MO
BRIVIACT INJ	5	PA
BRIVIACT ORAL SOLN, TABS	5	PA MO
carbamazepine chew, susp, tabs	2	MO
carbamazepine er	4	MO
CELONTIN	4	MO
clobazam tabs	4	PA MO
clobazam susp	5	PA MO
clonazepam odt tbdp 2mg	3	QL (300 EA per 30 days) MO
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	3	QL (90 EA per 30 days) MO
clonazepam tabs 2mg	3	QL (300 EA per 30 days) MO
clonazepam tabs 0.5mg, 1mg	3	QL (90 EA per 30 days) MO
clorazepate dipotassium tabs 15mg	3	QL (180 EA per 30 days) PA MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	3	QL (90 EA per 30 days) PA MO
DIAZEPAM RECTAL GEL	4	MO
diazepam tabs	3	QL (120 EA per 30 days) PA MO
diazepam oral conc 5mg/ml	3	QL (240 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
diazepam oral soln	4	QL (1200 ML per 30 days) PA MO
diazepam inj	4	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
divalproex sodium dr	3	MO
divalproex sodium er	4	MO
divalproex sodium sprinkle caps	3	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
epitol	4	
ethosuximide caps	3	MO
ethosuximide soln	4	MO
felbamate	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA
fosphenytoin sodium inj 100mg pe/2ml	4	
fosphenytoin sodium inj 500mg pe/10ml	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, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
gabapentin caps 300mg	3	QL (360 EA per 30 days) MO
gabapentin caps 100mg, 400mg	3	QL (90 EA per 30 days) MO
gabapentin soln	3	QL (2160 ML per 30 days) MO
gabapentin tabs 600mg	3	QL (180 EA per 30 days) MO
gabapentin tabs 800mg	3	QL (90 EA per 30 days) MO
lamotrigine chew, tabs	2	MO
levetiracetam/sodium chloride	4	
levetiracetam oral soln, tabs	2	MO
levetiracetam inj	4	
NAYZILAM	4	QL (10 EA per 30 days) PA MO
oxcarbazepine tabs	3	MO
oxcarbazepine susp	4	MO
PEGANONE	4	MO
PHENOBARBITAL SODIUM INJ	4	PA
PHENOBARBITAL TABS	4	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
PHENOBARBITAL ELIX	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
phenytoin chew, susp	3	MO
phenytoin sodium er caps	3	MO
phenytoin sodium inj	4	
pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg	3	QL (120 EA per 30 days) PA MO
pregabalin caps 225mg, 300mg	3	QL (60 EA per 30 days) PA MO
pregabalin caps 200mg	3	QL (90 EA per 30 days) PA MO
pregabalin soln	3	QL (900 ML per 30 days) PA MO
primidone	2	MO
roweepra	2	
SPRITAM	4	PA MO
subvenite	2	
SYMPAZAN FILM 5MG	4	PA MO
SYMPAZAN FILM 10MG, 20MG	5	PA MO
tiagabine hydrochloride tabs	4	MO
topiramate sprinkle caps, tabs	2	MO
valproate sodium inj 100mg/ml	4	
valproic acid caps, soln	2	MO
VALTOCO	4	QL (10 EA per 30 days) PA
vigabatrin	5	QL (180 EA per 30 days) PA
vigadrone	4	QL (180 EA per 30 days) PA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	MO
VIMPAT TABS 50MG	4	MO
VIMPAT TABS 100MG, 150MG, 200MG	5	MO
XCOPRI TABS 150MG	5	
XCOPRI TABS 100MG, 200MG, 50MG	5	MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	MO
XCOPRI MAINTENACE PACK	5	
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	MO
zonisamide	3	MO

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

Drug name	Drug tier	Requirements/Limits
ANTIDEMENTIA		
donepezil hcl odt tabs 5mg, 10mg	2	QL (30 EA per 30 days) MO
donepezil hcl tabs 10mg	2	QL (60 EA per 30 days) MO
donepezil hcl tabs 23mg	3	QL (30 EA per 30 days) MO
donepezil hydrochloride tabs 5mg	2	QL (30 EA per 30 days) MO
galantamine hydrobromide er	4	QL (30 EA per 30 days) MO
galantamine hydrobromide soln	4	QL (200 ML per 30 days) MO
galantamine hydrobromide tabs	4	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	3	QL (98 EA per 365 days) PA MO
memantine hydrochloride er	4	PA MO
memantine hydrochloride soln	3	QL (360 ML per 30 days) PA MO
memantine hydrochloride tabs	3	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
rivastigmine tartrate caps	4	QL (60 EA per 30 days) MO
rivastigmine patch	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
amitriptyline hcl tabs 100mg, 10mg, 150mg, 25mg, 75mg	3	PA MO
amitriptyline hydrochloride tabs 50mg	3	PA MO
amoxapine	3	MO
bupropion hcl tabs 100mg	3	QL (180 EA per 30 days) MO
bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg	3	QL (60 EA per 30 days) MO
bupropion hydrochloride er (xl)	3	QL (30 EA per 30 days) MO
bupropion hydrochloride tabs 75mg	3	QL (180 EA per 30 days) MO
citalopram hydrobromide soln	3	QL (600 ML per 30 days) MO
citalopram hydrobromide tabs 10mg	1	QL (120 EA per 30 days) MO
citalopram hydrobromide tabs 40mg	1	QL (30 EA per 30 days) MO
citalopram hydrobromide tabs 20mg	1	QL (60 EA per 30 days) MO
clomipramine hcl caps	4	PA MO
desipramine hcl tabs	4	MO
desvenlafaxine er	3	QL (30 EA per 30 days) PA MO
doxepin hcl caps 10mg, 50mg, 75mg, 100mg, 150mg, oral conc 10mg/ml	3	PA MO
doxepin hydrochloride caps 25mg	3	PA MO

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

Drug name	Drug tier	Requirements/Limits
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
duloxetine hydrochloride caps 20mg, 30mg, 60mg	3	QL (60 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) PA MO
escitalopram oxalate soln	3	QL (600 ML per 30 days) MO
escitalopram oxalate tabs 20mg	3	QL (30 EA per 30 days) MO
escitalopram oxalate tabs 10mg, 5mg	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
fluoxetine dr caps 90mg	4	QL (4 EA per 28 days) MO
fluoxetine hcl caps 20mg	2	QL (120 EA per 30 days) MO
fluoxetine hydrochloride caps 10mg	2	QL (30 EA per 30 days) MO
fluoxetine hydrochloride caps 40mg	2	QL (60 EA per 30 days) MO
fluoxetine hydrochloride (generic Prozac) oral soln, tabs 10mg, 20mg	2	MO
imipramine hcl tabs 25mg, 50mg	3	PA MO
imipramine hydrochloride tabs 10mg	3	PA MO
maprotiline hcl	4	MO
MARPLAN	4	QL (180 EA per 30 days) MO
mirtazapine odt	3	QL (30 EA per 30 days) MO
mirtazapine tabs	2	QL (30 EA per 30 days) MO
nefazodone hcl tabs 100mg, 150mg	4	MO
nefazodone hydrochloride tabs 200mg, 250mg, 50mg	4	MO
nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml	3	MO
nortriptyline hydrochloride caps 10mg, 50mg	3	MO
paroxetine hcl immediate release tabs 30mg, 40mg	2	QL (60 EA per 30 days) MO
paroxetine hydrochloride immediate release tabs 10mg, 20mg	2	QL (30 EA per 30 days) MO
PAXIL	4	QL (900 ML per 30 days) MO
perphenazine/amitriptyline	4	PA MO
phenelzine sulfate	3	MO

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

Drug name	Drug tier	Requirements/Limits
protriptyline hcl	4	MO
sertraline hcl oral conc	3	QL (300 ML per 30 days) MO
sertraline hcl tabs 25mg	1	QL (30 EA per 30 days) MO
sertraline hcl tabs 50mg	1	QL (60 EA per 30 days) MO
sertraline hydrochloride tabs 100mg	1	QL (60 EA per 30 days) MO
tranylcypromine sulfate	4	MO
trazodone hydrochloride tabs	2	MO
trimipramine maleate caps 50mg	4	QL (120 EA per 30 days) PA MO
trimipramine maleate caps 25mg	4	QL (240 EA per 30 days) PA MO
trimipramine maleate caps 100mg	4	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) MO
venlafaxine hcl er cp24 37.5mg	3	QL (30 EA per 30 days) MO
venlafaxine hcl er cp24 150mg	3	QL (60 EA per 30 days) MO
venlafaxine hcl er tb24 37.5mg	3	QL (30 EA per 30 days) MO
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	3	MO
venlafaxine hydrochloride er cp24 75mg	3	QL (30 EA per 30 days) MO
venlafaxine hydrochloride er tb24 225mg, 75mg	3	QL (30 EA per 30 days) MO
venlafaxine hydrochloride er tb24 150mg	3	QL (60 EA per 30 days) MO
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
ZOLOFT ORAL CONC	4	QL (300 ML per 30 days) MO
ANTIPARKINSONIAN AGENTS		
amantadine hcl tabs	3	MO
amantadine hcl syrp	4	MO
amantadine hcl caps	4	QL (120 EA per 30 days) MO
APOKYN	5	QL (60 ML per 30 days) PA LA
benztropine mesylate inj	2	MO
benztropine mesylate tabs	3	PA MO
bromocriptine mesylate tabs, caps	4	MO
carbidopa tabs	5	MO
carbidopa/levodopa	2	MO

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

Drug name	Drug tier	Requirements/Limits
carbidopa/levodopa er	4	MO
carbidopa/levodopa odt	3	MO
entacapone	4	MO
NEUPRO	4	MO
pramipexole dihydrochloride immediate release tabs	2	MO
rasagiline mesylate	3	MO
ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	MO
ropinirole hydrochloride immediate release tabs 0.25mg, 3mg	2	MO
selegiline hcl tabs, caps	2	MO
trihexyphenidyl hcl oral soln	3	PA MO
trihexyphenidyl hydrochloride tabs	3	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
aripiprazole odt	5	QL (60 EA per 30 days) MO
aripiprazole tabs	4	QL (30 EA per 30 days) MO
aripiprazole soln	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)
CAPLYTA	5	QL (30 EA per 30 days) PA MO
chlorpromazine hcl tabs	4	MO
CHLORPROMAZINE HCL INJ 50MG/2ML	4	
CHLORPROMAZINE HCL INJ 25MG/ML	4	MO
CLOZAPINE ODT TBDP 200MG	4	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
clozapine odt tbdp 12.5mg, 25mg	4	PA
clozapine odt tbdp 100mg	4	QL (270 EA per 30 days) PA
clozapine tabs	3	
FANAPT TITRATION PACK	4	PA MO
FANAPT TABS 1MG	4	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO
fluphenazine decanoate inj	4	MO
fluphenazine hcl oral conc, tabs	2	MO
fluphenazine hcl inj	4	MO
fluphenazine hydrochloride oral elixir	2	MO
GEODON	4	QL (6 EA per 3 days) MO
haloperidol decanoate inj	4	MO
haloperidol lactate inj	4	MO
haloperidol tabs	3	MO
haloperidol oral conc	4	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
loxapine caps 10mg	3	MO
loxapine succinate caps 25mg, 50mg, 5mg	3	MO
molindone hydrochloride	3	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
olanzapine odt	4	QL (30 EA per 30 days) MO
olanzapine inj	4	QL (3 EA per 1 days) MO
olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg	3	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	3	QL (60 EA per 30 days) MO
paliperidone er tb24 1.5mg, 3mg	4	QL (30 EA per 30 days) MO
paliperidone er tb24 6mg	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 8.

Drug name	Drug tier	Requirements/Limits
paliperidone er tb24 9mg	5	QL (30 EA per 30 days) MO
perphenazine	4	MO
PERSERIS	5	QL (1 EA per 30 days)
pimozide	4	MO
quetiapine fumarate er tb24 150mg, 200mg	4	QL (30 EA per 30 days) PA MO
quetiapine fumarate er tb24 300mg, 400mg, 50mg	4	QL (60 EA per 30 days) PA MO
quetiapine fumarate tabs 200mg	3	QL (120 EA per 30 days) MO
quetiapine fumarate tabs 25mg	3	QL (180 EA per 30 days) MO
quetiapine fumarate tabs 300mg, 400mg	3	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg, 50mg	3	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
risperidone odt tbdp 1mg, 2mg, 3mg, 4mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 0.25mg, 0.5mg	4	QL (90 EA per 30 days) MO
risperidone soln	3	MO
risperidone tabs 4mg	3	QL (120 EA per 30 days) MO
risperidone tabs 1mg, 2mg	3	QL (60 EA per 30 days) MO
risperidone tabs 0.25mg, 0.5mg, 3mg	3	QL (90 EA per 30 days) MO
SAPHRIS	5	QL (60 EA per 30 days) MO
SECUADO	5	QL (30 EA per 30 days)
thioridazine hcl tabs	3	PA MO
thiothixene	4	MO
trifluoperazine hcl	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) PA MO
ziprasidone hcl caps	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ziprasidone mesylate inj	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	3	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 20mg	3	QL (90 EA per 30 days) MO
atomoxetine caps 10mg, 18mg, 25mg	4	QL (120 EA per 30 days) MO
atomoxetine caps 100mg, 60mg, 80mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 40mg	4	QL (60 EA per 30 days) MO
dextroamphetamine sulfate tabs	4	QL (180 EA per 30 days) MO
dextroamphetamine sulfate soln	4	QL (1800 ML per 30 days) MO
guanfacine er	3	QL (30 EA per 30 days) PA MO
metadate er	4	QL (90 EA per 30 days)
methylphenidate hydrochloride	3	QL (90 EA per 30 days) MO
methylphenidate hydrochloride er cp24 (generic ritalin la) 60mg	4	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er cp24 10mg, 15mg, 50mg, 60mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg	4	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg	4	QL (60 EA per 30 days) MO
methylphenidate hydrochloride er tbcr 10mg, 20mg	4	QL (90 EA per 30 days) MO
zenzedi	4	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 EA per 30 days) MO
doxepin hydrochloride tabs 3mg, 6mg	3	QL (30 EA per 30 days) MO
HETLIOZ	5	PA LA MO
temazepam caps 15mg, 30mg	4	QL (30 EA per 30 days) PA MO
zaleplon caps 5mg	3	QL (30 EA per 30 days) PA MO
zaleplon caps 10mg	3	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
zolpidem tartrate immediate release tabs	2	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
dihydroergotamine mesylate inj	4	PA MO
dihydroergotamine mesylate nasal soln	5	QL (8 ML per 30 days) PA MO
eletriptan hydrobromide	4	QL (12 EA per 30 days) MO
ergotamine tartrate/caffeine	3	MO
naratriptan hcl	3	QL (9 EA per 30 days) MO
rizatriptan benzoate odt	3	QL (12 EA per 30 days) MO
rizatriptan benzoate tabs	3	QL (12 EA per 30 days) MO
sumatriptan nasal spray	2	QL (12 EA per 30 days) MO
sumatriptan succinate refill	4	QL (4 ML per 30 days) MO
sumatriptan succinate tabs	2	QL (9 EA per 30 days) MO
sumatriptan succinate prefilled syringe 6mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	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
GUANIDINE HCL	4	
lithium carbonate caps, tabs	1	MO
lithium carbonate er	4	MO
LITHIUM ORAL SOLN	4	MO
LYRICA CR	3	QL (60 EA per 30 days) PA MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
pyridostigmine bromide	3	MO
pyridostigmine bromide er	3	MO
riluzole	3	MO
tetrabenazine tabs 25mg	5	QL (120 EA per 30 days) PA
tetrabenazine tabs 12.5mg	5	QL (90 EA per 30 days) PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
dalfampridine er	5	PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen	3	MO
CHLORZOXAZONE TABS 250MG	3	QL (180 EA per 30 days) PA
chlorzoxazone tabs 500mg	3	QL (180 EA per 30 days) PA MO
cyclobenzaprine hydrochloride tabs 10mg, 5mg	3	QL (90 EA per 30 days) PA MO
dantrolene sodium caps 25mg, 50mg, 100mg	4	MO
tizanidine hcl tabs 2mg	2	MO
tizanidine hcl caps	4	MO
tizanidine hydrochloride tabs 4mg	2	MO
NARCOLEPSY/CATAPLEXY		
armodafinil	4	QL (30 EA per 30 days) PA MO
modafinil tabs 100mg	3	QL (30 EA per 30 days) PA MO
modafinil tabs 200mg	3	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA MO
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr	4	MO
buprenorphine hcl	2	QL (90 EA per 30 days) PA MO
buprenorphine hcl/naloxone hcl subl tabs	2	QL (90 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg	4	QL (60 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	4	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tb12 150mg	3	QL (60 EA per 30 days) MO
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
disulfiram tabs	4	MO
naloxone hcl cartridge 0.4mg/ml	2	
naloxone hcl inj 4mg/10ml	2	MO

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

Drug name	Drug tier	Requirements/Limits
naloxone hcl inj 2mg/2ml	3	
naloxone hydrochloride inj 0.4mg/ml	2	MO
naltrexone hcl tabs	3	MO
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	MO
VIVITROL	5	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	PA MO
ANDRODERM	4	QL (30 EA per 30 days) PA MO
oxandrolone tabs 2.5mg	3	QL (120 EA per 30 days) PA MO
oxandrolone tabs 10mg	5	QL (60 EA per 30 days) PA MO
testosterone cypionate inj	4	PA MO
testosterone enanthate inj	4	PA MO
testosterone pump gel 1% (12.5mg/act)	3	QL (300 GM per 30 days) PA MO
testosterone pump gel 2% (10mg/act)	3	QL (120 GM per 30 days) PA MO
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	3	QL (300 GM per 30 days) PA MO
testosterone topical soln 30mg/act	3	QL (180 ML per 30 days) PA MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	MO
BASAGLAR KWIKPEN	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	MO

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

Drug name	Drug tier	Requirements/Limits
NOVO/BD/ULTIMED/OWEN/ TRIVIDIA PEN NEEDLE/ORIGINAL/ ULTRA-FINE	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	3	MO
CURITY GAUZE PADS 2”X2”	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tabs	2	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
glimepiride tabs 4mg	1	QL (60 EA per 30 days) MO
glimepiride tabs 1mg, 2mg	1	QL (90 EA per 30 days) MO
glipizide er tb24 10mg	2	QL (60 EA per 30 days) MO
glipizide er tb24 2.5mg, 5mg	2	QL (90 EA per 30 days) MO
glipizide xl tb24 10mg	2	QL (60 EA per 30 days) MO
glipizide xl tb24 2.5mg, 5mg	2	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg	2	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	2	QL (240 EA per 30 days) MO
glipizide tabs 10mg	1	QL (120 EA per 30 days) MO
glipizide tabs 5mg	1	QL (240 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glucophage XR) 500mg	2	QL (120 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glucophage XR) 750mg	2	QL (60 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg	4	QL (120 EA per 30 days) PA MO
metformin hydrochloride tabs 500mg	1	QL (150 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
metformin hydrochloride tabs 1000mg	1	QL (75 EA per 30 days) MO
metformin hydrochloride tabs 850mg	1	QL (90 EA per 30 days) MO
nateglinide	2	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	3	QL (3 ML per 28 days) MO
pioglitazone hcl tabs 45mg	1	QL (30 EA per 30 days) MO
pioglitazone hcl-glimepiride	4	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl	3	QL (90 EA per 30 days) MO
pioglitazone hydrochloride tabs 15mg, 30mg	1	QL (30 EA per 30 days) MO
repaglinide tabs 0.5mg, 1mg	2	QL (120 EA per 30 days) MO
repaglinide tabs 2mg	2	QL (240 EA per 30 days) MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
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		
alendronate sodium oral soln	1	MO
alendronate sodium tabs 10mg	1	QL (30 EA per 30 days) MO
alendronate sodium tabs 35mg, 70mg	1	QL (4 EA per 28 days) MO
calcitonin-salmon	3	MO
FORTEO	5	PA
ibandronate sodium	4	QL (1 EA per 30 days) MO
NATPARA	5	PA

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

Drug name	Drug tier	Requirements/Limits
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg	4	
PROLIA	4	QL (1 ML per 180 days)
risedronate sodium dr tab 35mg	4	QL (4 EA per 28 days) MO
risedronate sodium tabs 150mg	4	QL (1 EA per 28 days) MO
risedronate sodium tabs 35mg	4	QL (12 EA per 84 days) MO
risedronate sodium tabs 30mg, 5mg	4	QL (30 EA per 30 days) MO
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
zoledronic acid inj 4mg/5ml, 5mg/100ml	4	
CHELATING AGENTS		
CHEMET	5	MO
clovique	5	PA
deferasirox	5	PA
kionex	3	
LOKELMA	3	MO
penicillamine tabs	5	MO
sodium polystyrene sulfonate rectal susp	3	
sodium polystyrene sulfonate powd, oral susp	3	MO
sps oral susp 15gm/60ml	3	MO
trientine hydrochloride	5	PA MO
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
afirmelle	3	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
amethia	3	
amethyst	3	
apri	3	

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

Drug name	Drug tier	Requirements/Limits
aranelle	3	
ashlyna	3	
aubra	3	
aubra eq	3	
aurovela 1.5/30	3	
aurovela 24 fe	3	
aurovela fe 1.5/30	3	
aurovela fe 1/20	3	
aviane	3	
ayuna	3	
azurette	3	
balziva	3	
bekyree	3	
blisovi 24 fe	3	MO
blisovi fe 1.5/30	3	
blisovi fe 1/20	3	
briellyn	3	
camila	3	MO
caziant	3	
chateal	3	
chateal eq	3	
cryselle-28	3	MO
cyclafem 1/35	3	
cyclafem 7/7/7	3	
cyred	3	
cyred eq	3	
dasetta 1/35	3	
dasetta 7/7/7	3	
daysee	3	MO
deblitane	3	
desogestrel/ethinyl estradiol	3	MO
drospirenone/ethinyl estradiol	3	MO
drospirenone/ethinyl estradiol/levomefolate calcium	3	MO
elinest	3	
eluryng	4	
emoquette	3	

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

Drug name	Drug tier	Requirements/Limits
enpresse-28	3	
enskyce	3	MO
errin	3	MO
estarylla	3	
ethynodiol diacetate/ethinyl estradiol	3	MO
ETONOGESTREL/ETHINYL ESTRADIOL	4	MO
falmina	3	
fayosim	3	
femynor	3	
hailey 1.5/30	3	MO
hailey 24 fe	3	
heather	3	
incassia	3	
introvale	3	
isibloom	3	
jaimiess	3	
jasmiel	3	
jencycla	3	
juleber	3	
junel 1.5/30	3	
junel 1/20	2	
junel fe 1.5/30	2	MO
junel fe 1/20	2	MO
junel fe 24	3	
kaitlib fe	3	MO
kalliga	3	
kariva	3	
kelnor 1/35	3	MO
kelnor 1/50	3	MO
kurvelo	3	
larin 1.5/30	3	
larin 1/20	3	
larin 24 fe	3	
larin fe 1.5/30	3	
larin fe 1/20	3	
larissia	3	

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

Drug name	Drug tier	Requirements/Limits
lessina	3	
levonest	3	
levonorgestrel/ethinyl estradiol	3	MO
levora 0.15/30-28	3	
lillow	3	
lo-zumandimine	3	
lojaimiess	3	
loryna	3	
low-ogestrel	3	
lutera	3	
lyza	3	
marlissa	3	MO
medroxyprogesterone acetate inj 150mg/ml	4	MO
melodetta 24 fe	3	
mibelas 24 fe	3	MO
mili	3	
mono-linyah	3	
necon 0.5/35-28	3	
nikki	3	
norethindrone acetate/ethinyl estradiol/ferrous fumarate	3	MO
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg	3	MO
norethindrone tabs 0.35mg	3	MO
norethindrone/ethinyl estradiol/ferrous fumarate	3	MO
norgestimate/ethinyl estradiol	3	MO
norlyda	3	
nortrel 0.5/35 (28)	3	MO
nortrel 1/35	3	
nortrel 7/7/7	3	
orsythia	3	
philith	3	
pimtrea	3	
pirmella 1/35	3	MO

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

Drug name	Drug tier	Requirements/Limits
pirmella 7/7/7	3	MO
portia-28	3	
previfem	3	MO
reclipsen	3	
setlakin	3	
sharobel	3	
simliya	3	
simpesse	3	
sprintec 28	2	
sronyx	3	MO
syeda	3	
tarina fe 1/20	3	
tarina fe 1/20 eq	3	
TILIA FE	3	
tri femynor	3	
tri-estarylla	3	MO
tri-legest fe	3	MO
tri-linyah	3	
tri-lo-estarylla	3	
tri-lo-marzia	3	
tri-lo-mili	3	
tri-lo-sprintec	3	MO
tri-mili	3	
tri-previfem	3	
tri-sprintec	2	
tri-vylibra	3	
tri-vylibra lo	3	
trivora-28	3	
tulana	3	
tydemy	3	
velivet	3	MO
vienva	3	
viorele	3	MO
volnea	3	
vyfemla	3	MO
vylibra	3	
wera	3	

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

Drug name	Drug tier	Requirements/Limits
wymzya fe	3	
zarah	3	
zovia 1/35e	3	
zumandimine	3	
ENDOMETRIOSIS		
danazol caps	4	MO
SYNAREL	5	MO
ESTROGENS		
amabelz	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
dotti	3	QL (8 EA per 28 days)
DUAVEE	4	MO
estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg	3	MO
estradiol oral tabs, vaginal tabs	3	MO
estradiol patch weekly	3	QL (4 EA per 28 days) MO
estradiol patch twice weekly	3	QL (8 EA per 28 days) MO
estradiol vaginal crea	4	MO
fyavolv	3	MO
jinteli	3	
LOPREEZA	3	
mimvey	3	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	3	MO
yuvafem	3	
GLUCOCORTICOIDS		
cortisone acetate tabs	4	MO
DEXAMETHASONE INTENSOL	4	MO
dexamethasone sodium phosphate inj 10mg/ml	4	
dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml	4	MO
dexamethasone tabs, oral soln, oral elixir	2	MO
fludrocortisone acetate tabs	2	MO

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

Drug name	Drug tier	Requirements/Limits
hydrocortisone tabs 10mg, 20mg, 5mg	3	MO
methylprednisolone acetate inj	4	B/D MO
methylprednisolone dose pack	2	MO
methylprednisolone sodium succinate inj 125mg, 1000mg, 40mg	4	B/D MO
methylprednisolone sodium succinate inj 500mg	4	B/D
methylprednisolone tabs	2	B/D MO
prednisolone oral soln 15mg/5ml	2	B/D MO
prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	2	B/D MO
PREDNISONE INTENSOL	4	B/D MO
prednisone soln, tabs	1	B/D MO
prednisone tab therapy pack	1	MO
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
GLUCOSE ELEVATING AGENTS		
diazoxide oral susp	4	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS	3	MO
MISCELLANEOUS		
acetylcysteine inj 200mg/ml	4	
ALDURAZYME	5	PA LA
cabergoline	3	MO
CARBAGLU	5	PA LA MO
CERDELGA	5	PA
CEREZYME	5	PA LA
cinacalcet hydrochloride tabs 30mg	4	QL (120 EA per 30 days)
cinacalcet hydrochloride tabs 90mg	5	QL (120 EA per 30 days)
cinacalcet hydrochloride tabs 60mg	5	QL (60 EA per 30 days)
CYSTADANE	5	LA MO
CYSTAGON	4	PA LA
desmopressin acetate nasal soln, tabs	3	MO

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

Drug name	Drug tier	Requirements/Limits
desmopressin acetate inj	4	MO
FABRAZYME	5	PA LA
fomepizole	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 MO
KUVAN	5	PA LA
LEVOCARNITINE TABS	4	MO
levocarnitine soln	4	MO
LUMIZYME	5	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
methergine	4	
methylergonovine maleate tabs	4	MO
miglustat	5	PA
NAGLAZYME	5	PA LA
nitisinone	5	PA MO
NITYR	5	PA LA MO
octreotide acetate	4	PA
ORFADIN	5	PA LA MO
raloxifene hydrochloride	3	MO
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA MO
sodium phenylbutyrate tabs, oral powder	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT INJ	5	PA LA
STIMATE	5	
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 EA per 30 days) PA MO
calcium acetate caps, tabs 667mg	3	QL (360 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
PROGESTINS		
medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg	2	MO
megestrol acetate susp 40mg/ml	3	MO
norethindrone acetate tabs 5mg	2	MO
progesterone caps	3	MO
progesterone inj	4	MO
THYROID AGENTS		
euthyrox	1	MO
levothyroxine sodium tabs	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	
levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg	4	MO
liothyronine sodium	3	MO
methimazole tabs	2	MO
propylthiouracil tabs	3	MO
SYNTHROID	4	MO
VITAMIN D ANALOGS		
calcitriol caps	3	MO
calcitriol inj	4	
calcitriol oral soln	4	MO
paricalcitol	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant	4	B/D MO
compro	2	MO
DIMENHYDRINATE INJ	4	
dronabinol	4	QL (60 EA per 30 days) PA MO
EMEND	4	B/D MO
granisetron hcl	3	QL (60 EA per 30 days) B/D MO
meclizine hcl tabs	2	MO
metoclopramide hcl tabs 5mg	2	MO
metoclopramide hcl inj, oral soln	4	MO
metoclopramide hydrochloride tabs 10mg	2	MO

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

Drug name	Drug tier	Requirements/Limits
METOCLOPRAMIDE ODT TBDP 10MG	4	MO
metoclopramide odt tbdp 5mg	4	MO
ondansetron hcl tabs 24mg	2	B/D
ondansetron hcl oral soln	3	QL (900 ML per 30 days) B/D MO
ondansetron hydrochloride tabs 4mg, 8mg	2	B/D MO
ondansetron hydrochloride inj	4	MO
ondansetron odt	3	B/D MO
phenadoz supp 25mg	4	PA
phenadoz supp 12.5mg	4	PA MO
prochlorperazine edisylate inj 50mg/10ml	4	
prochlorperazine edisylate inj 10mg/2ml	4	MO
prochlorperazine maleate tabs	2	MO
prochlorperazine supp	2	MO
promethazine hcl plain syrp 6.25mg/5ml	4	PA MO
promethazine hcl tabs 12.5mg	2	PA MO
promethazine hcl supp	4	PA MO
promethazine hydrochloride tabs 25mg, 50mg	2	PA MO
promethegan supp 12.5mg, 25mg	4	PA
promethegan supp 50mg	4	PA MO
scopolamine patch	4	QL (10 EA per 30 days) PA MO
ANTISPASMODICS		
dicyclomine hcl oral soln	3	MO
dicyclomine hydrochloride caps, tabs	2	MO
dicyclomine hydrochloride inj	4	MO
glycopyrrolate tabs 1mg, 2mg	3	MO
glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml	4	
glycopyrrolate inj 1mg/5ml, 4mg/20ml	4	MO
methscopolamine bromide tabs	4	PA MO
H2-RECEPTOR ANTAGONISTS		
cimetidine hcl oral soln	4	MO

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

Drug name	Drug tier	Requirements/Limits
cimetidine tabs	4	MO
famotidine premixed inj 20mg/50ml	4	
famotidine tabs	2	MO
famotidine oral susp	3	MO
famotidine inj	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	3	MO
budesonide er tab 9mg	5	MO
budesonide cpep 3mg	4	MO
colocort	4	
hydrocortisone enem 100mg/60ml	2	MO
mesalamine dr caps 400mg, tabs 800mg	4	MO
mesalamine kit, supp	4	MO
mesalamine enem	4	QL (1680 ML per 28 days) MO
SULFASALAZINE TBEC	3	MO
sulfasalazine tabs	3	MO
LAXATIVES		
constulose	2	
enulose	2	MO
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-n/flavor pack	2	MO
generlac	2	
GOLYTELY	3	MO
lactulose	2	MO
NULYTELY/FLAVOR PACKS	3	MO
peg-3350/electrolytes	2	MO
peg-3350/nacl/na bicarbonate/kcl	2	MO
PLENVU	4	MO
SUPREP BOWEL PREP KIT	4	MO
trilyte	2	
MISCELLANEOUS		
alosetron hydrochloride	5	QL (60 EA per 30 days) PA MO
cromolyn sodium oral conc 100mg/5ml	4	MO
diphenoxylate/atropine	3	MO

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

Drug name	Drug tier	Requirements/Limits
GATTEX	5	PA LA
LINZESS	4	QL (30 EA per 30 days) MO
loperamide hcl caps	3	MO
misoprostol tabs	3	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
RELISTOR	5	PA MO
sucralfate	2	MO
ursodiol caps	3	MO
ursodiol tabs	4	MO
XIFAXAN TABS 550MG	5	PA MO
PANCREATIC ENZYMES		
CREON	3	MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 EA per 30 days) MO
omeprazole caps	2	QL (30 EA per 30 days) MO
pantoprazole sodium dr tabs 20mg	1	QL (30 EA per 30 days) MO
pantoprazole sodium inj	4	
pantoprazole sodium tbec 20mg	1	QL (30 EA per 30 days) MO
pantoprazole sodium tbec 40mg	1	QL (60 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
dutasteride	4	QL (30 EA per 30 days) MO
dutasteride/tamsulosin hcl	4	QL (30 EA per 30 days) MO
finasteride tabs 5mg	1	QL (30 EA per 30 days) MO
tamsulosin hydrochloride	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
bethanechol chloride	3	MO
potassium citrate er	4	MO
URINARY ANTISPASMODICS		
MYRBETRIQ	4	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 5mg	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 10mg, 15mg	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
oxybutynin chloride tabs	2	QL (120 EA per 30 days) MO
oxybutynin chloride syrp	2	QL (600 ML per 30 days) MO
tolterodine tartrate	4	QL (60 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) MO
trospium chloride	2	QL (60 EA per 30 days) MO
trospium chloride er	2	QL (30 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate crea 2%	4	MO
metronidazole vaginal	4	MO
terconazole crea	3	MO
terconazole supp	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
enoxaparin sodium	4	MO
fondaparinux sodium	4	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	3	MO
jantoven	1	MO
PRADAXA	4	QL (60 EA per 30 days) MO
warfarin sodium	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
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		
anagrelide hydrochloride	3	MO
cilostazol	2	MO
DROXIA	3	MO
ENDARI	5	PA LA 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
icatibant acetate	5	QL (27 ML per 30 days) PA
pentoxifylline er	2	MO
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
tranexamic acid tabs	3	QL (30 EA per 30 days) MO
tranexamic acid inj	4	
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole	4	QL (60 EA per 30 days) MO
BRILINTA	4	MO
clopidogrel tabs 300mg	1	QL (2 EA per 365 days) MO
clopidogrel tabs 75mg	1	QL (30 EA per 30 days) MO
prasugrel	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	5	QL (8 ML per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
RENFLEXIS	5	PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI	5	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA
XELJANZ	5	QL (60 EA per 30 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate	3	MO
leflunomide	3	QL (30 EA per 30 days) MO
methotrexate tabs 2.5mg	2	MO
XATMEP	4	MO
IMMUNOGLOBULINS		
BIVIGAM	5	PA
GAMASTAN	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA

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

Drug name	Drug tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A INJ 10MU	4	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	5	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	4	B/D
azathioprine tabs	3	B/D MO
BENLYSTA	5	PA
cyclosporine	3	B/D MO
cyclosporine modified caps, soln	3	B/D MO
everolimus tabs 0.25mg, 0.5mg, 0.75mg	5	B/D MO
gengraf caps	3	B/D
gengraf soln	3	B/D MO
mycophenolate mofetil caps, tabs	3	B/D MO
mycophenolate mofetil inj	4	B/D
mycophenolate mofetil oral susp	5	B/D MO
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
SANDIMMUNE	3	B/D MO
sirolimus tabs	4	B/D MO
sirolimus soln	5	B/D MO
tacrolimus caps 0.5mg, 1mg, 5mg	4	B/D MO
ZORTRESS	5	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	

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

Drug name	Drug tier	Requirements/Limits
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	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 EA per 999 days)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	

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

Drug name	Drug tier	Requirements/Limits
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.225%	4	
DEXTROSE 5%/NACL 0.3%	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.225%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
lactated ringers viaflex inj	4	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
potassium chloride/sodium chloride inj 20meq/l; 0.45%	4	
potassium chloride/sodium chloride inj 20meq/l; 0.9%	4	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	

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

Drug name	Drug tier	Requirements/Limits
potassium chloride inj 2meq/ml	4	MO
RINGERS INJECTION	4	
SODIUM BICARBONATE INJ 7.5%	4	MO
sodium bicarbonate inj 4.2%	4	
sodium bicarbonate inj 8.4%	4	MO
SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	4	MO
sodium chloride inj 0.45%	4	
sodium chloride inj 0.9% (flex cont), 3%	4	MO
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
ADC/FLUORIDE	4	MO
EFFER-K TAB 25MEQ	3	MO
EFFERVESCENT POTASSIUM	3	MO
FLUORIDE	4	MO
FLUORITAB	4	
KLOR-CON 10	3	
KLOR-CON 8	3	MO
klor-con m10	3	MO
klor-con m20	3	MO
klor-con pow 20meq	3	
KLOR-CON/EF	3	MO
LUDENT	4	MO
M-NATAL PLUS	3	MO
MULTI VITAMIN/FLUORIDE	4	MO
MULTI-VITAMIN/FLUORIDE DROPS	4	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	4	MO
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	4	
MULTIVITAMIN/FLUORIDE CHEW 0.25MG, 0.5MG	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	3	MO

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

Drug name	Drug tier	Requirements/Limits
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
POLY-VITAMIN/FLUORIDE	4	
potassium chloride cr	2	MO
potassium chloride er	2	MO
potassium chloride sr	2	MO
potassium chloride pack 20meq	3	MO
potassium chloride oral soln 10%, 20%	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PREPLUS	3	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	4	MO
SODIUM FLUORIDE SOLN 0.5MG/ML	4	MO
TRI-VITE/FLUORIDE	4	MO
TRICARE PRENATAL TABS	3	MO
VOL-PLUS	3	MO
VP-PNV-DHA	3	MO
IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
clinisol sf 15%	4	B/D MO
dextrose 10%	3	
dextrose 5%	3	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D

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

Drug name	Drug tier	Requirements/Limits
NEPHRAMINE	4	B/D
plenamine	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE 10 %	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
BLEPHAMIDE S.O.P. OINT	4	MO
neomycin/polymyxin/bacitracin/ hydrocortisone ophthalmic oint	4	MO
neomycin/polymyxin/dexamethasone	2	MO
neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml	3	MO
sulfacetamide sodium/prednisolone sodium phosphate	2	MO
TOBRADEX	4	MO
TOBRADEX ST	4	MO
tobramycin/dexamethasone ophthalmic susp	4	MO
ZYLET	3	MO
ANTI-INFECTIVES		
AZASITE	4	MO
bacitracin	4	MO
bacitracin/polymyxin ophthalmic oint	2	MO
BESIVANCE	3	MO
CILOXAN	3	QL (42 GM per 30 days) MO
ciprofloxacin hydrochloride ophthalmic soln 0.3%	3	QL (30 ML per 30 days) MO
erythromycin oint 5mg/gm	2	QL (42 GM per 30 days) MO
gentak	2	QL (42 GM per 30 days) MO
gentamicin sulfate ophthalmic soln 0.3%	2	QL (30 ML per 30 days) MO
levofloxacin ophthalmic soln 0.5%	3	QL (30 ML per 30 days) MO
moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%	3	QL (12 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%	4	QL (12 ML per 30 days) MO
NATACYN	4	MO
neo-polycin	3	
neomycin/bacitracin/polymyxin topical ointment	3	MO
neomycin/polymyxin/gramicidin	3	MO
ofloxacin ophthalmic soln 0.3%	3	QL (60 ML per 30 days) MO
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	2	MO
sodium sulfacetamide ophthalmic soln	3	QL (90 ML per 30 days) MO
sulfacetamide sodium oint 10%	4	QL (42 GM per 30 days) MO
sulfacetamide sodium soln 10%	3	QL (90 ML per 30 days) MO
tobramycin sulfate ophthalmic soln 0.3%	2	QL (30 ML per 30 days) MO
trifluridine	3	MO
trimethoprim sulfate/polymyxin b sulfate	2	MO
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO
BROMSITE	4	MO
dexamethasone sodium phosphate ophthalmic soln 0.1%	2	MO
diclofenac sodium soln 0.1%	2	QL (10 ML per 30 days) MO
DUREZOL	4	MO
FLUOROMETHOLONE	3	MO
flurbiprofen sodium ophthalmic soln 0.03%	2	MO
ILEVRO	4	MO
ketorolac tromethamine soln 0.4%, 0.5%	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
loteprednol etabonate	3	MO
prednisolone acetate ophthalmic soln	2	MO

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

Drug name	Drug tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
ANTIALLERGICS		
azelastine hcl nasal soln 0.15% (137mcg/spray) ophthalmic soln 0.05%	3	MO
BEPREVE	3	MO
cromolyn sodium ophthalmic soln 4%	4	MO
epinastine hcl	3	MO
LASTACAFT	4	MO
olopatadine hcl ophthalmic soln 0.2%	3	MO
olopatadine hcl ophthalmic soln 0.1%	4	MO
PAZEO	3	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO
AZOPT	4	MO
betaxolol hcl soln 0.5%	3	MO
BETOPTIC-S	4	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
brimonidine tartrate soln 0.2%	3	MO
carteolol hcl	2	MO
COMBIGAN	3	MO
dorzolamide hcl	1	MO
dorzolamide hcl/timolol maleate	2	MO
latanoprost	2	MO
levobunolol hcl	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	4	
pilocarpine hcl ophthalmic soln	4	MO
RHOPRESSA	4	MO
SIMBRINZA	4	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	4	MO
timolol maleate soln 0.25%, 0.5%	1	MO

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

Drug name	Drug tier	Requirements/Limits
timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	3	MO
CYSTARAN	5	PA LA MO
proparacaine hcl	3	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
ipratropium bromide/albuterol sulfate neb	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
ipratropium bromide inhalation soln	2	B/D MO
ipratropium bromide nasal soln 0.03%	2	QL (30 ML per 30 days) MO
ipratropium bromide nasal soln 0.06%	2	QL (45 ML per 30 days) MO
ANTIHISTAMINES		
azelastine hcl nasal soln 0.15% (137mcg/spray) nasal soln 0.15%	3	QL (30 ML per 25 days) MO
azelastine hydrochloride nasal spray 0.15% (205.5mcg/spray)	3	QL (30 ML per 25 days) MO
clemastine fumarate tab 2.68mg	3	PA MO
cyproheptadine hydrochloride tab 4mg	4	PA MO
diphenhydramine hcl inj	4	PA MO
hydroxyzine hcl inj, syrp	4	PA MO
hydroxyzine hydrochloride tabs	4	PA MO
hydroxyzine pamoate	4	PA MO
levocetirizine dihydrochloride tabs	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
levocetirizine dihydrochloride soln	3	MO
olopatadine hcl nasal soln 0.6%	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
albuterol sulfate er tabs	4	MO
albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act	3	QL (13.4 GM per 30 days) MO
albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act	3	QL (17 GM per 30 days) MO
albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act	3	QL (36 GM per 30 days) MO
albuterol sulfate nebu	2	B/D MO
albuterol sulfate syrp	2	MO
albuterol sulfate tabs	3	MO
metaproterenol sulfate	2	
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
terbutaline sulfate tabs	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
montelukast sodium chew, tabs	2	QL (30 EA per 30 days) MO
montelukast sodium pack	3	QL (30 EA per 30 days) MO
zafirlukast	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation soln 10%, 20%	3	B/D MO
aminophylline	4	
ARALAST NP	5	PA LA
cromolyn sodium nebu 20mg/2ml	3	B/D MO
DALIRESP	4	MO
epinephrine hcl inj soln	3	QL (2 EA per 30 days) MO
ESBRIET	5	PA
FASENRA	5	QL (1 ML per 28 days) PA
FASENRA PEN	5	QL (1 ML per 28 days) PA
KALYDECO	5	PA MO
OFEV	5	PA
ORKAMBI	5	PA MO
PROLASTIN-C	5	PA LA MO
PULMOZYME	5	PA

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

Drug name	Drug tier	Requirements/Limits
SYMDEKO TBPK 75MG; 50MG	5	PA
SYMDEKO TBPK 150MG; 100MG	5	PA LA
THEO-24	4	MO
theophylline er	3	MO
theophylline soln 80 mg/15ml	3	MO
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
NASAL STEROIDS		
flunisolide	3	QL (75 ML per 30 days) MO
fluticasone propionate susp 50mcg/act	2	QL (16 GM per 30 days) MO
mometasone furoate susp 50mcg/act	3	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	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		
amnesteem	4	PA
AVITA CREA	4	QL (45 GM per 30 days) PA
AVITA GEL	4	QL (45 GM per 30 days) PA MO
claravis	4	PA
clindacin etz pledgets	3	MO
clindacin-p pad 1%	3	MO

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

Drug name	Drug tier	Requirements/Limits
clindamycin phosphate foam 1%	4	QL (100 GM per 30 days) MO
clindamycin phosphate gel 1%	3	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	4	QL (60 ML per 30 days) MO
clindamycin phosphate external soln 1%	3	QL (60 ML per 30 days) MO
clindamycin phosphate swab 1%	3	MO
ery pad 2%	4	MO
erythromycin/benzoyl peroxide gel 5%; 3%	4	MO
erythromycin gel 2%	3	QL (60 GM per 30 days) MO
erythromycin soln 2%	3	QL (60 ML per 30 days) MO
isotretinoin	4	PA
myorisan	4	PA
neuac gel	4	MO
sulfacetamide sodium lotn 10%	4	MO
TRETINOIN MICROSPHERE GEL	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	4	QL (50 GM per 30 days) PA MO
tretinoin crea 0.025%, 0.05%, 0.1%	4	QL (45 GM per 30 days) PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	4	QL (45 GM per 30 days) PA MO
zenatane	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate crea 0.1%	3	QL (60 GM per 30 days) MO
gentamicin sulfate oint 0.1%	3	QL (60 GM per 30 days) MO
mafenide acetate	4	MO
mupirocin oint	2	QL (30 GM per 30 days) MO
mupirocin crea	4	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE	3	MO
SULFAMYLON CREA	4	MO
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream	3	QL (90 GM per 30 days) MO
ciclopirox gel	3	QL (100 GM per 30 days) MO
ciclopirox sham	3	QL (120 ML per 30 days) MO
ciclopirox susp	3	QL (60 ML per 30 days) MO
clotrimazole/betamethasone dipropionate	4	QL (45 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
clotrimazole crea 1%	3	QL (45 GM per 30 days) MO
clotrimazole soln 1%	3	QL (30 ML per 30 days) MO
econazole nitrate	4	QL (85 GM per 30 days) MO
ketoconazole crea 2%	3	QL (60 GM per 30 days) MO
nyamyc	3	QL (60 GM per 30 days)
nystatin crea 100000unit/gm	2	QL (30 GM per 30 days) MO
nystatin oint 100000unit/gm	4	QL (30 GM per 30 days) MO
nystatin powd 100000unit/gm	3	QL (60 GM per 30 days) MO
nystop	3	QL (60 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin	3	PA MO
calcipotriene crea	4	QL (120 GM per 30 days) PA MO
calcipotriene soln	4	QL (60 ML per 30 days) PA MO
methoxsalen	5	MO
tazarotene crea 0.1%	3	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole sham 2%	2	QL (120 ML per 30 days) MO
selenium sulfide	2	MO
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort crea 1%	1	
ala-cort crea 2.5%	1	QL (30 GM per 30 days)
alclometasone dipropionate	4	MO
augmented betamethasone dipropionate crea	3	MO
augmented betamethasone dipropionate gel, lotn, oint	4	MO
beser lotn 0.05%	4	QL (120 ML per 30 days)
betamethasone dipropionate lotn	3	MO
betamethasone dipropionate crea, oint	4	MO
betamethasone valerate crea, lotn, oint	3	MO
betamethasone valerate foam	4	MO
clobetasol propionate emollient foam	4	QL (100 GM per 30 days) MO
clobetasol propionate emollient crea	4	QL (60 GM per 30 days) MO
clobetasol propionate foam	4	QL (100 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
clobetasol propionate lotn, sham	4	QL (118 ML per 30 days) MO
clobetasol propionate liqd	4	QL (125 ML per 30 days) MO
clobetasol propionate soln	4	QL (50 ML per 30 days) MO
clobetasol propionate crea, gel, oint	4	QL (60 GM per 30 days) MO
clodan shampoo	4	QL (118 ML per 30 days)
desonide lotn	4	QL (118 ML per 30 days) MO
desonide crea, oint	4	QL (60 GM per 30 days) MO
desoximetasone crea, oint	4	QL (100 GM per 30 days) MO
desoximetasone gel	4	QL (60 GM per 30 days) MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
fluocinolone acetonide body oil	4	QL (118.28 ML per 30 days) MO
fluocinolone acetonide scalp oil	4	QL (118.28 ML per 30 days) MO
fluocinolone acetonide crea 0.025%	4	QL (120 GM per 30 days) MO
fluocinolone acetonide crea 0.01%	4	QL (60 GM per 30 days) MO
fluocinolone acetonide oint 0.025%	4	QL (120 GM per 30 days) MO
fluocinolone acetonide topical soln 0.01%	4	QL (90 ML per 30 days) MO
fluocinonide emulsified cream	4	QL (120 GM per 30 days) MO
fluocinonide gel, oint	4	QL (60 GM per 30 days) MO
fluocinonide soln	4	QL (60 ML per 30 days) MO
fluticasone propionate crea 0.05%	3	MO
fluticasone propionate lotn 0.05%	4	QL (120 ML per 30 days) MO
fluticasone propionate oint 0.005%	3	MO
halobetasol propionate crea, oint	4	QL (50 GM per 30 days) MO
hydrocortisone butyrate oint	4	QL (45 GM per 30 days) MO
hydrocortisone butyrate soln	4	QL (60 ML per 30 days) MO
hydrocortisone valerate crea, oint	4	QL (60 GM per 30 days) MO
hydrocortisone (generic Ala-Cort) crea 2.5%	1	QL (30 GM per 30 days) MO
hydrocortisone crea 1%	1	QL (90 GM per 30 days) MO
hydrocortisone lotn 2.5%	2	MO
hydrocortisone oint 2.5%	1	QL (30 GM per 30 days) MO
mometasone furoate crea 0.1%	3	MO
mometasone furoate oint 0.1%	3	MO
mometasone furoate soln 0.1%	3	MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
prednicarbate oint	4	QL (60 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
TEXACORT	4	MO
tovet foam	4	QL (100 GM per 30 days)
triamcinolone acetonide crea 0.025%, 0.5%	2	MO
triamcinolone acetonide crea 0.1%	2	QL (454 GM per 30 days) MO
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	2	MO
triamcinolone acetonide lotn	3	MO
triamcinolone acetonide aers spray	4	MO
triderm crea 0.5%	2	
triderm crea 0.1%	2	QL (454 GM per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine/prilocaine	4	QL (30 GM per 30 days) PA MO
lidocaine ptch	3	QL (3 EA per 1 days) PA MO
lidocaine oint	4	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate	3	MO
diclofenac sodium gel 1%	3	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	4	QL (45 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	4	QL (30 GM per 30 days) PA MO
fluorouracil crea 5%	4	QL (40 GM per 30 days) PA MO
fluorouracil external soln 2%, 5%	4	QL (10 ML per 30 days) MO
hydrocortisone (generic Proctosol HC) crea 2.5%	4	MO
imiquimod cream	3	QL (24 EA per 30 days) MO
metronidazole crea 0.75%	4	QL (45 GM per 30 days) MO
metronidazole gel 0.75%, 1%	4	MO
metronidazole lotn 0.75%	4	MO
PANRETIN	5	QL (60 GM per 30 days)
PICATO GEL 0.05%	5	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	5	QL (3 EA per 30 days) MO
podofilox	4	MO
procto-med hc	4	
procto-pak	4	MO
proctosol hc	4	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
CIPRODEX	4	MO
flac otic oil	4	QL (20 ML per 30 days)
fluocinolone acetonide otic oil 0.01%	4	QL (20 ML per 30 days) MO
hydrocortisone/acetic acid otic soln	4	MO
neomycin/polymyxin/hydrocortisone otic soln	4	MO
neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml	4	MO
ofloxacin otic soln 0.3%	4	MO

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

Index of Drugs

Drug name	Page
abacavir sulfate/ lamivudine	17
abacavir sulfate/ lamivudine/zidovudine	17
ABELCET	15
ABILIFY MAINTENA	42
abiraterone acetate	24
ABRAXANE	25
acamprosate calcium dr	47
acarbose	49
acebutolol hcl	32
acebutolol hydrochloride	32
acetaminophen/codeine soln	11
acetaminophen/codeine tabs	11
acetazolamide	34
acetazolamide er	34
acetic acid	82
ACETIC ACID 0.25%	63
acetylcysteine	58, 76
acitretin	79
ACTHIB	67
ACTIMMUNE	67
acyclovir	19
acyclovir sodium	19
ADACEL	67
ADC/FLUORIDE	70
adefovir dipivoxil	19
ADEMPAS	35
adrucil	23
ADVAIR DISKUS	77
ADVAIR HFA	77
AFINITOR	26
AFINITOR DISPERZ	26
afirmelle	52
AIMOVIG	46
ala-cort	79
albendazole	13
albuterol sulfate	76
albuterol sulfate er	76
albuterol sulfate hfa	76
alclometasone dipropionate	79
ALDURAZYME	58
ALECENSA	26
alendronate sodium	51
ALIMTA	23
ALINIA	13
aliskiren	34
allopurinol	10
alosetron hydrochloride	62
ALPHAGAN P	74
alprazolam	36
ALREX	73
altavera	52
ALUNBRIG	26
alyacen 1/35	52
alyacen 7/7/7	52
alyq	35
amabelz	57
amantadine hcl	41
AMBISOME	15
ambrisentan	35
amethia	52
amethyst	52
amikacin sulfate	13
amiloride hcl	34
amiloride/ hydrochlorothiazide	34
aminophylline	76
AMINOSYN II	71
AMINOSYN-PF	71
amiodarone hcl	31
amiodarone hydrochloride	31
amitriptyline hcl	39
amitriptyline hydrochloride	39
amlodipine besylate	29, 30, 33, 34
amlodipine besylate/ atorvastatin calcium	34
amlodipine besylate/benazepril hydrochloride	29
amlodipine besylate/ valsartan	30
amlodipine/valsartan/ hctz	30
amlodipine/valsartan/ hydrochlorothiazide	30
ammonium lactate	81
amnesteem	77
amoxapine	39
amoxicillin	21
amoxicillin/clavulanate potassium	21
amoxicillin/clavulanate potassium er	21
amphetamine/ dextroamphetamine	45
amphotericin b	15
ampicillin	21
ampicillin sodium	21

Drug name	Page
ampicillin-sulbactam	21
ANADROL-50	48
anagrelide hydrochloride	65
anastrozole	24
ANDRODERM	48
ANORO ELLIPTA	75
APOKYN	41
aprepitant	60
apri	52
APTIOM	36
APTIVUS	16
ARALAST NP	76
aranelle	53
ARCALYST	67
aripiprazole odt	42
aripiprazole soln	42
aripiprazole tabs	42
ARISTADA	42
ARISTADA INITIO	42
armodafinil	47
ARNUITY ELLIPTA	77
arsenic trioxide	25
ashlyna	53
aspirin/dipyridamole	65
atazanavir sulfate	16
atenolol	32
atenolol/chlorthalidone	32
atomoxetine	45
atorvastatin calcium	32
atovaquone	13, 16
atovaquone/proguanil hcl	16
ATRIPLA	17
ATROPINE SULFATE	75
ATROVENT HFA	75
aubra	53
aubra eq	53
augmented betamethasone dipropionate	79
aurovela 1.5/30	53
aurovela 24 fe	53
aurovela fe 1.5/30	53
aurovela fe 1/20	53
AURYXIA	59
AUSTEDO	46
AVASTIN	26
aviane	53
AVITA	77
ayuna	53
AYVAKIT	26
azacitidine	23
AZASITE	72
azathioprine	67
azelastine hcl	74, 75
azelastine hydrochloride	75
azithromycin	20
AZOPT	74
aztreonam	13
azurette	53
bacitracin	72
bacitracin/polymyxin	72
baclofen	47
balsalazide disodium	62
BALVERSA	26
balziva	53
BANZEL	36
BARACLUDE	19
BASAGLAR KWIKPEN	48
BCG	67
BD ALCOHOL SWABS	48
BD/ULTIMED/ ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2	48
BD/ULTIMED/ ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	49
BD/ULTIMED/ ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2	48
BD/ULTIMED/ ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16	48
BD/ULTIMED/ ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16	48
bekyree	53
BELSOMRA	45
benazepril hcl	29
benazepril hcl/ hydrochlorothiazide	29
benazepril hydrochloride	29
BENDEKA	22
BENLYSTA	67
benztropine mesylate	41
BEPREVE	74
beser	79
BESIVANCE	72
betamethasone dipropionate	79
betamethasone valerate	79
BETASERON	46
betaxolol hcl	32, 74
bethanechol chloride	63
BETOPTIC-S	74
BEVESPI AEROSPHERE	75

Drug name	Page
bexarotene	25
BEXSERO	67
bicalutamide	24
BICILLIN L-A	21
BIKTARVY	18
bisoprolol fumarate	32
bisoprolol fumarate/ hydrochlorothiazide	32
BIVIGAM	66
bleomycin sulfate	23
BLEPHAMIDE S.O.P.	72
blisovi 24 fe	53
blisovi fe 1.5/30	53
blisovi fe 1/20	53
BOOSTRIX	67
BORTEZOMIB	26
bosentan	35
BOSULIF	26
BRAFTOVI	26
BREO ELLIPTA	77
briellyn	53
BRILINTA	65
brimonidine tartrate	74
BRIMONIDINE TARTRATE	74
BRIVIACT	36
bromocriptine mesylate	41
BROMSITE	73
BRUKINSA	26
budesonide	62, 77
budesonide er	62
bumetanide	34
buprenorphine hcl	47
buprenorphine hcl/ naloxone hcl	47
buprenorphine hydrochloride/naloxone hydrochloride	47
bupropion hcl	39
bupropion hydrochloride	39
bupropion hydrochloride er (sr)	39, 47
bupropion hydrochloride er (xl)	39
buspirone hcl	36
buspirone hydrochloride	36
busulfan	22
BYDUREON BCISE	50
BYDUREON PEN	50
BYETTA	50
BYSTOLIC	33
cabergoline	58
CABOMETYX	26
calcipotriene	79
calcitonin-salmon	51
calcitriol	60
calcium acetate	59
CALQUENCE	26
camila	53
candesartan cilexetil	30, 31
candesartan cilexetil/ hydrochlorothiazide	30
CAPLYTA	42
CAPRELSA	26
captopril	29, 30
captopril/ hydrochlorothiazide	29
CARBAGLU	58
carbamazepine	36
carbamazepine er	36
carbidopa	41
carbidopa/levodopa	41, 42
carbidopa/levodopa er	42
carbidopa/levodopa odt	42
carboplatin	22
carmustine	22
carteolol hcl	74
cartia xt	33
carvedilol	33
caspofungin acetate	15
CAYSTON	13
caziant	53
cefaclor	19
CEFACLOR ER	19
cefadroxil	20
CEFAZOLIN	20
cefazolin sodium	20
CEFAZOLIN SODIUM	20
cefdinir	20
cefepime	20
cefixime	20
cefotetan	20
cefoxitin sodium	20
cefpodoxime proxetil	20
cefprozil	20
ceftazidime	20
CEFTAZIDIME/ DEXTROSE	20
ceftriaxone in iso-osmotic dextrose	20
ceftriaxone sodium	20
CEFTRIAXONE SODIUM	20
cefuroxime axetil	20
cefuroxime sodium	20
celecoxib	10
CELONTIN	36
cephalexin	20
CERDELGA	58
CEREZYME	58
CHANTIX	47
CHANTIX CONTINUING MONTH PAK	47
CHANTIX STARTING MONTH PAK	47
chateal	53

Drug name	Page
chateal eq	53
CHEMET	52
chloramphenicol	13
chlorhexidine gluconate	82
chloroquine phosphate	16
chlorpromazine	42
CHLORPROMAZINE HCL INJ	42
chlorthalidone	34
chlorzoxazone	47
CHLORZOXAZONE	47
cholestyramine	32
cholestyramine light	32
ciclopirox	78
ciclopirox gel	78
ciclopirox olamine	78
cilostazol	65
CILOXAN	72
CIMDUO	18
cimetidine	62
cimetidine hcl	61
cinacalcet hydrochloride	58
CIPRODEX	83
ciprofloxacin hcl	21
ciprofloxacin hydrochloride	21, 72
ciprofloxacin i.v.-in d5w	21
cisplatin	22
citalopram hydrobromide	39
cladribine	23
claravis	77
clarithromycin	20
clemastine fumarate	75
clindacin etz pledgets	77
clindacin-p	77
clindamycin hcl	13
clindamycin hydrochloride	13
clindamycin palmitate hcl	13
clindamycin phosphat	13
clindamycin phosphate	13, 64, 78
CLINDAMYCIN PHOSPHATE	78
clindamycin phosphate/ dextrose	13
CLINDAMYCIN/ SODIUM CHLORIDE	13
CLINIMIX 4.25%/ DEXTROSE 5%	71
CLINIMIX 4.25%/ DEXTROSE 10%	71
CLINIMIX 5%/ DEXTROSE 15%	71
CLINIMIX 5%/ DEXTROSE 20%	71
clinisol sf	71
CLINPRO 5000	82
clobazam	36
clobetasol propionate	79, 80
clodan shampoo	80
clofarabine	23
clomipramine hcl	39
clonazepam	36
clonazepam odt	36
clonidine hcl	34
clonidine hydrochloride	34
clopidogrel	65
clorazepate dipotassium	36
clotrimazole	79
clotrimazole/ betamethasone dipropionate	78
clotrimazole troc	82
clovique	52
clozapine	42
clozapine odt	42
CLOZAPINE ODT	42
COARTEM	16
colchicine	10
colesevelam hydrochloride	32
colestipol hcl	32
colistimethate	13
colocort	62
COMBIGAN	74
COMBIVENT RESPIMAT	75
COMETRIQ	26
COMPLERA	18
compro	60
constulose	62
COPAXONE	46
COPIKTRA	26
CORLANOR	35
cortisone acetate	57
COTELLIC	26
CREON	63
CRIXIVAN	16
cromolyn sodium	62, 74, 76
cryselle-28	53
cyclafem 1/35	53
cyclafem 7/7/7	53
cyclobenzaprine hydrochloride	47
cyclophosphamide	22
cycloserine	18
cyclosporine	67
cyclosporine modified	67
cyproheptadine hydrochloride	75
cyred	53
cyred eq	53
CYSTADANE	58
CYSTAGON	58
CYSTARAN	75
cytarabine aqueous	23
dacarbazine	25

Drug name	Page
dactinomycin	23
dalfampridine er	47
DALIRESP	76
danazol	57
dantrolene sodium	47
dapsone	13
DAPTACEL	67
daptomycin	13
DAPTOMYCIN	13
dasetta 1/35	53
dasetta 7/7/7	53
daunorubicin hydrochloride	23
DAURISMO	26
daysee	53
deblitane	53
decitabine	23
deferasirox	52
DELESTROGEN	57
DELSTRIGO	18
DEMSER	35
DENTAGEL	82
DEPO-PROVERA	24
DESCOVY	18
desipramine hcl	39
desmopressin acetate	58, 59
desogestrel/ethinyl estradiol	53
desonide	80
desoximetasone	80
desvenlafaxine er	39
dexamethasone	57
DEXAMETHASONE INTENSOL	57
dexamethasone sodium phosphate	57, 73
DEXILANT	63
dexrazoxane	29
dextroamphetamine sulfate	45
DEXTROSE 2.5%/NACL 0.45%	68
dextrose 5%	68, 69, 71
DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	68
DEXTROSE 5%/ LACTATED RINGERS	68
DEXTROSE 5%/NACL 0.2%	69
DEXTROSE 5%/NACL 0.3%	69
DEXTROSE 5%/NACL 0.9%	69
DEXTROSE 5%/NACL 0.33%	69
DEXTROSE 5%/NACL 0.45%	69
DEXTROSE 5%/NACL 0.225%	69
dextrose 10%	68, 71
DEXTROSE 10%/NACL 0.2%	68
DEXTROSE 10%/NACL 0.45%	68
DEXTROSE 50%	71
DEXTROSE 70%	71
diazepam	36, 37
DIAZEPAM RECTAL GEL	36
diazoxide	58
diclofenac potassium	10
diclofenac sodium	73, 81
diclofenac sodium dr	10
diclofenac sodium er	10
dicloxacillin	21
dicyclomine hcl	61
dicyclomine hydrochloride	61
didanosine	16
DIFICID	20
diflunisal	10
digitek	35
digox	35
digoxin	35
dihydroergotamine mesylate	46
DILANTIN	37
DILANTIN-125	37
DILANTIN INFATABS	37
diltiazem hcl	33
DILTIAZEM HCL	33
diltiazem hcl cd	33
diltiazem hcl er	33
diltiazem hcl inj	33
diltiazem hydrochloride	33
dilt-xr	33
DIMENHYDRINATE	60
diphenhydramine hcl	75
diphenoxylate/atropine	62
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	67
disopyramide phosphate	31
disulfiram	47
divalproex sodium	37
divalproex sodium dr	37
divalproex sodium er	37
docetaxel	25
DOCETAXEL	25
dofetilide	31
donepezil hc	39
donepezil hcl	39
donepezil hydrochloride	39
dorzolamide hcl	74
dorzolamide hcl/timolol maleate	74

Drug name	Page
dotti	57
DOVATO	18
doxazosin mesylate	30
DOXEPINE HYDROCHLORIDE	81
doxepin hcl	39
doxepin hydrochloride	39, 45
doxorubicin hcl liposome	23
doxorubicin hydrochloride liposomal	23
doxy 100	22
doxycycline	22
doxycycline hyclate	22
doxycycline hyclate dr	22
doxycycline monohydrat	22
doxycycline monohydrate	22
DRIZALMA	40
dronabinol	60
drospirenone/ethinyl estradiol	53
drospirenone/ethinyl estradiol/levomefolate calcium	53
DROXIA	65
DUAVEE	57
duloxetine hydrochloride	40
DUREZOL	73
dutasteride	63
dutasteride/tamsulosin hcl	63
econazole nitrate	79
EDURANT	16
efavirenz	16
EFFER-K	70
EFFERVESCENT POTASSIUM	70
eletriptan hydrobromide	46
elinest	53
ELIQUIS	64
ELIQUIS STARTER PACK	64
eluryng	53
EMBRE;	65
EMCYT	24
EMEND	60
emoquette	53
EMSAM	40
EMTRIVA	16
EMVERM	13
enalapril maleate	29, 30
enalapril maleate/ hydrochlorothiazide	29
ENBREL	65, 66
ENBREL MINI	65
ENBREL SURECLICK	65
ENDARI	65
endocet	11
ENGERIX-B	67
ENHERTU	26
enoxaparin sodium	64
enpresse-28	54
enskyce	54
ENSTILAR	80
entacapone	42
entecavir	19
ENTRESTO	30
enulose	62
EPCLUSA	19
EPIDIOLEX	37
epinastine hcl	74
epinephrine hcl	76
epirubicin hcl	23
epitol	37
EPIVIR HBV	19
eplerenone	30
epoprostenol sodium	35
eprosartan mesylate	31
ergotamine tartrate/ caffeine	46
ERIVEDGE	26
ERLEADA	24
erlotinib hydrochloride	26
errin	54
ertapenem	13
ery pad	78
ERYTHROCIN LACTOBIONATE	21
erythromycin	21, 72, 78
erythromycin base	21
erythromycin/benzoyl peroxide	78
erythromycin dr	21
erythromycin ethylsuccinate	21
erythromycin stearate	21
ESBRIET	76
escitalopram oxalate	40
estarylla	54
estradiol	57
estradiol/norethindrone acetatemg	57
estradiol vaginal	57
ethambutol hydrochloride	18
ethosuximide	37
ethosuximide soln	37
ethynodiol diacetate/ ethinyl estradiol	54
etodolac	10
etodolac er	10
ETONOGESTREL/ ETHINYL ESTRADIOL	54
etoposide	25
euthyrox	60

Drug name	Page
everolimus	26, 67
EVOTAZ	18
exemestane	24
ezetimibe	32
FABRAZYME	59
falmina	54
famciclovir	19
famotidine	62
famotidine premixedl	62
FANAPT	42, 43
FANAPT TITRATION PACK	42
FARXIGA	50
FARYDAK	26
FASENRA	76
FASENRA PEN	76
fayosim	54
felbamate	37
femynor	54
fenofibrate	31, 32
fenofibrate micronized	32
fenofibric acid dr	32
fentanyl	11
fentanyl citrate oral transmucosal	11
FETZIMA	40
FETZIMA TITRATION PACK	40
FIASP	49
FIASP FLEXTOUCH	49
FIASP PENFILL	49
finasteride	63
FINTEPLA	37
flac	83
flecainide acetate	31
FLOVENT DISKUS	77
FLOVENT HFA	77
fluconazole	15
fluconazole in nacl	15
fluconazole in sodium chloride	15
flucytosine	15
fludarabine phosphate	23
fludrocortisone acetate	57
flunisolide	77
fluocinolone acetonide	80, 83
fluocinolone acetonide body oil	80
fluocinolone acetonide scalp oil	80
fluocinonide	80
fluocinonide emulsified	80
FLUORIDE	70
FLUORIDEX	82
FLUORIDEX SENSITIVITY RELIEF/ SLS FREE	82
FLUORITAB	70
FLUOROMETHOLONE	73
fluorouracil	23, 81
FLUOROURACIL CREA 0.5%	81
fluoxetine dr	40
fluoxetine hcl	40
fluoxetine hydrochloride	40
fluphenazine decanoate	43
fluphenazine hcl	43
fluphenazine hydrochloride	43
flurbiprofen	10
flurbiprofen sodium	73
flutamide	24
fluticasone propionate	77, 80
fluvastatin	32
fluvastatin sodium er	32
fluvoxamine maleate	36
fomepizole	59
fondaparinux sodium	64
FORTEO	51
fosamprenavir calcium	16
fosinopril sodium	29, 30
fosinopril sodium/ hydrochlorothiazide	29
fosphenytoin sodium	37
FREAMINE HBC	71
FREAMINE III	71
fulvestrant	24
furosemide	34
FUZEON	16
fyavolv	57
FYCOMPA	37
gabapentin	37
galantamine hydrobromide	39
galantamine hydrobromide er	39
GAMASTAN	66
GAMMAGARD	66
GAMMAKED	66
GAMMAPLEX	66
GAMUNEX-C	66
ganciclovir	19
GARDASIL 9	67
GATTEX	63
GAUZE PADS	49
gavilyte-c	62
gavilyte-g	62
gavilyte-n/flavor pack	62
gemcitabine	24
gemcitabine hcl	23
gemcitabine hydrochloride	23
GEMCITABINE HYDROCHLORIDE	23
gemfibrozil	32
generlac	62

Drug name	Page
gengraf	67
GENOTROPIN	59
GENOTROPIN MINIQUICK	59
gentak	72
gentamicin sulfate	13, 72, 78
gentamicin sulfate pediatric	13
gentamicin sulfate/ sodium chloride	13
GENVOYA	18
GEODON	43
GILENYA	47
GILOTRIF	26
GLEOSTINE	22
glimepiride	50
glipizide	50
glipizide er	50
glipizide/metformin hydrochloride	50
glipizide xl	50
glycopyrrolate	61
GLYXAMBI	50
GOLYTELY	62
granisetron hcl	60
griseofulvin microsize	15
griseofulvin ultramicrosize	15
guanfacine er	45
GUANIDINE HCL	46
GVOKE HYPOPEN	58
GVOKE PFS	58
HAEGARDA	65
hailey 1.5/30	54
hailey 24 fe	54
halobetasol propionate	80
haloperidol	43
haloperidol decanoate	43
haloperidol lactate	43
HARVONI	19
HAVRIX	68
heather	54
heparin sodium	64
HEPARIN SODIUM	64
HEPARIN SODIUM/ D5W	64
HEPARIN SODIUM/ DEXTROSE	64
HEPARIN SODIUM/ NACL 0.45%	64
HEPARIN SODIUM/ SODIUM CHLORIDE	64
HERCEPTIN	26
HERCEPTIN HYLECTA	26
HETLIOZ	45
HIBERIX	68
HUMIRA	66
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	66
HUMIRA PEN	66
HUMIRA PEN-CD/UC/ HS STARTER	66
HUMIRA PEN-PS/UV STARTER	66
HUMULIN R U-500	49
hydralazine hcl	35
hydralazine hydrochloride	35
hydrochlorothiazide	34
hydrocodone/ acetaminophen	11
hydrocodone bitartrate/ acetaminophen	11
hydrocodone/ibuprofen	11
hydrocortisone	58, 62, 80, 81
hydrocortisone/acetic acid	83
hydrocortisone butyrate	80
hydrocortisone valerate	80
hydromorphone hcl	11, 12
HYDROMORPHONE HCL	12
hydromorphone hydrochloride	12
HYDROMORPHONE HYDROCHLORIDE	12
hydroxychloroquine sulfate	66
hydroxyurea	25
hydroxyzine hcl	75
hydroxyzine hydrochloride	75
hydroxyzine pamoate	75
HYSINGLA ER	11
ibandronate sodium	51
IBRANCE	27
ibu	10
ibuprofen	10
icatibant acetate	65
ICLUSIG	27
idarubicin hcl	23
IDHIFA	27
ifosfamide	23
IFOSFAMIDE	22
ILEVRO	73
imatinib mesylate	27
IMBRUVICA	27
imipenem/cilastatin	13
imipramine hcl	40
imipramine hydrochloride	40
imiquimod	81
IMLYGIC	25
IMOVAX RABIES (H.D.C.V.)	68
incassia	54
INCRELEX	59

Drug name	Page
INCRUSE ELLIPTA	75
indapamide	34
INFANRIX	68
INLYTA	27
INQOVI	25
INREBIC	27
INTELENCE	16
INTRON A	67
introvale	54
INVEGA SUSTENNA	43
INVEGA TRINZA	43
INVIRASE	16
IONOSOL-MB/ DEXTROSE 5%	69
IPOL INACTIVATED IPV	68
ipratropium bromide	75
ipratropium bromide/ albuterol sulfate	75
irbesartan	30, 31
irbesartan/ hydrochlorothiazide	30
IRESSA	27
irinotecan	25
irinotecan hcl	25
irinotecan hydrochloride	25
ISENTRESS	16
ISENTRESS HD	16
isibloom	54
ISOLYTE-P/DEXTROSE 5%	69
ISOLYTE-S	69
isoniazid	18
isosorbide dinitrate	35
isosorbide mononitrate	35
isosorbide mononitrate er	35
isotonic gentamicin	14
isotretinoin	78
isradipine	33
itraconazole	15
ivermectin	14
IXIARO	68
jaimiess	54
JAKAFI	27
jantoven	64
JANUMET	50
JANUMET XR	50
JANUVIA	50
JARDIANCE	50
jasmiel	54
jencycla	54
JENTADUETO	50
JENTADUETO XR	50
jinteli	57
juleber	54
JULUCA	18
junel 1.5/30	54
junel 1/20	54
junel fe 1.5/30	54
junel fe 1/20	54
junel fe 24	54
JUXTAPID	32
KADCYLA	27
kaitlib fe	54
kalliga	54
KALTETRA	18
KALYDECO	76
kariva	54
KCL 0.3%/D5W/NACL 0.9%	69
KCL 0.3%/D5W/NACL 0.45%	69
KCL 0.15%/D5W/NACL 0.2%	69
KCL 0.15%/D5W/NACL 0.9%	69
KCL 0.15%/D5W/NACL 0.45%	69
KCL 0.15%/D5W/NACL 0.225%	69
KCL 0.075%/D5W/ NACL 0.45%	69
kelnor 1/35	54
kelnor 1/50	54
ketoconazole	15, 79
ketorolac tromethamine	10, 73
KEYTRUDA	27
KINRIX	68
kionex	52
KISQALI	25, 27
KISQALI FEMARA CO-PACK	25
klor-con	70
KLOR-CON 8	70
KLOR-CON 10	70
KLOR-CON/EF	70
klor-con m10	70
klor-con m20	70
KORLYM	59
kurvelo	54
KUVAN	59
labetalol hydrochloride	33
lactated ringers viaflex	69
lactulose	62
lamivudine	16, 19
lamivudine/zidovudine	18
lamotrigine	37
larin 1.5/30	54
larin 1/20	54
larin 24 fe	54
larin fe 1.5/30	54
larin fe 1/20	54
larissia	54
LASTACAFT	74
latanoprost	74
LATUDA	43
leflunomide	66

Drug name	Page
LENVIMA 4 MG DAILY DOSE	27
LENVIMA 8 MG DAILY DOSE	27
LENVIMA 10 MG DAILY DOSE	27
LENVIMA 12MG DAILY DOSE	27
LENVIMA 14 MG DAILY DOSE	27
LENVIMA 18 MG DAILY DOSE	27
LENVIMA 20 MG DAILY DOSE	27
LENVIMA 24 MG DAILY DOSE	27
lessina	55
letrozole	24
leucovorin calcium	29
LEUKERAN	23
leuprolide acetate	24
LEVEMIR	49
LEVEMIR FLEXTOUCH	49
levetiracetam	37
levetiracetam/sodium chloride	37
levobunolol hcl	74
levocarnitine	59
LEVOCARNITINE	59
levocetirizine dihydrochloride	75, 76
levofloxacin	21, 72
levofloxacin in d5w	21
levoleucovorin	29
levoleucovorin calcium	29
levonest	55
levonorgestrel/ethinyl estradiol	55
levora 0.15/30-28	55
levothyroxine sodium	60
LEVOTHYROXINE SODIUM	60
LEXIVA	16
lidocaine	81
lidocaine hcl	13
LIDOCAINE HCL	31
LIDOCAINE HCL IN D5W	31
lidocaine hcl prefilled syringe	31
lidocaine hydrochloride pf	13
lidocaine/prilocaine	81
lidocaine viscous	82
lillow	55
linezolid	14
LINEZOLID	14
LINZESS	63
liothyronine sodium	60
lisinopril	29, 30
lisinopril/ hydrochlorothiazide	29
LITHIUM	46
lithium carbonate	46
lithium carbonate er	46
lojaimiess	55
LOKELMA	52
LONSURF	25
loperamide hcl	63
lopinavir/ritonavir	18
LOPREEZA	57
lorazepam	36
LORBRENA	27
loryna	55
losartan potassium	31
losartan potassium/ hydrochlorothiazide	30
LOTEMAX	73
LOTEMAX SM	73
loteprednol etabonate	73
lovastatin	32
low-ogestrel	55
loxapine	43
loxapine succinate	43
lo-zumandimine	55
LUDENT	70
LUMIGAN	74
LUMIZYME	59
LUPRON DEPOT (1-MONTH)	24
LUPRON DEPOT (3-MONTH)	24
LUPRON DEPOT-PED (1-MONTH)	59
LUPRON DEPOT-PED (3-MONTH)	59
lutera	55
LYNPARZA	27
LYRICA CR	46
LYSODREN	24
lyza	55
mafenide acetate	78
magnesium sulfate	69
MAGNESIUM SULFATE	69
malathion	82
maprotiline hcl	40
marlissa	55
MARPLAN	40
MATULANE	25
matzim la	33
MAVYRET	19
meclizine hcl	60
medroxyprogesterone acetate	55, 60
mefloquine hcl	16
megestrol acetate	24, 60
MEKINIST	27
MEKTOVI	27
melodetta 24 fe	55
meloxicam	10

Drug name	Page
melphalan	23
melphalan hydrochloride	23
MEMANTINE HCL TITRATION PAK	39
memantine hydrochloride	39
memantine hydrochloride er	39
MENACTRA	68
MENVEO	68
mercaptopurine	24
meropenem	14
mesalamine	62
mesalamine dr	62
mesna	29
MESNEX	29
metadate er	45
metaproterenol sulfate	76
metformin hydrochloride	50, 51
metformin hydrochloride er	50
methadone hcl	11
methazolamide	34
methenamine hippurate	14
METHENAMINE MANDELATE	14
methergine	59
methimazole	60
methotrexate	24, 66
methotrexate sodium	24
methoxsalen	79
methscopolamine bromide	61
methylergonovine maleate	59
methylphenidate hydrochloride	45
methylphenidate hydrochloride er	45
methylprednisolone	58
methylprednisolone acetate	58
methylprednisolone sodium succinate	58
metoclopramide hcl	60
metoclopramide hydrochloride	60
metoclopramide odt	61
METOCLOPRAMIDE ODT	61
metolazone	34
metoprolol/ hydrochlorothiazide	32
metoprolol succinate er	33
metoprolol tartrate	33
metronidazole	14, 64, 81
metronidazole in nacl	14
mibelas 24 fe	55
micafungin	15
midodrine hcl	35
miglustat	59
mili	55
mimvey	57
minitran	35
minocycline hcl	22
minocycline hydrochloride	22
minoxidil	35
mirtazapine	40
misoprostol	63
MITIGARE	10
mitomycin	23
mitoxantrone hcl	25
M-M-R II	68
M-NATAL PLUS	70
modafinil	47
moexipril hcl	30
molindone hydrochloride	43
mometasone furoate	77, 80
mondoxyne nl	22
mono-linyah	55
montelukast sodium	76
morgidox 1x100mg	22
morgidox 2x100mg	22
morphine sulfate	12
MORPHINE SULFATE	12
morphine sulfate er	11
MOVANTIK	63
moxifloxacin hydrochloride	72, 73
MULTAQ	31
MULTI VITAMIN/ FLUORIDE	70
MULTIVITAMIN/ FLUORIDE	70
MULTI-VITAMIN/ FLUORIDE DROPS	70
MULTI-VITAMIN/ FLUORIDE/IRON	70
mupirocin	78
mutamycin	23
MYCAMINE	15
mycophenolate mofetil	67
myorisan	78
MYRBETRIQ	63
nabumetone	10
nadolol	33
NAGLAZYME	59
nalbuphine hcl	12
naloxone hcl	47, 48
naloxone hydrochloride	48
naltrexone hcl	48
NAMZARIC	39
naproxen	10
naproxen dr	10

Drug name	Page
naproxen sodium	10
naratriptan hcl	46
NARCAN	48
NATACYN	73
nateglinide	51
NATPARA	51
NAYZILAM	37
necon 0.5/35-28	55
nefazodone hcl	40
nefazodone hydrochloride	40
neomycin	14
neomycin/bacitracin/polymyxin	73
neomycin/polymyxin/bacitracin/hydrocortisone	72
neomycin/polymyxin/dexamethasone	72
neomycin/polymyxin/gramicidin	73
neomycin/polymyxin/hydrocortisone	72, 83
NEONATAL PLUS	70
neo-polycin	73
NEPHRAMINE	72
NERLYNX	27
neuac	78
NEUPRO	42
nevirapine	17
nevirapine er	17
NEXAVAR	27
niacin er	32
nicardipine hcl	33
NICOTROL	48
NICOTROL INHALER	48
nikki	55
nilutamide	24
NINLARO	27
nitisinone	59
NITRO-BID	35
NITRO-DUR	35
nitrofurantoin	14
nitrofurantoin macrocrystals	14
nitrofurantoin monohydrate	14
nitroglycerin	35
NITROGLYCERIN INJ	35
nitroglycerin lingual	35
nitroglycerin subl	35
NITYR	59
NIVA-PLUS	70
norethindrone	55
norethindrone acetate	60
norethindrone acetate/ethinyl estradiol	55, 57
norethindrone acetate/ethinyl estradiol/ferrous fumarate	55
norethindrone/ethinyl estradiol/ferrous fumarate	55
norgestimate/ethinyl estradiol	55
norlyda	55
NORMOSOL-M IN D5W	69
NORMOSOL-R PH 7.4	69
NORPACE CR	31
NORTHERA	35
nortrel 0.5/35 (28)	55
nortrel 1/35	55
nortrel 7/7/7	55
nortriptyline hcl	40
nortriptyline hydrochloride	40
NORVIR	17
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	49
NOVOLIN 70/30	49
NOVOLIN 70/30 FLEXPEN	49
NOVOLIN N	49
NOVOLIN N FLEXPEN	49
NOVOLIN R	49
NOVOLIN R FLEXPEN	49
NOVOLOG	49
NOVOLOG FLEXPEN	49
NOVOLOG MIX 70/30	49
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	49
NOVOLOG PENFILL	49
NOXAFIL	15
NUBEQA	24
NUEDEXTA	46
NULOJIX	67
NULYTELY/FLAVOR PACKS	62
NUPLAZID	43
nyamyc	79
NYMALIZE	33
nystatin	15, 79, 82
nystop	79
OCTAGAM	66
octreotide acetate	59
ODEFSEY	18
ODOMZO	27
OFEV	76
ofloxacin	73, 83
okebo	22
olanzapine	43
olanzapine odt	43
olopatadine hcl	74, 76
omega-3-acid ethyl esters	32
omeprazole	63
ondansetron hcl	61

Drug name	Page
ondansetron hydrochloride	61
ondansetron odt	61
OPSUMIT	35
oralone dental paste	82
ORFADIN	59
ORKAMBI	76
orsythia	55
oseltamivir phosphate	19
oxacillin sodium	21
oxaliplatin	23
oxandrolone	48
oxaprozin	10
oxcarbazepine	37
oxybutynin chloride	64
oxybutynin chloride er	63
oxycodone/acetaminophen	12
oxycodone/aspirin	12
oxycodone hcl	12
oxycodone hydrochloride	12
OZEMPIC	51
pacerone	31
paclitaxel	25
PADCEV	27
paliperidone er	43, 44
pamidronate disodium	52
PAMIDRONATE DISODIUM	52
PANRETIN	81
pantoprazole sodium	63
pantoprazole sodium dr	63
PANZYGA	66
paraplatin	23
paricalcitol	60
paroex	82
paromomycin	14
paroxetine hcl	40
paroxetine hydrochloride	40
PASER	18
PAXIL	40
PAZEO	74
PEDIARIX	68
PEDVAX HIB	68
peg-3350/electrolytes	62
peg-3350/nacl/na bicarbonate/kcl	62
PEGANONE	37
PEGASYS	19
PEMAZYRE	27
penicillamine	52
penicillin g potassium	21
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	21
PENICILLIN G PROCAINE	21
penicillin g sodium	22
penicillin v potassium	22
PENTACEL	68
pentamidine isethionate	14
pentoxifylline er	65
perindopril erbumine	30
periogard	82
permethrin	82
perphenazine	40, 44
perphenazine/amitriptyline	40
PERSERIS	44
phenadoz	61
phenelzine sulfate	40
PHENOBARBITAL ELIX	38
PHENOBARBITAL SODIUM	37
PHENOBARBITAL TABS	37
PHENYTEK	38
phenytoin	38
phenytoin sodium	38
phenytoin sodium er	38
philith	55
PHOSPHOLINE IODIDE	74
PICATO	81
PIFELTRO	17
pilocarpine hcl	74
pilocarpine hydrochloride	82
pimozide	44
pimtrea	55
pindolol	33
pioglitazone hcl	51
pioglitazone hcl-glimepiride	51
pioglitazone hcl/metformin hcl	51
pioglitazone hydrochloride	51
piperacillin sodium/tazobactam sodium	22
piperacillin/tazobactam	22
PIQRAY 200MG DAILY DOSE	27
PIQRAY 250MG DAILY DOSE	27
PIQRAY 300MG DAILY DOSE	27
pirmella 1/35	55
pirmella 7/7/7	56
piroxicam	10
PLASMA-LYTE-148	69
PLASMA-LYTE A	69
plenamine	72
PLENVU	62
PNV FOLIC ACID + IRON MULTIVITAMIN	70
PNV PRENATAL PLUS MULTIVITAMIN	71
podofilox	81
POLIVY	27

Drug name	Page
polycin	73
polymyxin b sulfate/ trimethoprim sulfate	73
POLY-VITAMIN/ FLUORIDE	71
POMALYST	24, 25
portia-28	56
posaconazole dr	15
potassium chloride	70, 71
POTASSIUM CHLORIDE	69
potassium chloride cr	71
POTASSIUM CHLORIDE/DEXTROSE	69
POTASSIUM CHLORIDE/DEXTROSE/ SODIUM CHLORIDE	69
potassium chloride er	71
potassium chloride/ sodium chloride	69
POTASSIUM CHLORIDE/SODIUM CHLORIDE	69
potassium chloride sr	71
potassium citrate er	63
PRADAXA	64
PRALUENT	32
pramipexole dihydrochloride	42
prasugrel	65
pravastatin sodium	32
praziquantel	14
prazosin hcl	30
prazosin hydrochloride	30
prednicarbate	80
PREDNICARBATE	80
prednisolone	58
prednisolone acetate	73
prednisolone sodium phosphate	58
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	74
prednisone	58
PREDNISONE INTENSOL	58
pregabalin	38
PREMASOL	72
PRENATAL	71
PRENATAL PLUS	71
PRENATAL VITAMINS PLUS LOW IRON	71
PREPLUS	71
PRETOMANID	18
prevalite	32
previfem	56
PREVYMIS	19
PREZCOBIX	18
PREZISTA	17
PRIFTIN	18
primaquine phosphate	16
primidone	38
PRIVIGEN	66
probenecid	10
probenecid/colchicine	10
PROCALAMINE	72
prochlorperazine	61
prochlorperazine edisylate	61
prochlorperazine maleate	61
PROCRIT	65
procto-med hc	81
procto-pak	81
proctosol hc	81
proctozone-hc	82
progesterone	60
PROGRAF	67
PROLASTIN-C	76
PROLENSA	74
PROLIA	52
PROMACTA	65
promethazine hcl	61
promethazine hcl plain	61
promethazine hydrochloride	61
promethegan	61
propafenone hcl	31
propafenone hydrochloride er	31
proparacaine hcl	75
propranolol hcl	33
propranolol hcl er	33
propranolol hydrochloride	33
propranolol hydrochloride er	33
propranolol/ hydrochlorothiazide	32
propylthiouracil	60
PROQUAD	68
PROSOL	72
protriptyline hcl	41
PULMICORT FLEXHALER	77
PULMOZYME	76
PURIXAN	24
pyrazinamide	18
pyridostigmine bromide	46
pyridostigmine bromide er	46
QINLOCK	28
QUADRACEL	68
quetiapine fumarate	44
quetiapine fumarate er	44
quinapril hcl	30
quinapril hydrochloride	30
quinapril/ hydrochlorothiazide	29
quinidine sulfate	31
quinine sulfate	16

Drug name	Page
RABAVERT	68
raloxifene hydrochloride	59
ramipril	30
ranolazine er	35
rasagiline mesylate	42
reclipsen	56
RECOMBIVAX HB	68
RECTIV	82
REGRANEX	82
RELENZA DISKHALER	19
RELISTOR	63
RENFLEXIS	66
repaglinide	51
RESCRIPTOR	17
RESTASIS	75
RESTASIS MULTIDOSE	75
RETEVMO	28
REVLIMID	25
REXULTI	44
REYATAZ	17
RHOPRESSA	74
ribavirin	19
rifabutin	18
rifampin	18
RIFATER	18
riluzole	46
rimantadine hydrochloride	19
RINGERS INJECTION	70
RINVOQ	66
risedronate sodium	52
risedronate sodium dr	52
RISPERDAL CONSTA	44
risperidone	44
risperidone odt	44
ritonavir	17
RITUXAN	28
RITUXAN HYCELA	28
rivastigmine	39
rivastigmine tartrate	39
rizatriptan benzoate	46
rizatriptan benzoate odt	46
ROMIDEPSIN	28
ropinirole hcl	42
ropinirole hydrochloride	42
rosadan	82
rosuvastatin calcium	32
ROTARIX	68
ROTATEQ	68
roweepra	38
ROZYLTREK	28
RUBRACA	28
RUKOBIA	17
RYDAPT	28
SANDIMMUNE	67
SANTYL	82
SAPHRIS	44
SARCLISA	28
scopolamine	61
SECUADO	44
selegiline hcl	42
selenium sulfide	79
SELZENTRY	17
SEREVENT DISKUS	76
sertraline hcl	41
sertraline hydrochloride	41
setlakin	56
SF	82
sharobel	56
SHINGRIX	68
SIGNIFOR	59
sildenafil citrate	36
SILVER SULFADIAZINE	78
SIMBRINZA	74
simliya	56
simpesse	56
simvastatin	32
sirolimus	67
SIRTURO	19
SIVEXTRO	14
SIVEXTRO TABS	14
SKYRIZI	66
sodium bicarbonate	70
SODIUM BICARBONATE	70
sodium chloride	70
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	82
sodium chloride inj	70
SODIUM CHLORIDE INJ	70
SODIUM FLUORIDE	71, 82
sodium phenylbutyrate	59
sodium polystyrene sulfonate	52
sodium sulfacetamide	73
SOLIQUA 100/33	49
SOLTAMOX	24
SOLU-CORTEF INJ	58
SOMATULINE DEPOT	59
SOMAVERT	59
sorine	31
sotalol hcl	31
sotalol hcl (af)	31
spironolactone	30, 34
spironolactone/ hydrochlorothiazide	34
sprintec 28	56
SPRITAM	38
SPRYCEL	28
sps	52
sronyx	56
stavudine	17
STELARA	66
STERILE WATER IRRIGATION PLASTIC BOTTLE	82
STIMATE	59
STIVARGA	28

Drug name	Page
streptomycin sulfate	14
STRIBILD	18
subvenite	38
sucralfate	63
sulfacetamide sodium	73, 78
sulfacetamide sodium/ prednisolone sodium phosphate	72
SULFADIAZINE	14
sulfamethoxazole/ trimethoprim	14
sulfamethoxazole/ trimethoprim ds	14
SULFAMYLON	78
sulfasalazine	62
SULFASALAZINE	62
sulindac	11
sumatriptan	46
sumatriptan succinate	46
SUPREP BOWEL PREP KIT	62
SUTENT	28
syeda	56
SYLATRON	25
SYMBICORT	77
SYMDEKO	77
SYMFI	18
SYMFI LO	18
SYMPAZAN	38
SYMTUZA	18
SYNAREL	57
SYNERCID	14
SYNJARDY	51
SYNJARDY XR	51
SYNRIBO	25
SYNTHROID	60
TABLOID	24
TABRECTA	28
tacrolimus	67, 82
tadalafil	36
TAFINLAR	28
TAGRISSO	28
TALTZ	66
TALZENNA	28
tamoxifen citrate	24
tamsulosin hydrochloride	63
TARGRETIN	82
tarina fe 1/20	56
tarina fe 1/20 eq	56
TASIGNA	28
tazarotene	79
tazicef	20
TAZORAC	79
taztia xt	34
TAZVERIK	28
TDVAX	68
TECENTRIQ	28
TEFLARO	20
telmisartan	31
telmisartan/amlodipine	31
telmisartan/ hydrochlorothiazide	31
temazepam	45
TEMIXYS	18
temsirolimus	28
TENIVAC	68
tenofovir	17
terazosin hcl	30
terazosin hydrochloride	30
terbinafine hcl	15
terbutaline sulfate	76
terconazole	64
testosterone cypionate	48
testosterone enanthate	48
testosterone gel	48
testosterone pump gel	48
testosterone topical	48
tetrabenazine	46
tetracycline hydrochloride	22
TEXACORT	81
THALOMID	25
THEO-24	77
theophylline	77
theophylline er	77
thioridazine hcl	44
thiotepa	23
thiothixene	44
tiadylt er	34
tiagabine hydrochloride	38
TIBSOVO	28
tigecycline	22
TILIA FE	56
timolol maleate	75
TIMOLOL MALEATE OPHTHALMIC	74
timolol maleate soln	74
timolol maleate tabs	33
tinidazole	14
TIVICAY	17
TIVICAY PD	17
tizanidine hcl	47
tizanidine hydrochloride	47
TOBRADEX	72
TOBRADEX ST	72
tobramycin	14
tobramycin/ dexamethasone	72
tobramycin sulfate	14, 73
tolterodine tartrate	64
topiramate	38
toposar	26
topotecan hcl	25
toremifene citrate	24
torsemide	34
tovet foam	81
TOVIAZ	64
TPN ELECTROLYTES	70

Drug name	Page
TRACLEER	36
TRADJENTA	51
TRAMADOL ER CAPS	11
tramadol hcl	12
tramadol hcl er tabs	11
tramadol hydrochloride	12
tramadol hydrochloride/ acetaminophen	12
trandolapril	30
tranexamic acid	65
tranylcypromine sulfate	41
TRAVASOL	72
trazodone hydrochloride	41
TRECATOR	19
TRELEGY ELLIPTA	75
TRELSTAR MIXJECT	24
TRESIBA	49
TRESIBA FLEXTOUCH	49
tretinoin	25, 78
TRETINOIN MICROSPHERE	78
triamcinolone acetonide	81
triamcinolone acetonide dental paste	82
triamterene/ hydrochlorothiazide	34
TRICARE PRENATAL	71
triderm	81
trientine hydrochloride	52
tri-estarylla	56
tri femynor	56
trifluoperazine hcl	44
trifluridine	73
trihexyphenidyl hcl	42
trihexyphenidyl hydrochloride	42
tri-legest fe	56
tri-linyah	56
tri-lo-estarylla	56
tri-lo-marzia	56
tri-lo-mili	56
tri-lo-sprintec	56
trilyte	62
trimethoprim	15
trimethoprim sulfate/ polymyxin b sulfate	73
tri-mili	56
trimipramine maleate	41
TRINTELLIX	41
tri-previfem	56
tri-sprintec	56
TRIUMEQ	18
TRI-VITE/FLUORIDE	71
trivora-28	56
tri-vylibra	56
tri-vylibra lo	56
TROGARZO	17
TROPHAMINE	72
trospium chloride	64
trospium chloride er	64
TRULICITY	51
TRUMENBA	68
TRUVADA	18
TUKYSA	28
tulana	56
TURALIO	28
TWINRIX	68
TYBOST	17
tydemy	56
TYKERB	28
TYMLOS	52
TYPHIM VI	68
ursodiol	63
valacyclovir hcl	19
valacyclovir hydrochloride	19
VALCHLOR	82
valganciclovir	19
valganciclovir hydrochloride	19
valproate sodium	38
valproic acid	38
valsartan	31
valsartan/ hydrochlorothiazide	31
VALTOCO	38
VANCOMYCIN	15
vancomycin hcl	15
VANCOMYCIN HLC	15
vancomycin hydrochloride	15
VAQTA	68
VARIVAX	68
VASCEPA	32
VELCADE	28
velivet	56
VELTASSA PACK	52
VEMLIDY	19
VENCLEXTA	28
VENCLEXTA STARTING PACK	28
venlafaxine hcl	41
venlafaxine hcl er	41
venlafaxine hydrochloride er	41
VENTAVIS	36
VENTOLIN HFA	76
verapamil hcl	34
verapamil hcl er	34
verapamil hcl sr	34
VERAPAMIL HCL SR CP24 360MG	34
verapamil hydrochloride	34
verapamil hydrochloride er	34
VERSACLOZ	44
VERZENIO	28
VICTOZA	51

Drug name	Page
VIDEX EC	17
VIDEX PEDIATRIC	17
vienva	56
vigabatrin	38
vigadrone	38
VIIBRYD	41
VIIBRYD STARTER PACK	41
VIMPAT	38
vinblastine sulfate	26
vincristine sulfate	26
vinorelbine tartrate	26
viorele	56
VIRACEP	17
VIREAD	17
VITRAKVI	28
VIVITROL	48
VIZIMPRO	28
volnea	56
VOL-PLUS	71
voriconazole	15, 16
VOSEVI	19
VOTRIENT	28
VP-PNV-DHA	71
VRAYLAR	44
VRAYLAR CAP THERAPY PACK	44
vyfemla	56
vylibra	56
warfarin sodium	64
wera	56
wymzya fe	57
XALKORI	28
XARELTO	65
XARELTO STARTER PACK	64
XATMEP	66
XCOPRI	38
XCOPRI MAINTENACE PACK	38
XCOPRI TITRATION PACK	38
XELJANZ	66
XELJANZ XR	66
XGEVA	52
XIFAXAN	63
XIGDUO XR	51
XOLAIR	77
XOSPATA	29
XPOVIO	29
XPOVIO 60 MG ONCE WEEKLY	29
XPOVIO 80 MG ONCE WEEKLY	29
XPOVIO 80 MG TWICE WEEKLY	29
XPOVIO 100 MG ONCE WEEKLY	29
XTANDI	24
XULTOPHY	49
XYREM	47
YF-VAX	68
yuvafem	57
zafirlukast	76
zaleplon	45
zarah	57
ZARXIO	65
ZEJULA	29
ZELBORAF	29
ZEMAIRA	77
zenatane	78
ZENPEP	63
zenzedi	45
zidovudine	17
ziprasidone hcl	44
ziprasidone mesylate	45
ZIRGAN	73
zoledronic acid	52
ZOLEDRONIC ACID	52
ZOLINZA	29
ZOLOFT	41
zolpidem tartrate	46
zonisamide	38
ZORTRESS	67
ZOSTAVAX	68
zovia 1/35e	57
zumandimine	57
ZYDELIG	29
ZYKADIA	29
ZYLET	72
ZYPREXA RELPREVV	45
ZYTIGA	24

Enhanced Drug Benefit List*

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

Key**

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

Drug name	Drug tier	Requirements/Limits
COSMETIC		
ACUICYN ANTIMICROBIAL EY ELID & EYELASH HYGIENE	3	
alphaquin hp	1	
ARNICA FLOWER	3	
AVENOVA	3	
BENZOIN TINCTURE	3	
BETAMETHASONE DIPROPIONATE/ MINOXIDIL	3	
bimatoprost	1	
blanche	1	
BORIC ACID	3	
BOTOX COSMETIC	3	
DRYSOL	3	
EPICYN	3	

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

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

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

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

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

Drug name	Drug tier	Requirements/Limits
skin bleaching/sunscreen	1	
tl hydroquinone	1	
tretinoin emollient	1	
TRI-LUMA	3	
VANIQA	3	
XERAC AC	3	
COUGH AND COLD		
benzonatate	1	
biotuss	1	
biotuss pediatric	1	
bromfed dm	1	
CARBAPHEN 12	3	
CARBAPHEN 12 PED	3	
centergy dm	1	
CODAR AR	3	
CPB WC	3	
DECON-G	3	
dextromethorphan hbr/ phenylephrine hcl/chlorpheniramine	1	
EXACTUSS	3	
exefen-ir	1	
FLOWTUSS	3	
GILPHEX TR	3	
GILTUSS	3	
giltuss pediatric	1	
GILTUSS TR	3	
guaifenesin/dextromethorphan sr	1	
HDC DM	3	
HYCOFENIX	3	
hydrocodone bitartrate/ chlorpheniramine maleate/pse	1	

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

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

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

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

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

Drug name	Drug tier	Requirements/Limits
TUZISTRA XR	3	
VAZOTAN	3	
VIRAVAN-DM	3	
VITUZ	3	
ZONATUSS	3	
zotex-12d	1	
ZOTEX-C	3	
ZUTRIPRO	3	
ERECTILE DYSFUNCTION		
BI-MIX	3	QL (6 EA per 30 days)
CAVERJECT	3	QL (6 EA per 30 days)
CAVERJECT IMPULSE	3	QL (6 EA per 30 days)
CIALIS	3	QL (6 EA per 30 days)
EDEX	3	QL (6 EA per 30 days)
LEVITRA	3	QL (6 EA per 30 days)
MUSE	3	QL (6 EA per 30 days)
papaverine-phentolamine mesylate	1	QL (5 ML per 30 days)
QUAD-MIX	3	QL (6 EA per 30 days)
STAXYN	3	QL (6 EA per 30 days)
STENDRA	3	QL (6 EA per 30 days)
SUPER BI-MIX	3	QL (6 EA per 30 days)
SUPER QUAD-MIX	3	QL (6 EA per 30 days)
SUPER TRI-MIX	3	QL (6 EA per 30 days)
tadalafil	1	QL (6 EA per 30 days)
TRI-MIX	3	QL (6 EA per 30 days)
vardenafil hydrochloride	1	QL (6 EA per 30 days)
VIAGRA	3	QL (6 EA per 30 days)
FERTILITY		
CETROTIDE	3	
clomiphene citrate	1	
ENDOMETRIN	3	

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

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

Drug name	Drug tier	Requirements/Limits
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	3	
FOLLISTIM AQ	3	
ganirelix acetate	1	
GONAL-F	3	
GONAL-F RFF	3	
GONAL-F RFF REDIJECT	3	
MENOPUR	3	
OVIDREL	3	
MISCELLANEOUS		
aero otic hc	1	
ALA-QUIN	3	
ALCORTIN A	3	
ALOQUIN	3	
aminobenzoate potassium	1	
ANALPRAM-HC	3	
ANALPRAM-HC SINGLES	3	
anucort-hc	1	
ANUSOL-HC	3	
arzol silver nitrate app licators	1	
ASCOR	3	
ascorbic acid	1	
benzoyl peroxide 8%	1	
bpm/pse/dm	1	
bromfed dm	1	
CETACAINE	3	
CORTANE-B	3	
CORTANE-B-OTIC	3	
cortic-nd	1	
covaryx	1	

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

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

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

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

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

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

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

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

Drug name	Drug tier	Requirements/Limits
TUXARIN ER	3	
TUZISTRA XR	3	
urea	1	
uribel	1	
uro-458	1	
uro-mp	1	
ustell	1	
vilamit mb	1	
vilevev mb	1	
VIRATAN-DM	3	
VYTONE	3	
WP THYROID	3	
VITAMINS AND MINERALS		
ACTIVE FE	3	
ADRENAL C FORMULA	3	
airavite	1	
ALBAFORT	3	
aminobenzoate potassium	1	
ANIMI-3	3	
ANIMI-3/VITAMIN D	3	
AP-ZEL	3	
AQUASOL A PARENTERAL	3	
ASCOR	3	
ASCORBIC ACID INJ 15000MG/30ML	3	
ascorbic acid inj 500mg/ml	1	
ASTAMED MYO	3	
AVAILNEX	3	
AXONA	3	
b-6 folic acid	1	
b-complex 100	1	
b-plex	1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug name	Drug tier	Requirements/Limits
VITAL-D RX	3	
vitamax pediatric	1	
vitamin b-complex 100	1	
vitamin d	1	
VITAMIN K1	1	
VITAROCA PLUS	3	
vol-care rx	1	
VP-GSTN	3	
VP-ZEL	3	
wheat germ	1	
XAQUIL XR	3	
xyzbac	1	
WEIGHT LOSS		
ADIPEX-P	3	PA
APPTRIM	3	PA
APPTRIM-D	3	PA
benzphetamine hcl	1	PA
CONTRAVE	3	PA
diethylpropion hcl	1	PA
diethylpropion hcl er	1	PA
LOMAIRA	3	PA
MEDACTIV	3	PA
phendimetrazine tartrate	1	PA
phendimetrazine tartrate er	1	PA
phentermine hcl	1	PA
phentermine hydrochloride	1	PA
QSYMIA	3	PA
SAXENDA	3	PA
XENICAL	3	PA

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

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

This page was intentionally left blank

This formulary was updated on 10/01/2020. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-888-267-2637** or for **TTY users: 711**, 8 a.m. to 9 p.m., E.S.T., Monday through Friday, or visit **AetnaRetireePlans.com** choose "Manage your prescription drugs".

AetnaRetireePlans.com

©2020 Aetna Inc.
2021GRPA15.1 B (10/20)
Y0001_GRP_1085_2989_2021_C_Final_1 08/2020
2021GRPA15
Updated 10/01/20