

2022 Comprehensive Formulary

Aetna® D-SNP
(List of Covered Drugs)
B2

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

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Aetna D-SNP Member Services at **1-855-463-0933** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit AetnaBetterHealth.com/Virginia-hmosnp/formulary

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Aetna D-SNP is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Aetna D-SNP es un plan HMO, PPO con un contrato de Medicare. Nuestros Planes de necesidades especiales (SNP, por sus siglas en inglés) también tienen contratos con los programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.

Aetna D-SNP是一項簽有Medicare合約的HMO、PPO計劃。我們的特殊需求計劃(SNP)也與州的Medicaid計劃簽有合約。能否參保我們的計劃視合約續簽情況而定。

ATTENTION: If you speak a language other than English, 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。

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.

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 D-SNP. 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 12/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year. You will receive notice when necessary.

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 **1-855-463-0933 (TTY: 711)** 24 hours a day, 7 days a week, 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.

What is the Aetna D-SNP 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 D-SNP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna D-SNP 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 titled “How do I request an exception to the Aetna D-SNP Formulary?”

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

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 12/01/2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs 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 103. 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 up to 30 tablets per 30 days, per prescription of *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna D-SNP 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 D-SNP Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to cover a formulary drug at a lower cost sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, *tiering* or utilization restriction exception.

When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.

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

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

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

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

If you are a resident of a long-term care facility, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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

For more information

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

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

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

Aetna D-SNP 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 103.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

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

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

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

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

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna D-SNP Services at **1-855-463-0933 (TTY: 711)**, 24 hours a day, 7 days a week, or visit AetnaBetterHealth.com/Virginia-hmosnp/formulary

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 D-SNP Services at **1-855-463-0933 (TTY: 711)**, 24 hours a day, 7 days a week.

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 2022 comprehensive formulary is a listing of brand-name and generic drugs. Aetna D-SNP's 2022 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 D-SNP plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

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

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

Key*

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

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tabs</i>	1	MO
<i>colchicine tabs</i>	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	3	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	3	MO
<i>probenecid/colchicine</i>	3	MO
NSAIDS		
<i>cataflam</i>	2	QL (120 EA per 30 days)
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal</i>	4	QL (90 EA per 30 days) MO
DUEXIS	5	QL (90 EA per 30 days) PA MO
<i>ec-naproxen tbec 375mg</i>	2	QL (120 EA per 30 days)
<i>ec-naproxen tbec 500mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac er tb24 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tb24 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>	3	QL (120 EA per 30 days) MO
<i>etodolac caps 200mg</i>	3	QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>etodolac tabs 400mg</i>	3	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS 400MG	4	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>	4	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg; susp 100mg/5ml</i>	2	MO
<i>ibuprofen/famotidine</i>	4	QL (90 EA per 30 days) PA MO
<i>ketoprofen er</i>	4	QL (30 EA per 30 days) MO
<i>ketoprofen caps 75mg</i>	4	QL (120 EA per 30 days) MO
<i>ketoprofen caps 50mg</i>	4	QL (180 EA per 30 days)
<i>ketoprofen caps 25mg</i>	5	QL (120 EA per 30 days) MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	4	QL (120 EA per 30 days) MO
<i>meloxicam tabs</i>	1	MO
<i>nabumetone</i>	2	MO
NAPROXEN SODIUM CR	4	QL (120 EA per 30 days) MO
<i>naproxen sodium er</i>	4	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	4	QL (60 EA per 30 days) MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen/esomeprazole magnesium</i>	5	QL (60 EA per 30 days) PA MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO
<i>naproxen susp</i>	2	MO
<i>naproxen dr tab 375mg</i>	2	QL (120 EA per 30 days) MO
<i>naproxen dr tab 500mg</i>	2	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	4	QL (90 EA per 30 days) MO
<i>piroxicam caps 20mg</i>	3	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	3	QL (60 EA per 30 days) MO
<i>relafen tabs 500mg, 750mg</i>	2	
<i>sulindac</i>	2	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch	4	QL (4 EA per 28 days) PA MO
fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	4	QL (10 EA per 30 days) PA MO
fentanyl pt72 87.5mcg/hr	5	QL (10 EA per 30 days) PA MO
hydrocodone bitartrate er tabs	3	QL (30 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	5	PA
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 oral conc	3	QL (90 ML per 30 days) PA MO
morphine sulfate er cap24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	4	QL (30 EA per 30 days) PA MO
morphine sulfate er cap24 (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
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
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
butorphanol tartrate nasal soln	4	QL (5 ML per 30 days) MO
butorphanol tartrate inj 1mg/ml	4	
butorphanol tartrate inj 2mg/ml	4	MO
CODEINE SULFATE TABS	4	QL (180 EA per 30 days) MO
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
fentanyl citrate oral transmucosal lpop 200mcg	4	QL (120 EA per 30 days) PA MO
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	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, 325mg; 10mg, 325mg; 5mg	3	QL (180 EA per 30 days) MO
hydrocodone/acetaminophen tabs 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 oral liqd	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
hydromorphone hcl pf inj 10mg/ ml	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ ML, 2MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ ML	4	B/D MO
hydromorphone hydrochloride pf inj 50mg/5ml	4	B/D
hydromorphone hydrochloride inj 2mg/ml	4	B/D MO
morphine sulfate tabs	3	QL (180 EA per 30 days) MO
MORPHINE SULFATE IV OR IM INJ 10MG/ML, 2MG/ML, 4MG/ ML, 5MG/ML, 8MG/ML	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
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate iv, epidural, or intrathecal inj 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	4	QL (180 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride oral soln</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	4	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	2	QL (120 EA per 30 days) MO

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

Drug name	Drug tier	Requirements/Limits
<i>amikacin sulfate</i>	4	MO
<i>atovaquone</i>	5	PA MO
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
CAYSTON	5	PA LA
<i>chloramphenicol inj 1gm</i>	4	
<i>clindamycin hcl caps 300mg, 75mg</i>	2	MO
<i>clindamycin hydrochloride caps 150mg</i>	2	MO
<i>clindamycin palmitate hcl oral soln 75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	5	PA MO
<i>dapsone tabs 100mg, 25mg</i>	3	MO
DAPTO MYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	4	MO
<i>isotonic gentamicin</i>	4	MO
<i>ivermectin</i>	3	PA MO
<i>linezolid tabs</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 28 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
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	4	PA
<i>meropenem inj 500mg</i>	4	
<i>meropenem inj 1gm</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	4	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole inj 500mg/100ml</i>	4	
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>neomycin sulfate</i>	2	MO
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate/macrocrys</i>	3	MO
<i>paromomycin sulfate</i>	4	MO
<i>pentamidine isethionate inhalation soln</i>	4	B/D MO
<i>pentamidine isethionate inj</i>	4	MO
<i>praziquantel</i>	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate</i>	5	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole(trimethoprim ds)</i>	1	MO
<i>sulfamethoxazole(trimethoprim tabs)</i>	1	MO
<i>sulfamethoxazole(trimethoprim inj, susp)</i>	4	MO
SYNERCID	5	
<i>tinidazole</i>	4	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN INJ 2GM/400ML	4	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride inj 500mg</i>	4	MO
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	5	B/D MO
<i>amphotericin b</i>	4	B/D MO
<i>amphotericin b liposome</i>	5	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole in sodium chloride inj</i>	4	
<i>fluconazole/sodium chloride</i>	4	
<i>fluconazole tabs</i>	2	MO
<i>fluconazole oral susp</i>	3	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole tabs 200mg</i>	2	PA MO
<i>micafungin</i>	5	
NOXAFIL ORAL SUSP	5	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	4	MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) MO
<i>terbinafine hcl</i>	2	QL (90 EA per 365 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>voriconazole inj</i>	5	PA
<i>voriconazole oral susp</i>	5	PA MO
<i>voriconazole tabs 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate</i>	2	MO
COARTEM	4	MO
<i>mefloquine hcl</i>	3	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	4	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
<i>atazanavir sulfate</i>	4	MO
CRIXIVAN	4	MO
EDURANT	5	MO
<i>efavirenz caps 50mg</i>	3	MO
<i>efavirenz caps 200mg</i>	4	MO
<i>efavirenz tabs</i>	4	MO
<i>emtricitabine caps 200mg</i>	4	MO
EMTRIVA ORAL SOLN	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACKET FOR ORAL SUSP	4	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	4	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
LEXIVA ORAL SUSP	4	MO
<i>maraviroc</i>	5	MO
<i>nevirapine er tb24 100mg</i>	3	
<i>nevirapine er tb24 400mg</i>	3	MO
<i>nevirapine tabs</i>	3	MO
<i>nevirapine susp</i>	4	MO
NORVIR SOLN, ORAL POWDER	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
REYATAZ PACKET FOR ORAL SUSP	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	MO
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
<i>stavudine</i>	4	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIRACEPT TABS 250MG	4	MO
VIRACEPT TABS 625MG	5	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	5	MO
<i>zidovudine</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	4	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	MO

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

Drug name	Drug tier	Requirements/Limits
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir oral soln</i>	4	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	4	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	5	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	MO
ANTITUBERCULAR AGENTS		
cycloserine	5	MO
<i>ethambutol hydrochloride</i>	4	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid syrup</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>isoniazid inj</i>	4	
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	
SIRTURO	5	PA LA
TRECATOR	4	MO
ANTIVIRALS		
<i>acyclovir sodium iv soln 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	MO
<i>acyclovir susp 200mg/5ml</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	5	QL (630 ML per 30 days) MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	3	B/D
HARVONI	5	PA
<i>lamivudine tabs 100mg</i>	3	MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	3	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	3	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	3	QL (1080 ML per 365 days) MO
PEGASYS	5	PA
PREVYMIS TABS	5	QL (28 EA per 28 days) MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin</i>	3	
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hcl tabs 1gm</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>valacyclovir hydrochloride tabs 500mg</i>	3	MO
<i>valganciclovir hydrochloride oral soln</i>	3	MO
<i>valganciclovir tabs 450mg</i>	3	MO
VEMLIDY	5	MO
VOSEVI	5	PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	MO
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazin sodium iv inj 1gm</i>	4	
<i>cefazin sodium inj 10gm, 1gm, 500mg</i>	4	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
<i>cefazin inj 2gm</i>	4	
<i>cefdinir caps</i>	2	MO
<i>cefdinir oral susp</i>	3	MO
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime caps</i>	3	MO
<i>cefixime oral susp</i>	4	MO
<i>cefotetan</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	4	
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
CEFTRIAXONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium iv inj 1gm</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium inj 1.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO
SUPRAX ORAL SUSP 500MG/5ML	3	
<i>tazicef</i>	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	MO
<i>azithromycin oral susp, tabs</i>	2	MO
<i>azithromycin inj</i>	4	MO
<i>clarithromycin</i>	3	MO
<i>clarithromycin er</i>	4	MO
DIFICID ORAL SUSP	5	
DIFICID TABS	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	5	
<i>erythrocin stearate</i>	4	MO
<i>erythromycin base</i>	3	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin lactobionate</i>	5	
<i>erythromycin stearate</i>	3	MO
<i>erythromycin cpep 250mg</i>	3	MO
<i>erythromycin tabs 250mg, 500mg</i>	3	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	4	MO
<i>levofloxacin in d5w</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride/ sodium hydrochloride iv soln 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	4	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>ampicillin caps 500mg</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	4	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
<i>BICILLIN L-A</i>	4	MO
<i>dicloxacillin sodium</i>	3	MO
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>nafcillin sodium iv inj 10gm, 2gm</i>	5	
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE</i>	4	
<i>penicillin g potassium inj 20000000unit</i>	4	MO
<i>penicillin g potassium inj 5000000unit</i>	5	MO
<i>PENICILLIN G PROCAINE</i>	4	MO
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm, 2gm; 0.25gm, 3gm; 0.375gm, 4gm/0.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100 inj</i>	4	MO
<i>doxycycline hyclate dr tabs 100mg, 150mg, 200mg, 50mg, 75mg</i>	4	MO
<i>doxycycline hyclate caps 100mg, 50mg, tabs 100mg, 150mg, 20mg</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline monohydrate tabs</i>	2	MO
<i>doxycycline monohydrate caps</i>	4	MO
<i>doxycycline oral susp 25mg/5ml</i>	3	MO
<i>minocycline hcl caps 75mg</i>	2	MO
<i>minocycline hcl tabs 100mg, 50mg, 75mg</i>	4	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride er</i>	4	ST MO
<i>monodoxine nl caps 100mg, 75mg</i>	4	
<i>morgidox 1x100mg</i>	4	
<i>morgidox 2x100mg</i>	4	
NUZYRA INJ	4	
NUZYRA TABS	5	
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA</i>	5	
<i>busulfan</i>	5	
<i>carboplatin</i>	3	
<i>carmustine</i>	5	
<i>cisplatin iv soln</i>	3	
CYCLOPHOSPHAMIDE MONOHYDRATE	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
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	3	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	4	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	4	
IFEX INJ 3GM	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
LEUKERAN	4	MO
<i>melphalan hydrochloride inj 50mg</i>	5	
<i>melphalan tabs 2mg</i>	4	B/D MO
<i>oxaliplatin</i>	4	
<i>paraplatin</i>	3	
PEPAXTO	5	QL (2 EA per 28 days) PA
<i>thiotepa</i>	5	
ZEPZELCA	5	PA LA
ANTIBIOTICS		
<i>bleomycin sulfate</i>	4	B/D
<i>dactinomycin</i>	5	
DAUNORUBICIN	4	
HYDROCHLORIDE INJ 50MG/10ML		
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>doxorubicin hydrochloride liposomal 20mg/10ml; 50mg/25ml</i>	5	
<i>epirubicin hcl</i>	4	
<i>idarubicin hcl</i>	4	
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mutamycin inj 20mg, 5mg</i>	4	
<i>mutamycin inj 40mg</i>	5	
ANTIMETABOLITES		
ALIMTA	5	
<i>azacitidine</i>	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
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine</i>	4	B/D
<i>cytarabine aqueous</i>	4	B/D
<i>decitabine</i>	5	
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	3	B/D
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	4	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	4	
INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	3	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	3	MO
<i>methotrexate pf inj 50mg/2ml</i>	3	MO
ONUREG	5	QL (14 EA per 28 days) PA LA
<i>pemetrexed disodium</i>	5	
PEMETREXED INJ 100MG/4ML, 1GM/40ML, 500MG/20ML	5	
<i>pemetrexed inj 1000mg, 100mg, 750mg</i>	5	
PURIXAN	5	
TABLOID	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO
EMCYT	5	MO
ERLEADA	5	PA LA

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

Drug name	Drug tier	Requirements/Limits
<i>exemestane</i>	4	MO
<i>flutamide</i>	4	MO
<i>fulvestrant</i>	5	
<i>letrozole</i>	2	MO
<i>leuprolide acetate</i>	4	PA
LUPRON DEPOT (1-MONTH) 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) 11.25MG	5	PA
LYSODREN	5	MO
<i>megestrol acetate tabs 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA LA
ORGOVYX	5	PA LA MO
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	5	PA MO
TRELSTAR MIXJECT 3.75MG, 11.25MG	5	PA
XTANDI	5	PA LA
ZYTIGA TABS 500MG	5	PA LA
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	QL (28 EA per 28 days) PA LA
POMALYST CAPS 1MG, 2MG	5	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA
MISCELLANEOUS		
<i>arsenic trioxide</i>	5	
ASPARLAS	5	PA
BESREMI	5	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	5	PA
<i>dacarbazine</i>	4	
<i>hydroxyurea</i>	2	MO
IMLYGIC	5	PA

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

Drug name	Drug tier	Requirements/Limits
<i>irinotecan inj 500mg/25ml</i>	4	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	4	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
MATULANE	5	LA MO
<i>mitoxantrone hcl</i>	3	
NIPENT	5	
ONCASPAR	5	PA
SYNRIBO	5	PA
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	4	
<i>tretinoin caps 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA MO
MITOTIC INHIBITORS		
ABRAXANE	5	
DOCETAXEL INJ 20MG/2ML	4	
DOCETAXEL INJ 160MG/16ML, 160MG/8ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	4	
<i>etoposide</i>	3	
<i>paclitaxel</i>	4	
<i>paclitaxel protein-bound particles</i>	5	
<i>toposar</i>	3	
<i>vinblastine sulfate</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
MOLECULAR TARGET AGENTS		
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
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
ALECENSA	5	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	5	PA LA MO
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA LA MO
AYVAKIT	5	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA LA
BELEODAQ	5	PA
BLENREP	5	PA LA
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG	5	PA
<i>bortezomib inj 3.5mg</i>	5	PA
BOSULIF TABS 100MG	5	QL (120 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA
BRAFTOVI CAPS 75MG	5	QL (180 EA per 30 days) PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA LA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 60MG/DAY	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 21 days) PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) PA LA
ENHERTU	5	PA LA
ERIVEDGE	5	PA LA

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

Drug name	Drug tier	Requirements/Limits
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbs 2mg</i>	5	QL (150 EA per 30 days) PA
<i>everolimus tbs 5mg</i>	5	QL (60 EA per 30 days) PA
<i>everolimus tbs 3mg</i>	5	QL (90 EA per 30 days) PA
EXKIVITY	5	QL (120 EA per 30 days) PA LA MO
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA MO
GAVRETO	5	QL (120 EA per 30 days) PA
GILOTrif	5	QL (30 EA per 30 days) PA LA MO
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA LA MO
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA SUSP	5	QL (216 ML per 27 days) PA LA MO
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	5	QL (56 EA per 28 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA LA
IRESSA	5	QL (30 EA per 30 days) PA LA
ISTODAX (OVERFILL)	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
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA INJ 100MG/4ML	5	PA
KISQALI	5	PA
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA LA
LORBRENA TABS 100MG	5	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA LA
LUMOXITI	5	PA LA
LYNPARZA	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) PA LA
MEKTOVI	5	QL (180 EA per 30 days) PA LA
MONJUVI	5	PA LA
MYLOTARG	5	PA LA
NERLYNX	5	QL (180 EA per 30 days) PA LA
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PADCEV	5	PA LA
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PHESGO	5	PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA
POTELIGEO	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
QINLOCK	5	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA LA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
<i>romidepsin</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA LA
RUBRACA	5	PA LA
RUXIENCE	5	PA
RYDAPT	5	QL (224 EA per 28 days) PA
SARCLISA	5	PA LA
SCEMBLIX TABS 40MG	5	QL (300 EA per 30 days) PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	QL (120 EA per 30 days) PA LA
TAGRISSO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TECENTRIQ	5	PA LA
<i>temsirolimus</i>	5	
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TRODELVY	5	PA LA
TRUSELTIQ CPPK 100MG	5	QL (21 EA per 28 days) PA LA
TRUSELTIQ CPPK 125MG, 50MG	5	QL (42 EA per 28 days) PA LA
TRUSELTIQ CPPK 75MG	5	QL (63 EA per 28 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO	5	QL (120 EA per 30 days) PA LA MO
UKONIQ	5	QL (120 EA per 30 days) PA MO
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA
VONJO	5	QL (120 EA per 30 days) PA MO
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (120 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 100 MG ONCE WEEKLY (20MG TABS)	5	QL (20 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (20MG TABS)	5	QL (8 EA per 28 days) PA LA
XPOVIO 40 MG TWICE WEEKLY (20MG TABS)	5	QL (16 EA per 28 days) PA LA
XPOVIO 60 MG ONCE WEEKLY (20MG TABS)	5	QL (12 EA per 28 days) PA LA
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG ONCE WEEKLY (20MG TABS)	5	QL (16 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	5	QL (32 EA per 28 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
XPOVIO 40 MG ONCE WEEKLY (40MG TABS) AND 60 MG ONCE WEEKLY (60MG TABS)	5	QL (4 EA per 28 days) PA LA MO
XPOVIO 80 MG ONCE WEEKLY (40MG TABS), 40 MG TWICE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS)	5	QL (8 EA per 28 days) PA LA MO
YERVOY	5	PA
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
<i>dexrazoxane inj 500mg</i>	4	
<i>dexrazoxane inj 250mg</i>	5	
ELITEK	5	
KHAPZORY	5	B/D
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
<i>levoleucovorin calcium inj 50mg</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>mesna</i>	4	
MESNEX TABS 400MG	5	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/ hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>benazepril hydrochloride/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>flosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	2	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	2	MO
<i>enalapril maleate</i>	1	MO
<i>flosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	MO
<i>KERENDIA</i>	3	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hydrochloride</i>	3	MO
<i>terazosin hcl tabs 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride tabs 2mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/ hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
<i>EDARBYCLOR</i>	4	QL (30 EA per 30 days) MO
<i>ENTRESTO</i>	3	MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/ hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
<i>EDARBI</i>	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>olmesartan medoxomil</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml</i>	4	
<i>amiodarone hydrochloride tabs</i>	2	MO
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	4	
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	MO
<i>LIDOCAINE HCL IN D5W</i>	4	
<i>LIDOCAINE HCL INJ 100MG/5ML</i>	4	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	4	
<i>MULTAQ</i>	4	MO
<i>NORPACE CR</i>	4	MO
<i>pacerone</i>	2	
<i>propafenone hcl</i>	3	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine</i>	2	
<i>sotalol hcl tabs</i>	2	MO
<i>sotalol hydrochloride af tabs</i>	2	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	2	MO
<i>fenofibrate micronized</i>	2	MO
<i>fenofibric acid dr</i>	4	MO
<i>gemfibrozil</i>	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	4	
<i>nadolol</i>	4	MO
<i>nebivolol hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>nebivolol tabs 10mg</i>	4	QL (30 EA per 30 days) MO
<i>nebivolol tabs 20mg</i>	4	QL (60 EA per 30 days) MO
<i>pindolol</i>	3	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	4	MO
<i>propranolol hcl oral soln, tabs 40mg</i>	3	MO
<i>propranolol hcl inj</i>	4	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	3	MO
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	4	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd (generic Cardizem CD) caps 360mg</i>	2	MO
<i>diltiazem hcl caps er (generic Cardizem SR and Tiazac) 120mg, 180mg, 240mg, 420mg, 60mg, 90mg and tabs er (generic Cardizem LA) 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>diltiazem hcl tabs</i>	2	MO
<i>DILTIAZEM HCL INJ 100MG</i>	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	4	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hydrochloride caps er (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>felodipine er</i>	2	MO
<i>isradipine</i>	2	MO
<i>matzim la tb24 420mg</i>	2	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>nicardipine hcl caps 20mg, 30mg</i>	4	MO
<i>nifedipine er</i>	3	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	4	MO
<i>taztia xt</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl tabs 40mg, 80mg</i>	1	MO
<i>verapamil hcl er caps and tabs</i>	2	MO
<i>VERAPAMIL HCL SR CP24 360MG</i>	3	MO
<i>verapamil hcl sr caps 24hr 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tbcr 240mg</i>	2	MO
<i>verapamil hydrochloride er 24hr 200mg</i>	2	MO
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
<i>verapamil hydrochloride inj</i>	4	MO
DIURETICS		
<i>acetazolamide er caps</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
<i>amiloride hcl</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide</i>	3	MO
<i>chlorthalidone</i>	2	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>indapamide</i>	2	MO
<i>methazolamide</i>	4	MO
<i>metolazone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>torsemide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>BIDIL</i>	4	MO
<i>clonidine hcl patches</i>	3	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	2	MO
<i>CORLANOR SOLN</i>	4	
<i>CORLANOR TABS</i>	4	MO
<i>digitek</i>	3	QL (30 EA per 30 days)
<i>digox</i>	3	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	3	MO
<i>digoxin inj</i>	4	MO
<i>digoxin tabs 125mcg, 250mcg</i>	3	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	3	QL (90 EA per 30 days) MO
<i>droxidopa caps 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	5	QL (90 EA per 30 days) PA
<i>epinephrine inj 30mg/30ml</i>	3	
<i>guanfacine hcl tabs 1mg, 2 mg</i>	4	PA MO
<i>guanfacine hydrochloride tabs 2mg</i>	4	PA MO
<i>hydralazine hcl tabs 10mg</i>	2	MO
<i>hydralazine hcl inj</i>	4	MO
<i>hydralazine hydrochloride 100mg, 25mg, 50mg</i>	2	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	MO
<i>methyldopa tabs 250mg</i>	4	PA
<i>methyldopa tabs 500mg</i>	4	PA MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	4	MO
<i>minoxidil</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ranolazine er</i>	3	MO
NITRATES		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>minitran</i>	2	MO
NITRO-BID	3	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin sl tabs</i>	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	4	B/D LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil</i>	5	PA
TRACLEER TAB FOR ORAL SUSP 32MG	5	QL (120 EA per 30 days) PA LA
<i>treprostinil</i>	5	PA LA
VENTAVIS	5	PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam er tb24 0.5mg</i>	4	MO
<i>alprazolam er tb24 1mg</i>	4	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	4	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	4	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO
<i>buspirone hcl tabs 15mg, 30mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>buspirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	MO
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride caps 25mg</i>	4	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate</i>	3	MO
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days) MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	4	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
<i>meprobamate</i>	4	PA MO
<i>oxazepam</i>	4	QL (120 EA per 30 days) PA MO
ANTICONVULSANTS		
APTIOM	5	QL (60 EA per 30 days) MO
BANZEL TABS 400MG	5	QL (240 EA per 30 days) PA MO
BANZEL TABS 200MG	5	QL (480 EA per 30 days) PA MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	2	MO
<i>carbamazepine er</i>	4	MO
CELONTIN	4	MO
<i>clobazam susp</i>	4	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	4	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	3	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>diazepam oral conc 5mg/ml</i>	3	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln</i>	4	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	4	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125 ORAL SUSP	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>divalproex sodium sprinkle caps</i>	3	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	2	
EPRONTIA	4	QL (480 ML per 30 days) MO
<i>ethosuximide caps</i>	3	MO
<i>ethosuximide soln</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA LA
<i>fosphénytoïne sodium inj 100mg pe/2ml</i>	4	
<i>fosphénytoïne sodium inj 500mg pe/10ml</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide oral soln</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide inj</i>	5	
<i>lacosamide tabs 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine tabs, chew tabs</i>	2	MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	4	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	4	MO
<i>levetiracetam er</i>	4	MO
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam oral soln, tabs</i>	2	MO
<i>levetiracetam inj</i>	4	
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
<i>phenobarbital sodium inj</i>	4	PA
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin oral susp 125mg/5ml, chew tabs 50mg</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>phenytoin sodium inj</i>	4	
<i>phenytoin sodium extended caps</i>	3	MO
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide oral susp</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	5	QL (240 EA per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	5	QL (480 EA per 30 days) PA MO
SPRITAM	4	PA MO
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>SYMPAZAN FILM 5MG</i>	4	QL (60 EA per 30 days) PA MO
<i>SYMPAZAN FILM 10MG, 20MG</i>	5	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
TOPIRAMATE ER	4	MO
<i>topiramate sprinkle caps</i>	2	MO
<i>topiramate tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
<i>valproate sodium inj</i>	4	
<i>valproic acid</i>	2	MO
VALTOCO	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA LA
<i>vigadron</i>	4	QL (180 EA per 30 days) PA LA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	4	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
VIMPAT TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 50MG	5	QL (90 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG-200MG, 100MG-150MG	5	QL (56 EA per 28 days)
XCOPRI MAINTENACE PACK 50MG-200MG	5	QL (56 EA per 28 days) MO
ZONISADE	5	QL (900 ML per 30 days) PA
<i>zonisamide</i>	2	MO
ZTALMY	5	QL (1100 ML per 30 days) PA LA MO
ANTIDEMENTIA		
<i>donepezil hcl tabs odt</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	3	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride soln</i>	3	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	3	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
<i>rivastigmine tartrate</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	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
amitriptyline hydrochloride tabs 10mg, 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) tb24 150mg, 300mg	3	QL (30 EA per 30 days) MO
bupropion hydrochloride tabs 75mg	3	QL (180 EA per 30 days) MO
chlordiazepoxide/amitriptyline	4	PA 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 hydrochloride tabs	4	PA MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days)
desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg	3	QL (30 EA per 30 days) PA MO
doxepin hcl caps 75mg, 150mg, oral conc 10mg/ml	3	PA MO
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	3	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
duloxetine hcl caps 30mg	3	QL (60 EA per 30 days) MO
duloxetine hydrochloride caps 20mg, 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

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

Drug name	Drug tier	Requirements/Limits
<i>escitalopram oxalate tabs 10mg, 5mg</i>	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
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	2	MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	2	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	3	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	3	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	3	PA MO
<i>imipramine pamoate</i>	4	PA MO
<i>maprotiline hcl tabs 50mg</i>	4	
<i>maprotiline hcl tabs 25mg, 75mg</i>	4	MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	4	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	3	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	3	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	4	QL (900 ML per 30 days) MO
PAXIL ORAL SUSP	4	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	PA MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride oral conc</i>	3	QL (300 ML per 30 days) MO
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	4	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	4	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	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 BESYLATE ER	4	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	2	QL (60 EA per 30 days) MO
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl soln</i>	4	MO
<i>amantadine hcl caps</i>	4	QL (120 EA per 30 days) MO
<i>benztropine mesylate</i>	2	PA MO

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

Drug name	Drug tier	Requirements/Limits
bromocriptine mesylate tabs, caps	4	MO
carbidopa tabs	5	MO
carbidopa/levodopa	2	MO
carbidopa/levodopa er	4	MO
carbidopa/levodopa odt	3	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	4	MO
entacapone	4	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	QL (150 EA per 30 days) PA
NEUPRO	4	MO
pramipexole dihydrochloride er	4	QL (30 EA per 30 days) MO
pramipexole dihydrochloride immediate release tabs	2	MO
rasagiline mesylate	3	MO
ropinirole er tb24 6mg	4	QL (120 EA per 30 days) MO
ropinirole er tb24 4mg	4	QL (150 EA per 30 days) MO
ropinirole er tb24 2mg	4	QL (30 EA per 30 days) MO
ropinirole er tb24 12mg	4	QL (60 EA per 30 days) MO
ropinirole er tb24 8mg	4	QL (90 EA per 30 days) 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	2	PA MO
trihexyphenidyl hydrochloride tabs	2	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
ariPIPRAZOLE odt	4	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)

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

Drug name	Drug tier	Requirements/Limits
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO
CAPLYTA	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
<i>chlorpromazine hydrochloride oral conc</i>	4	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (135 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	PA
<i>clozapine odt tbdp 100mg</i>	4	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	3	
<i>clozapine tabs 200mg</i>	3	QL (135 EA per 30 days)
<i>clozapine tabs 100mg</i>	3	QL (270 EA per 30 days)
FANAPT TITRATION PACK	4	PA MO
FANAPT TABS 1MG	4	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl oral conc, tabs</i>	2	MO
<i>fluphenazine hcl inj</i>	4	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO
<i>haloperidol tabs, oral conc</i>	3	MO
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	5	QL (3.5 ML per 154 days)
INVEGA HAFYERA INJ 1560MG/5ML	5	QL (5 ML per 154 days)
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

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

Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	3	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	3	MO
<i>molindone hydrochloride</i>	3	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>perphenazine</i>	4	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	4	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate tabs 100mg, 150mg, 50mg</i>	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
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	QL (480 ML per 30 days) MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO
<i>trifluoperazine hcl</i>	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	3	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine er cp24</i>	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
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 hydrochloride caps 18mg, 25mg	4	QL (120 EA per 30 days) MO
atomoxetine hydrochloride caps 100mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 10mg	4	QL (120 EA per 30 days) MO
atomoxetine caps 60mg, 80mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 40mg	4	QL (60 EA per 30 days) MO
dexamphetamine hcl er caps 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	QL (30 EA per 30 days) MO
dexamphetamine hcl tabs 5mg, 10mg	4	QL (60 EA per 30 days) MO
dexamphetamine hydrochloride er caps 5mg	4	QL (30 EA per 30 days) MO
dexamphetamine hydrochloride tabs 2.5mg	4	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er	4	QL (120 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 tabs 1mg, 2mg, 4mg	3	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride er tabs 3mg	3	QL (30 EA per 30 days) PA MO
methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg	4	QL (30 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 (generic Ritalin LA) 10mg, 20mg, 40mg	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	4	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbcr (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbcr 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ CAPS	5	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	5	QL (158 ML per 30 days) PA MO
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	4	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>almotriptan malate</i>	4	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	5	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	3	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	3	MO
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
NURTEC	5	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	4	QL (9 EA per 30 days) MO
UBRELVY	5	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA
GUANIDINE HCL	4	
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er</i>	2	MO
LITHIUM ORAL SOLN	4	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er</i>	3	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide er</i>	3	MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	3	MO
<i>riluzole</i>	3	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	5	PA
<i>fingolimod</i>	5	QL (28 EA per 28 days) PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs</i>	3	MO
<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	3	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl caps, tabs 2mg</i>	2	MO
<i>tizanidine hydrochloride tabs 4mg</i>	2	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	4	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	4	MO
APO-VARENICLINE	4	PA MO
<i>buprenorphine hcl subl tabs 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	2	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hcl inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride liqd</i>	3	MO
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
<i>naloxone hcl cartridge 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	3	MO
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	4	PA MO
<i>varenicline tartrate</i>	4	PA MO
VIVITROL	5	

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDRODERM	4	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	PA MO
<i>testosterone enanthate inj</i>	4	PA MO
<i>testosterone pump gel 1%</i>	3	QL (300 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>testosterone topical solution</i>	3	QL (180 ML per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	3	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	3	QL (300 GM per 30 days) PA MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	1	MO
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	MO
BASAGLAR KWIKPEN	3	MO
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	1	MO
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 1/2"	1	MO
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	1	MO
NOVO/BD/ULTIMED/OWEN/ TRIVIDIA PEN NEEDLE/ ORIGINAL/ULTRA-FINE	1	MO
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 15/64"	1	MO
CURITY GAUZE PADS 2"X2"	1	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

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

Drug name	Drug tier	Requirements/Limits
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL (BRAND RELION NOT COVERED)	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	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days)
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	1	QL (60 EA per 30 days) MO
glipizide er tb24 2.5mg, 5mg	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin</i>	1	QL (120 EA per 30 days) MO
<i>hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>		
<i>glipizide/metformin</i>	1	QL (240 EA per 30 days) MO
<i>hydrochloride tabs 2.5mg; 250mg</i>		
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 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)
OZEMPIC INJ 4MG/3ML, 5.5MG/ ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 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

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

Drug name	Drug tier	Requirements/Limits
CALCIUM REGULATORS		
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	3	MO
FORTEO	5	PA
<i>ibandronate sodium tabs</i>	3	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	4	QL (3 ML per 90 days) MO
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	4	
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	4	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
CHELATING AGENTS		
CHEMET	4	MO
<i>deferasirox granules pack</i>	5	PA
<i>deferasirox tabs 90mg</i>	4	PA
<i>deferasirox tabs 180mg, 360mg</i>	5	PA
<i>deferasirox tabs for oral susp 125mg</i>	3	PA
<i>deferasirox tabs for oral susp 250mg, 500mg</i>	5	PA
LOKELMA	3	MO
<i>penicillamine tabs</i>	5	
<i>sodium polystyrene sulfonate oral powder</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sps oral susp 15gm/60ml</i>	3	MO
<i>trientine hydrochloride</i>	5	PA
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	3	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyclafem 1/35</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	3	
<i>delyla</i>	2	
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>dolishale</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	2	MO
<i>elonest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	MO
<i>errin</i>	3	MO
<i>estarrylla</i>	2	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>GIANVI</i>	3	
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather</i>	3	
<i>iclevia</i>	2	
<i>incassia</i>	3	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>jasmiel</i>	2	
<i>jencycla</i>	3	
<i>JOLESSA</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>LEENA</i>	3	MO
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	MO
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	MO
<i>lyeq</i>	3	
<i>lyza</i>	3	

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Drug name	Drug tier	Requirements/Limits
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	MO
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mil</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
NORA-BE	3	
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs, chew tabs</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone/ethinyl estradiol/ ferrous fumarate</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 tabs 28-day regimen</i>	2	
<i>nortrel 1/35 tabs 21-day regimen</i>	2	MO
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	MO
<i>nymyo</i>	2	
OCELLA	3	
<i>orsythia</i>	2	
ORTHO MICRONOR	3	MO
<i>philith</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
RIVELSA	3	
<i>setlakin</i>	2	
<i>sharobel</i>	3	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	MO
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
TILIA FE	3	
<i>tri-femynor</i>	2	
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	
<i>tri-lo-estarrylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	MO
<i>tydemy</i>	2	
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienna</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol caps</i>	4	MO
<i>SYNAREL</i>	5	MO
ESTROGENS		
<i>amabelz</i>	3	MO
<i>DELESTROGEN INJ 10MG/ML</i>	4	MO
<i>dotti pttw 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	3	QL (8 EA per 28 days)
<i>dotti pttw 0.025mg/24hr</i>	3	QL (8 EA per 28 days) MO
<i>DUAVEE</i>	4	MO
<i>estradiol valerate inj</i>	4	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	3	MO
<i>estradiol oral tabs, vaginal tabs</i>	3	MO
<i>estradiol patch weekly</i>	3	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	3	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	4	MO
<i>ESTRING</i>	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	3	MO
<i>jintel i</i>	3	
<i>LOPREEZA</i>	3	
<i>lyllana</i>	3	QL (8 EA per 28 days)
<i>mimvey</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	MO
<i>PREMARIN</i>	4	MO
<i>PREMPRO</i>	4	MO
<i>yuvafem</i>	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
GLUCOCORTICOIDS		
dexamethasone tabs, oral soln, oral elixir	2	MO
DEXAMETHASONE INTENSOL	4	MO
dexamethasone sodium phosphate inj 10mg/ml	4	
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml	4	MO
fludrocortisone acetate tabs	2	MO
hydrocortisone tabs 10mg, 20mg, 5mg	3	MO
methylprednisolone acetate inj	2	B/D MO
methylprednisolone dose pack	2	MO
methylprednisolone sodium succinate inj 125mg, 40mg	4	B/D MO
methylprednisolone sodium succinate inj 500mg	4	B/D
methylprednisolone sodium succinate inj 1000mg	4	B/D MO
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	4	MO
triamcinolone acetonide inj 40mg/ml	4	MO
GLUCOSE ELEVATING AGENTS		
diazoxide oral susp	5	MO
GVOKE HYPOEN 1-PACK	3	MO
GVOKE HYPOEN 2-PACK	3	MO
GVOKE KIT	3	MO
GVOKE PFS	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
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	4	
<i>betaine anhydrous</i>	5	LA MO
<i>cabergoline</i>	3	MO
CARBAGLU	5	PA LA MO
<i>carglumic acid</i>	5	PA LA MO
CERDELGA	5	PA
<i>cinacalcet hydrochloride tabs 30mg</i>	4	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CYSTADANE	5	LA
CYSTAGON	4	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	3	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
<i>fomepizole</i>	5	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
<i>javygtor</i>	5	PA LA
KORLYM	5	PA LA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	4	MO
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
<i>methergine</i>	4	
<i>methylergonovine maleate tabs</i>	4	MO
<i>nitisinone</i>	5	PA

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

Drug name	Drug tier	Requirements/Limits
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>raloxifene hydrochloride</i>	3	MO
SANDOSTATIN LAR DEPOT KIT	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA LA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate caps, tabs 667mg</i>	3	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	5	MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate susp 40mg/ml</i>	3	MO
<i>megestrol acetate susp 625mg/5ml</i>	4	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>progesterone caps</i>	3	MO
<i>progesterone inj</i>	4	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
LEVO-T	4	
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	5	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	3	MO
<i>liothyronine sodium inj</i>	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
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	3	MO
SYNTHROID	3	MO
UNITHROID	3	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	3	MO
<i>calcitriol inj 1mcg/ml</i>	4	
<i>calcitriol oral soln 1mcg/ml</i>	4	MO
<i>doxercalciferol inj</i>	4	
<i>paricalcitol</i>	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant caps 40mg, 80mg, therapy pak 80mg; 125mg</i>	4	B/D MO
<i>aprepitant caps 125mg</i>	5	B/D MO
<i>compro</i>	2	MO
DIMENHYDRINATE INJ	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	4	B/D MO
<i>gransetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs 12.5mg</i>	2	PA MO
<i>meclizine hydrochloride tabs 25mg</i>	2	PA MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	4	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	3	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	2	B/D MO
<i>ondansetron hydrochloride inj</i>	4	MO
<i>ondansetron odt</i>	3	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>prochlorperazine edisylate inj 50mg/10ml</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine supp</i>	2	MO
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg</i>	2	PA MO
<i>promethazine hcl inj, supp</i>	4	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	5	PA MO
<i>SANCUSO</i>	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	3	PA MO
<i>dicyclomine hydrochloride caps, tabs</i>	2	PA MO
<i>dicyclomine hydrochloride inj</i>	4	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	4	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs</i>	4	MO
<i>cimetidine hydrochloride oral soln</i>	4	MO
<i>famotidine premixed inj 20mg/50ml</i>	4	
<i>famotidine tabs</i>	2	MO
<i>famotidine oral susp</i>	3	MO
<i>famotidine inj</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>nizatidine</i>	4	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	3	MO
<i>budesonide er tab 9mg</i>	5	MO
<i>budesonide cprep 3mg</i>	4	MO
<i>hydrocortisone enem 100mg/60ml</i>	2	MO
<i>mesalamine</i>	4	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	4	MO
<i>SULFASALAZINE TBEC</i>	3	MO
<i>sulfasalazine tabs</i>	3	MO
LAXATIVES		
<i>CLENPIQ</i>	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-h</i>	4	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
<i>GOLYTELY</i>	3	MO
<i>KRISTALOSE</i>	4	PA MO
<i>lactulose oral soln</i>	2	MO
<i>NULYTLY</i>	3	MO
<i>NULYTLY/FLAVOR PACKS</i>	3	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
<i>PLENUVU</i>	4	MO
<i>SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE</i>	4	MO
<i>SUPREP BOWEL PREP KIT</i>	4	MO
<i>SUTAB</i>	4	MO
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>alosetron hydrochloride tabs 1mg</i>	5	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	MO
<i>diphenoxylate/atropine</i>	3	MO
GATTEX	5	PA LA
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	3	MO
<i>misoprostol tabs</i>	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
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO
XERMELO	5	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	5	PA MO
PANCREATIC ENZYMEs		
CREON	3	MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>lansoprazole dr caps</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 20mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	4	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
<i>bethanechol chloride tabs</i>	3	MO
ELMIRON	4	QL (90 EA per 30 days) MO
<i>flavoxate hcl</i>	4	MO
<i>potassium citrate er</i>	4	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>fesoterodine fumarate er</i>	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	4	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	4	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) MO
<i>trospium chloride er caps</i>	2	QL (30 EA per 30 days) MO
<i>trospium chloride tabs</i>	2	QL (60 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	4	MO
<i>miconazole 3 vaginal supp</i>	4	MO
<i>terconazole crea</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>terconazole supp</i>	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate caps 150mg</i>	4	QL (60 EA per 30 days)
<i>dabigatran etexilate caps 75mg</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	MO
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJ 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	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	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
PRADAXA	4	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO SUSR	3	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	3	MO
<i>cilostazol</i>	1	MO
DOPTELET	5	QL (60 EA per 30 days) PA LA
DROXIA	3	MO
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	2	MO
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	5	QL (27 ML per 30 days) PA MO
<i>tranexamic acid tabs</i>	3	MO
<i>tranexamic acid inj</i>	4	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole</i>	3	QL (60 EA per 30 days) MO
<i>aspirin/dipyridamole er</i>	3	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
dipyridamole tab	4	PA 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 VIAL 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
OTEZLA TBPK	5	QL (55 EA per 365 days) PA
OTEZLA TABS	5	QL (60 EA per 30 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 365 days) PA
SKYRIZI INJ 75MG/0.83ML	5	QL (7 EA per 365 days) PA
STELARA PREFILLED SYRINGE 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA
STELARA VIAL 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA LA
STELARA PREFILLED SYRINGE INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (240 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate	3	MO
leflunomide	1	QL (30 EA per 30 days) MO
methotrexate tabs 2.5mg	1	MO
XATMEP	4	MO
IMMUNOGLOBULINS		
BIVIGAM	5	PA
FLEBOGAMMA DIF	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 INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A	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	4	B/D MO
everolimus tabs 0.5mg, 0.75mg, 1mg	5	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>gengraf caps</i>	3	B/D
<i>gengraf soln</i>	3	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	B/D MO
<i>mycophenolate mofetil oral susp</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA MO
SANDIMMUNE ORAL SOLN	5	B/D MO
<i>sirolimus soln</i>	5	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D MO
<i>sirolimus tabs 2mg</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
ZORTRESS TABS 1MG	5	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DENGVAXIA	3	
DIPHTHERIA/TETANUS	3	B/D
TOXOIDS ADSORBED PEDIATRIC		
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOV INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	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
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PREHEVBRIOS	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE	3	
#48 VIAFLEX		
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED	4	
RINGERS		
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

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

Drug name	Drug tier	Requirements/Limits
<i>hyperlyte-cr</i>	4	B/D
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers viaflex inj</i>	4	
MAGNESIUM SULFATE INJ	4	
20GM/500ML, 40GM/1000ML, 4GM/50ML		
<i>magnesium sulfate inj</i>	4	
2gm/50ml, 4gm/100ml, 50%		
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/ DEXTROSE	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	4	
<i>sodium bicarbonate inj 8.4%</i>	4	MO
<i>sodium chloride 0.45%</i>	4	

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

Drug name	Drug tier	Requirements/Limits
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>adc/fluoride drops</i>	4	MO
<i>effer-k tab 25meq</i>	3	MO
<i>fluoride chew tab</i>	4	MO
<i>fluoritab</i>	4	
KLOR-CON 10	3	
KLOR-CON 8	3	MO
<i>klor-con m10</i>	3	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</i>	3	MO
<i>klor-con powder 20meq</i>	3	
<i>klor-con/ef</i>	3	MO
M-NATAL PLUS	3	MO
<i>multi-vitamin/fluoride drops</i>	4	MO
<i>multi-vitamin/fluoride/iron drops</i>	4	MO
<i>multivitamin/fluoride chew 0.25mg, 0.5mg, 1mg</i>	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV PRENATAL PLUS	3	MO
MULTIVITAMIN		
<i>poly-vitamin/fluoride drops</i>	4	
<i>potassium chloride er cpcr</i>	2	MO
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	MO
<i>potassium chloride er tbcr 15meq</i>	3	
<i>potassium chloride pack 20meq</i>	3	MO
<i>potassium chloride oral soln 10%, 20%</i>	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW	3	MO
IRON		
PREPLUS	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
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
VP-PNV-DHA	3	MO
WESTAB PLUS	3	MO
IV NUTRITION		
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
clinisol sf 15%	4	B/D MO
CLINOLIPID	3	B/D
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
HEPATAMINE	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID	3	B/D
plenamine	4	B/D
PREMASOL 10%	5	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
neo-polycin hc oint	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
<i>neomycin/polymyxin/bacitracin/ hydrocortisone oint</i>	4	MO
<i>neomycin/polymyxin/ dexamethasone</i>	2	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	MO
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone susp</i>	4	MO
ZYLET	3	MO
ANTI-INFECTIVES		
<i>ak-poly-bac</i>	2	
<i>bacitracin oint 500unit/gm</i>	3	MO
<i>bacitracin/polymyxin b oint</i>	2	MO
BESIVANCE	3	MO
CILOXAN OINT	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	3	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	4	QL (20 ML per 30 days) MO
<i>gentak oint</i>	2	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	3	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	3	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin oint</i>	3	
<i>neomycin/bacitracin/polymyxin oint</i>	3	MO
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin</i>	2	
<i>polymyxin b sulfate(trimethoprim sulfate)</i>	1	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>cromolyn sodium ophthalmic soln 4%</i>	3	MO
<i>epinastine hcl</i>	3	MO
LASTACAFT	4	
<i>olopatadine hcl ophthalmic soln 0.2%</i>	3	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
ZERVIATE	4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	3	MO
<i>brinzolamide</i>	3	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl/timolol maleate soln 22.3-6.8mg/ml</i>	2	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate 2%-0.5% preservative free</i>	4	MO
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE OPHTH SOLN 0.125%	4	
<i>pilocarpine hcl ophth soln</i>	4	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	3	MO
<i>travoprost</i>	4	MO
VYZULTA	4	MO
MISCELLANEOUS		
ATROPINE SULFATE OPTH SOLN 1%	3	MO
CYSTARAN	5	PA LA
ISOPTO ATROPINE	3	MO
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
XIIDRA	3	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	3	MO
CIPRO HC	4	MO
CIPROFLOXACIN 0.2% OTIC SOLN	3	MO
<i>ciprofloxacin/dexamethasone</i>	3	MO
<i>flac (otic) oil</i>	4	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	4	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	4	MO
<i>neomycin/polymyxin/hc otic soln 1%</i>	4	MO
<i>neomycin/polymyxin/ hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	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
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>ipratropium bromide/albuterol sulfate neb soln</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO
ANTIHISTAMINES		
<i>azelastine hcl nasal soln 0.1%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	4	PA MO
CARBINOXAMINE MALEATE	5	PA MO
TABS 6MG		
<i>carbinoxamine maleate tabs 4mg</i>	4	PA MO
<i>cetirizine hydrochloride soln 1mg/ml</i>	4	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	4	PA MO
<i>cyproheptadine hydrochloride tabs 4mg</i>	4	PA MO
<i>desloratadine</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	4	PA MO
<i>hydroxyzine hcl inj 25mg/ml, syr 10mg/5ml, tabs 50mg</i>	4	PA MO
<i>hydroxyzine hydrochloride inj 50mg/ml, tabs 10mg, 25mg</i>	4	PA MO
<i>hydroxyzine pamoate</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>levocetirizine dihydrochloride soln</i>	3	MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate er tabs</i>	4	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	3	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	3	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	3	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrup</i>	2	MO
<i>albuterol sulfate tabs</i>	3	MO
<i>levalbuterol hydrochloride nebs</i>	4	B/D MO
<i>levalbuterol nebs</i>	4	B/D MO
<i>LEVALBUTEROL TARTRATE HFA</i>	3	QL (30 GM per 30 days) MO
<i>SEREVENT DISKUS</i>	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj 1mg/ml, tabs</i>	4	MO
<i>VENTOLIN HFA</i>	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium granules</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	3	B/D MO
<i>aminophylline inj</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
<i>DALIRESP</i>	4	MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
<i>ESBRIET CAPS</i>	5	QL (270 EA per 30 days) PA
<i>ESBRIET TABS 267MG</i>	5	QL (270 EA per 30 days) PA
<i>ESBRIET TABS 801MG</i>	5	QL (90 EA per 30 days) PA
<i>FASENRA PREFILLED SYRINGE</i>	5	QL (1 ML per 28 days) PA LA
<i>FASENRA PEN AUTO INJECTOR</i>	5	QL (1 ML per 28 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
OFEV	5	QL (60 EA per 30 days) PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL (56 EA per 28 days) PA
ORKAMBI PACK 94MG; 75MG	5	QL (56 EA per 28 days) PA LA
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
<i>roflumilast</i>	4	
<i>theophylline er tabs</i>	3	MO
<i>theophylline soln 80 mg/15ml</i>	3	MO
TRIKAFTA TBPK 100MG; 75MG; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA MO
XOLAIR	5	PA LA
NASAL STEROIDS		
<i>flunisolide nasal soln</i>	3	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	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

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

Drug name	Drug tier	Requirements/Limits
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		
accutane	4	PA
amnesteem	4	PA
claravis	4	PA
<i>clindamycin phosphate/benzoyl peroxide (generic duac)</i>	4	MO
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	3	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide (generic Benzaclin)</i>	4	MO
dapsone gel 5%, 7.5%	4	QL (90 GM per 30 days) MO
ery pad 2%	4	MO
erythromycin/benzoyl peroxide	4	MO
erythromycin gel 2%	2	QL (60 GM per 30 days) MO
erythromycin soln 2%	2	QL (60 ML per 30 days) MO
isotretinoin	4	PA
myorisan	4	PA
neuac gel	4	
sulfacetamide sodium lotn 10%	3	MO
TRETINOIN MICROSPHERE	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
zenatane	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate crea 0.1%	3	QL (60 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
gentamicin sulfate oint 0.1%	3	QL (60 GM per 30 days) MO
mafénide acetate pak 5%	4	MO
mupirocin oint	2	QL (30 GM per 30 days) MO
mupirocin crea	4	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE CREA 1%	3	MO
SSD	3	
SULFAMYLON CREA 85MG/GM	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	4	QL (45 GM per 30 days) MO
diproprionate cream		
clotrimazole crea 1%	3	QL (45 GM per 30 days) MO
clotrimazole soln 1%	3	QL (30 ML per 30 days) MO
econazole nitrate crea 1%	4	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
ketoconazole crea 2%	3	QL (60 GM per 30 days) MO
ketoconazole foam 2%	4	QL (100 GM per 30 days) MO
ketodan foam 2%	4	QL (100 GM per 30 days)
naftifine cream 1%	4	QL (90 GM per 30 days) MO
naftifine cream 2%	4	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
oxiconazole nitrate	4	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin	3	PA MO
calcipotriene crea, oint	4	QL (120 GM per 30 days) PA MO
calcipotriene soln	4	QL (60 ML per 30 days) PA MO
calcitrene	4	QL (120 GM per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>methoxsalen caps</i>	5	MO
<i>tazarotene gel</i>	3	QL (100 GM per 30 days) PA
<i>tazarotene crea 0.1%</i>	3	QL (60 GM per 30 days) PA MO
<i>TAZORAC CREA 0.05%</i>	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO
<i>selenium sulfide lotn 2.5%</i>	2	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	4	MO
<i>beser lotn 0.05%</i>	4	QL (120 ML per 30 days)
<i>betamethasone dipropionate</i>	3	MO
<i>augmented crea</i>		
<i>betamethasone dipropionate</i>	4	MO
<i>augmented gel, lotn, oint</i>		
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate</i>	4	MO
<i>crea, oint</i>		
<i>betamethasone valerate crea,</i>	3	MO
<i>lotn, oint</i>		
<i>betamethasone valerate foam</i>	4	MO
<i>calcipotriene/betamethasone</i>	4	QL (400 GM per 28 days) PA MO
<i>dipropionate oint</i>		
<i>clobetasol propionate emollient</i>	4	QL (60 GM per 30 days) MO
<i>cream 0.05%</i>		
<i>clobetasol propionate emulsion</i>	4	QL (100 GM per 30 days) MO
<i>foam 0.05%</i>		
<i>clobetasol propionate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	4	QL (125 ML per 30 days) MO
<i>0.05%</i>		
<i>clobetasol propionate soln</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel,</i>	4	QL (60 GM per 30 days) MO
<i>oint</i>		
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide lotn</i>	4	QL (118 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>desonide crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream, oint</i>	4	QL (100 GM per 30 days) MO
<i>desrx</i>	4	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	4	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	5	QL (60 GM per 30 days) MO
<i>ENSTILAR</i>	5	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	3	MO
<i>fluticasone propionate lotn 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate cream, oint</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate</i>	4	QL (60 GM per 30 days) MO
<i>hydrophilic lipophilic base cream 0.1%</i>		
<i>hydrocortisone butyrate lotn 0.1%</i>	4	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	4	QL (60 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrocortisone valerate</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate soln 0.1%</i>	3	MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	4	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	4	
TEXACORT	4	MO
<i>tovet</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide crea 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external soln 4%</i>	4	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	4	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	3	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	4	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	4	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	3	MO
<i>azelaic acid gel 15%</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>diclofenac sodium external soln 2%</i>	5	QL (224 GM per 28 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO
DOXYCYCLINE DR CAP 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM 15%	4	QL (50 GM per 30 days) MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	4	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	4	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	4	MO
IMIQUIMOD PUMP	5	QL (7.5 GM per 30 days) MO
<i>imiquimod crea 5%</i>	3	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	5	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
PENNSAID	5	QL (224 GM per 28 days) PA MO
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	4	
<i>procto-pak</i>	4	MO
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>rosadan</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	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
ZYCLARA PUMP 2.5%	5	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	3	MO
<i>permethrin cream 5%</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
SODIUM CHLORIDE 0.9%	3	MO
IRRIGATION SOLN		
STERILE WATER FOR IRRIGATION	3	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate soln 0.12%</i>	1	MO
<i>clinpro 5000</i>	4	MO
<i>clotrimazole troc 10mg</i>	3	MO
<i>dentagel</i>	4	MO
<i>fluoridex daily defense</i>	4	
<i>fluoridex sensitivity relief/sls free</i>	4	
<i>fluorimax 5000</i>	4	
<i>fluorimax 5000 sensitive</i>	4	
<i>just right 5000</i>	4	
<i>lidocaine viscous sol 2%</i>	4	MO
<i>nystatin susp 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	4	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tabs</i>	4	MO
<i>sf gel</i>	4	MO
<i>sodium fluoride 5000 ppm</i>	4	MO
<i>sodium fluoride 5000 ppm sensitive</i>	4	MO
<i>sodium fluoride gel 1.1%</i>	4	MO
<i>triamcinolone acetonide dental paste</i>	4	MO

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

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abacavir	18, 19	ADVAIR DISKUS	96	amabelz	71
abacavir sulfate/	19	ADVAIR HFA	96	amantadine hcl	51
lamivudine		afeditab cr	40	AMBISOME	17
abacavir sulfate/	19	AFINITOR	29	ambrisentan	43
lamivudine/		AFINITOR DISPERZ	29	amethia	66
zidovudine		afirmelle	66	amethyst	66
ABELCET	17	AIMOVIG	58	amikacin sulfate	15
ABILIFY MAINTENA	52	ak-poly-bac	89	amiloride hcl	41
abiraterone acetate	27	ala-cort	98	amiloride/	41
ABRAXANE	29	albendazole	14	hydrochlorothiazide	
acamprosate calcium	59	albuterol sulfate	94	aminophylline	94
dr		albuterol sulfate er	94	AMINOSYN-PF 7%	88
acarbose	62	albuterol sulfate hfa	94	amiodarone hcl	38
accutane	96	alclometasone	98	amiodarone	38
acebutolol	39	dipropionate		hydrochloride	
hydrochloride		ALECENSA	30	amitriptyline hcl	48
acetaminophen/	12	alendronate sodium	65	amitriptyline	49
codeine		alfuzosin hcl	79	hydrochloride	
acetazolamide	41	ALIMTA	26	amlodipine besylate	35,
acetazolamide er	41	aliskiren	42	37,	
acetic acid	92	allopurinol	10	40,	
ACETIC ACID 0.25%	79	almotriptan malate	58	42	
acetylcysteine	73, 94	alosetron	77,	amlodipine besylate/	42
acitretin	97	hydrochloride	78	atorvastatin calcium	
ACTHIB	84	ALPHAGAN P	91	amlodipine	35
ACTIMMUNE	83	alprazolam	43	besylate/benazepril	
acyclovir	21, 100	alprazolam er	43	hydrochloride	
acyclovir sodium	21	ALPRAZOLAM	43	amlodipine besylate/	37
ADACEL	84	INTENSOL		valsartan	
adc/fluoride	87	ALREX	90	amlodipine/	37
adefovir dipivoxil	21	altavera	66	olmesartan	
ADEMPAS	43	ALUNBRIG	30	medoxomil	
		alyacen 1/35	66	amlodipine/	37
		alyacen 7/7/7	66	valsartan/hctz	
		alyq	43		

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amnesteem	96	armodafinil	59	azelastine hcl	90, 93
amoxapine	49	ARNUITY ELLIPTA	95	azithromycin	23
amoxicillin	24	arsenic trioxide	28	AZITHROMYCIN	23
amoxicillin/	24	asenapine maleate sl	53	aztreonam	15
clavulanate potassium		ashlyna	66	bacitracin	89
amoxicillin/	24	ASPARLAS	28	bacitracin/polymyxin b	89
clavulanate potassium er		aspirin/dipyridamole	81	baclofen	59
amphetamine/	56	aspirin/dipyridamole er	81	balsalazide disodium	77
dextroamphetamine amphetamine/	55	atazanavir sulfate	18	BALVERSA	30
dextroamphetamine er		atenolol	39	balziva	66
amphotericin b	17	atenolol/	39	BANZEL	44
amphotericin b liposome	17	chlorthalidone		BARACLUDE	21
ampicillin	24	atomoxetine	56	BASAGLAR	61
ampicillin sodium	24	atomoxetine	56	KWIKPEN	
ampicillin-sulbactam	24	hydrochloride		BCG VACCINE	84
anagrelide	81	atorvastatin calcium	38	BD ALCOHOL	61
hydrochloride		atovaquone	15, 18	SWABS	
anastrozole	27	atovaquone/ proguanil hcl	18	BD/ULTIMED/	61
ANDRODERM	60	ATROPINE SULFATE	92	ALLISON/	
ANORO ELLIPTA	92	ATROVENT HFA	93	TRIVIDIA/MHC	
APO-VARENICLINE	59	aubra	66	INSULIN SYRINGE	
aprepitant	75	aubra eq	66	SAFETYGLIDE/1ML/	
apri	66	aurovela 1.5/30	66	29G X 1/2	
APTIOM	44	aurovela 24 fe	66	BD/ULTIMED/	61
APTIVUS	18	aurovela fe 1.5/30	66	ALLISON/TRIVIDIA/	
aranelle	66	aurovela fe 1/20	66	MHC INSULIN	
ARCALYST	83	AUSTEDO	58	SYRINGE ULTRAFINE/0.3ML/31G X	
ariPIPRAZOLE	52	aviane	66	15/64	
ariPIPRAZOLE odt	52	AVONEX	59	BD/ULTIMED/	61
		ayuna	66	ALLISON/TRIVIDIA/	
		AYVAKIT	30	MHC INSULIN	
		azacitidine	26	SYRINGE ULTRAFINE/0.5ML/30G X	
				1/2	

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ALLISON/TRIVIDIA/		<i>betaxolol hcl</i>	39,	BRIVIACT	44
MHC INSULIN			91	bromfenac	90
SYRINGE ULTRA-		<i>bethanechol chloride</i>	79	bromocriptine	52
FINE/1ML/31G X 5/16		BETOPTIC-S	91	mesylate	
BD/ULTIMED/	61	BEVESPI	92	BROMSITE	90
ALLISON/TRIVIDIA/		AEROSPHERE		BRUKINSA	30
MHC INSULIN		<i>bexarotene</i>	28,	budesonide	77,
SYRINGE ULTRAFINE			100		95
II/0.3ML/31G X 5/16		BEXSERO	84	budesonide er	77
bekyree	66	<i>bicalutamide</i>	27	bumetanide	41
BELEODAQ	30	BICILLIN L-A	24	buprenorphine	12
BELSOMRA	57	BIDIL	42	buprenorphine hcl	59
<i>benazepril hcl</i>	36	BIKTARVY	20	buprenorphine hcl/	59
<i>benazepril hcl/</i>	35	<i>bisoprolol fumarate</i>	39	naloxone hcl	
hydrochlorothiazide		<i>bisoprolol fumarate/</i>	39	buprenorphine	60
benazepril	36	hydrochlorothiazide		hydrochloride/	
hydrochloride		BIVIGAM	83	naloxone	
benazepril	36	BLENREP	30	hydrochloride	
hydrochloride/		<i>bleomycin sulfate</i>	26	bupropion	49
hydrochlorothiazide		BLEPHAMIDE S.O.P.	88	bupropion	49
BENDEKA	25	OINT		hydrochloride	
BENLYSTA	83	<i>blisovi 24 fe</i>	66	bupropion	60
benztropine mesylate	51	<i>blisovi fe 1.5/30</i>	66	hydrochloride er	
bepotastine besilate	90	<i>blisovi fe 1/20</i>	66	bupropion	49
BEPREVE	90	BOOSTRIX	84	hydrochloride er (sr)	
beser	98	<i>bortezomib</i>	30	bupropion	49
BESIVANCE	89	BORTEZOMIB	30	hydrochloride er (xl)	
BESREMI	28	<i>bosentan</i>	43	buspirone hcl tabs	43
betaine anhydrous	73	BOSULIF	30	buspirone	44
betamethasone	98	BRAFTOVI	30	hydrochloride	
dipropionate		BREO ELLIPTA	96	busulfan	25
betamethasone	98	BREZTRI	92	butorphanol tartrate	12
dipropionate		AEROSPHERE		BYDUREON BCISE	62
augmented		<i>brielllyn</i>	66	BYDUREON PEN	62
betamethasone	98	BRILINTA	81	BYETTA	62
dipropionate		<i>brimonidine tartrate</i>	91	BYSTOLIC	39
augmented crea		BRIMONIDINE	91	cabergoline	73
betamethasone	98	TARTRATE		CABOMETYX	30
valerate					

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calcipotriene/	98	carteolol hcl	91	hydrochloride	
betamethasone		cartia xt	40	cevimeline	102
dipropionate		carvedilol	39	hydrochloride	
calcitonin-salmon	65	carvedilol er	39	CHANTIX	60
calcitrene	97	caspofungin acetate	17	CHANTIX	60
calcitriol	75	cataflam	10	CONTINUING	
CALCITRIOL	97	CAYSTON	15	MONTH PAK	
calcium acetate	74	caziant	66	CHANTIX STARTING	60
CALQUENCE	30	cefaclor	22	MONTH PAK	
camila	66	CEFACLOR ER	22	charlotte	24 fe
CAMRESE	66	cefadroxil	22	chateal	66
CAMRESE LO	66	cefazolin	22	chateal eq	66
candesartan cilexetil	37	CEFAZOLIN	22	CHEMET	65
candesartan cilexetil/	37	cefazolin sodium	22	chloramphenicol	15
hydrochlorothiazide		CEFAZOLIN SODIUM	22	chlordiazepoxide/	49
CAPLYTA	53	cefdinir	22	amitriptyline	
CAPRELSA	30	cefepime	22	chlordiazepoxide hcl	44
captopril	36	cefixime	22	chlordiazepoxide	44
captopril/	36	cefotetan	22	hydrochloride	
hydrochlorothiazide		cefoxitin sodium	22	chlorhexidine	102
CARBAGLU	73	cefepodoxime proxetil	22	gluconate	
carbamazepine	44	cefprozil	22	chloroquine	18
carbamazepine er	44	ceftazidime	22	phosphate	
carbidopa	52	CEFTAZIDIME/	22	chlorpromazine hcl	53
carbidopa/levodopa	52	DEXTROSE		chlorpromazine	53
CARBIDOPA/	52	ceftriaxone in iso-	22	hydrochloride	
LEVODOPA/		osmotic dextrose		chlorthalidone	41
ENTACAPONE		ceftriaxone sodium	22,	chlorzoxazone	59
carbidopa/levodopa	52		23	cholestyramine	39
er		CEFTRIAXONE	22	cholestyramine light	39
carbidopa/levodopa	52	SODIUM		ciclopirox	97
odt		cefuroxime axetil	23	ciclopirox olamine	97
carbinoxamine	93	cefuroxime sodium	23	cilostazol	81
maleate		celecoxib	10	CILOXAN	89
CARBINOXAMINE	93	CELONTIN	44	CIMDUO	20
MALEATE		cephalexin	23	cimetidine	76
carboplatin	25	CERDELGA	73	cimetidine	76
carglumic acid	73			hydrochloride	

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cinacalcet	73	CLINIMIX 5%/	88	CODEINE SULFATE	12
hydrochloride		DEXTROSE 15%		colchicine	10
CIPROFLOXACIN	92	CLINIMIX 5%/	88	colesevelam	39
ciprofloxacin/	92	DEXTROSE 20%		hydrochloride	
dexamethasone		CLINIMIX 6/5	88	colestipol hcl	39
ciprofloxacin hcl	23	CLINIMIX 8/10	88	colestipol	39
ciprofloxacin	23,	CLINIMIX 8/14	88	hydrochloride	
hydrochloride	89	clinisol sf 15%	88	colistimethate	15
ciprofloxacin i.v.-in	23	CLINOLIPID	88	sodium	
d5w		clinpro 5000	102	COMBIGAN	91
CIPRO HC	92	clobazam	44	COMBIVENT	92
cisplatin	25	clobetasol	98	RESPIMAT	
citalopram	49	propionate		COMETRIQ	30
hydrobromide		clobetasol	98	COMPLERA	20
cladribine	27	propionate emollient		compro	75
claravis	96	clobetasol	98	constulose	77
clarithromycin	23	propionate emulsion		COPAXONE	59
clarithromycin er	23	clobetasol	98	COPIKTRA	30
clemastine fumarate	93	propionate		CORLANOR	42
CLENPIQ	77	clodan	98	COTELLIC	30
clindamycin hcl	15	clofarabine	27	CREON	78
clindamycin	15	clomipramine hcl	49	CRIXIVAN	18
hydrochloride		clonazepam	44	cromolyn sodium	78,
clindamycin	15	clonazepam odt	44		91,
palmitate hcl		clonidine hcl	42		94
clindamycin	15,	clonidine	42	cryselle-28	66
phosphate	79,	hydrochloride		CURITY GAUZE	61
	96	clopidogrel	81	PADS 2	
clindamycin	96	clorazepate	44,	cyclafem 1/35	66
phosphate/benzoyl		dipotassium	45	cyclafem 7/7/7	67
peroxide		clotrimazole	97	cyclobenzaprine	59
clindamycin	15	clotrimazole/	97	hydrochloride	
phosphate/dextrose		betamethasone		cyclophosphamide	26
CLINDAMYCIN/	15	dipropionate		CYCLOPHOSPHA-	26
SODIUM CHLORIDE		clotrimazole troc	102	MIDE	
CLINIMIX 4.25%/	88	clozapine	53	CYCLOPHOSPHA-	25
DEXTROSE 5%		clozapine odt	53	MIDE MONOHY-	
CLINIMIX 4.25%/	88	CLOZAPINE ODT	53	DRATE	
DEXTROSE 10%		COARTEM	18	cycloserine	20

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cyclosporine	83	DELESTROGEN	71	dextroamphetamine	56
cyclosporine	83	DELSTRIGO	20	sulfate er	
modified		delyla	67	DEXTROSE 2.5%/ NACL 0.45%	85
cyproheptadine hcl	93	DENGVAXIA	84	dextrose 5%	85, 88
cyproheptadine	93	dentagel	102	DEXTROSE 5% /	85
hydrochloride		DESCOVY	20	ELECTROLYTE #48 VIAFLEX	
cyred	67	desipramine	49	DEXTROSE 5%/ LACTATED RINGERS	85
cyred eq	67	hydrochloride		DEXTROSE 5%/ NACL 0.2%	85
CYSTADANE	73	desloratadine	93	dextrose 5%/nacl	85 0.3%
CYSTAGON	73	desloratadine odt	93	DEXTROSE 5%/ NACL 0.9%	85
CYSTARAN	92	desmopressin	73	DEXTROSE 5%/ NACL 0.33%	85
cytarabine	27	acetate		DEXTROSE 5%/ NACL 0.45%	85
cytarabine aqueous	27	desogestrel/ethinyl	67	DEXTROSE 5%/ NACL 0.225%	85
dabigatran etexilate	80	estradiol		dextrose 10%	85, 88
dacarbazine	28	desonide	98, 99	DEXTROSE 10%/ NACL 0.2%	85
dactinomycin	26	desoximetasone	99	DEXTROSE 10%/ NACL 0.45%	85
dalfampridine er	59	desrx	99	DEXTROSE 5%/ NACL 0.225%	85
DALIRESP	94	desvenlafaxine er	49	dextrose 10%	85, 88
danazol	71	DESVENLAFAKINE	49	DEXTROSE 10%/ NACL 0.2%	85
dantrolene sodium	59	ER		DEXTROSE 10%/ NACL 0.45%	85
dapsone	15, 96	dexamethasone	72	DEXTROSE 5%/ NACL 0.225%	85
DAPTACEL	84	DEXAMETHASONE	72	dextrose 10%	85, 88
daptomycin	15	INTENSOL		DEXTROSE 10%/ NACL 0.2%	85
DAPTO MYCIN	15	dexamethasone	72,	DEXTROSE 10%/ NACL 0.45%	85
darifenacin	79	sodium phosphate	90	DEXTROSE 50%	88
hydrobromide er		DEXILANT	78	DEXTROSE 70%	88
dasetta 1/35	67	dexlansoprazole	78	DIACOMIT	45
dasetta 7/7/7	67	dexmethylphenidate	56	diazepam	45
daunorubicin	26	hcl		DIAZEPAM RECTAL	45
hydrochloride		dexmethylphenidate	56	GEL	
DAUNORUBICIN	26	hcl er		diazoxide	72
HYDROCHLORIDE		dexmethylphenidate	56	diclofenac potassium	10
DAURISMO	30	hydrochloride		diclofenac sodium	90, 100, 101
daysee	67	dexmethylphenidate	56		
deblitane	67	hydrochloride er			
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<i>diclofenac sodium er</i>	10	TETANUS TOXOIDS		<i>doxycycline</i>	25
<i>diclofenac sodium/</i>	10	ADSORBED		DOXYCYCLINE DR	101
<i>misoprostol</i>		PEDIATRIC		<i>doxycycline hyclate</i>	25
<i>dicloxacillin sodium</i>	24	dipyridamole	82	<i>doxycycline hyclate</i>	25
<i>dicyclomine hcl</i>	76	disopyramide	38	<i>dr</i>	
<i>dicyclomine</i>	76	phosphate		<i>doxycycline</i>	25
<i>hydrochloride</i>		disulfiram	60	<i>monohydrate</i>	
<i>DIFICID</i>	23	divalproex sodium	45	DRIZALMA	49
<i>diflorasone diacetate</i>	99	divalproex sodium dr	45	<i>dronabinol</i>	75
<i>diflunisal</i>	10	divalproex sodium er	45	<i>drospirenone/ethinyl</i>	67
<i>difluprednate</i>	90	docetaxel	29	<i>estradiol</i>	
<i>digitek</i>	42	DOCETAXEL	29	<i>drospirenone/</i>	67
<i>digox</i>	42	dofetilide	38	<i>ethinyl estradiol/</i>	
<i>digoxin</i>	42	dolishale	67	<i>levomefolate calcium</i>	
<i>dihydroergotamine</i>	58	donepezil hcl	48	DROXIA	81
<i>mesylate</i>		donepezil hcl odt	48	<i>droxidopa</i>	42
<i>DILANTIN</i>	45	donepezil	48	DUAVEE	71
<i>DILANTIN-125</i>	45	hydrochloride		DUEXIS	10
<i>DILANTIN INFATABS</i>	45	DOPTELET	81	<i>duloxetine hcl</i>	49
<i>diltiazem hcl</i>	40	dorzolamide hcl/	91	<i>duloxetine</i>	49
<i>DILTIAZEM HCL</i>	40	timolol maleate		<i>hydrochloride</i>	
<i>diltiazem hcl caps er</i>	40	dorzolamide	91	DUREZOL	90
<i>diltiazem hcl cd</i>	40	hydrochloride		<i>dutasteride</i>	79
<i>diltiazem hcl inj</i>	40	dorzolamide	91	<i>dutasteride/</i>	79
<i>diltiazem</i>	40	hydrochloride/timolol		<i>tamsulosin</i>	
<i>hydrochloride</i>		maleate		<i>hydrochloride</i>	
<i>diltiazem</i>	41	dotti	71	<i>ec-naproxen</i>	10
<i>hydrochloride er</i>		DOVATO	20	econazole nitrate	97
<i>dilt-xr</i>	40	doxazosin mesylate	36	EDARBI	37
<i>DIMENHYDRINATE</i>	75	doxepin hcl	49	EDARBYCLOR	37
<i>diphenhydramine hcl</i>	93	doxepin	49,	EDURANT	18
<i>diphenoxylate/</i>	78	hydrochloride	57	<i>efavirenz</i>	18
<i>atropine</i>		DOXE PIN	101	<i>efavirenz/</i>	20
<i>diphenoxylate</i>	78	HYDROCHLORIDE		<i>emtricitabine/</i>	
<i>hydrochloride/</i>		doxercalciferol	75	<i>tenofovir disoproxil</i>	
<i>atropine sulfate</i>		doxorubicin	26	<i>fumarate</i>	
		hydrochloride			
		liposomal			

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lamivudine/tenofovir		ENTRESTO	37	stearate	
disoproxil fumarate		enulose	77	ESBRIET	94
effer-k	87	EPCLUSA	21	escitalopram oxalate	49,
eletriptan	58	EPIDIOLEX	45		50
hydrobromide		epinastine hcl	91	esomeprazole	78
elinet	67	epinephrine	42,	magnesium	
ELIQUIS	80		94	esomeprazole	78
ELIQUIS STARTER	80	epirubicin hcl	26	sodium	
PACK		epitol	45	estarrylla	67
ELITEK	35	EPIVIR HBV	21	estradiol	71
ELMIRON	79	eplerenone	36	estradiol/	71
eluryng	67	epoprostenol sodium	43	norethindrone	
EMCYT	27	EPRONTIA	45	acetate	
EMEND	75	ergotamine tartrate/	58	estradiol vaginal	71
emoquette	67	caffeine		estradiol valerate	71
EMSAM	49	ERIVEDGE	30	ESTRING	71
emtricitabine	18	ERLEADA	27	eszopiclone	57
emtricitabine/	20	erlotinib	31	ethambutol	20
tenofovir disoproxil		hydrochloride		hydrochloride	
emtricitabine/	20	errin	67	ethosuximide	45
tenofovir disoproxil		ERTACZO	97	ethosuximide soln	45
fumarate		ertapenem	15	ethynodiol diacetate/	67
EMTRIVA	18	ery	96	ethynodiol	
EMVERM	15	ERYTHROCIN	23	estradiol	
enalapril maleate	36	LACTOBIONATE		etodolac	10, 11
enalapril maleate/	36	erythrocin stearate	23	etodolac er	10
hydrochlorothiazide		erythromycin	23,	etoposide	29
ENBREL	82		89,	etravirine	18
ENBREL MINI	82		96	euthyrox	74
ENBREL SURECLICK	82	erythromycin base	23	everolimus	31,
endocet	12	erythromycin/	96		83
ENGERIX-B	84	benzoyl peroxide		EVOTAZ	20
ENHERTU	30	erythromycin dr	23	exemestane	28
enoxaparin sodium	80	erythromycin	23	EXKIVITY	31
enpresse-28	67	ethylsuccinate		ezetimibe	39
enskyce	67	erythromycin	23	ezetimibe/	39
ENSTILAR	99	lactobionate		simvastatin	
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				famciclovir	21

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famotidine premixed	76	flecainide acetate	38	CREA 0.5%	
FANAPT	53	FLOVENT DISKUS	95	fluorouracil external	101
FANAPT TITRATION	53	FLOVENT HFA	95	fluoxetine dr	50
PACK		flubiprofen sodium	90	fluoxetine hcl	50
FARXIGA	62	fluconazole	17	fluoxetine	50
FARYDAK	31	fluconazole in	17	hydrochloride	
FASENRA	94	sodium chloride		fluphenazine	53
fayosim	67	fluconazole/sodium	17	decanoate	
febuxostat	10	chloride		fluphenazine hcl	53
felbamate	45	flucytosine	17	fluphenazine	53
felodipine er	41	fludarabine	27	hydrochloride	
femynor	67	phosphate		flurbiprofen	11
fenofibrate	38	fludrocortisone	72	flutamide	28
fenofibrate	38	acetate		fluticasone	95,
micronized		flunisolide	95	propionate	99
fenofibric acid dr	38	fluocinolone	99	fluvastatin	38
fenoprofen calcium	11	acetonide		fluvastatin sodium er	38
FENOPROFEN	11	fluocinolone	99	fluvoxamine maleate	44
CALCIUM		acetonide body		fluvoxamine maleate	44
fentanyl	12	fluocinolone	92	er	
fentanyl citrate	13	acetonide otic oil		fomepizole	73
fesoterodine	79	fluocinolone	99	fondaparinux sodium	80
fumarate er		acetonide scalp		FORTEO	65
FETZIMA	50	fluocinonide	99	fosamprenavir	18
FETZIMA TITRATION	50	fluocinonide	99	calcium	
PACK		emulsified		fasinopril sodium	36
FIASP	61	fluoride	87	fasinopril sodium/	36
FIASP FLEXTOUCH	61	fluoridex	102	hydrochlorothiazide	
FIASP PENFILL	61	fluoridex sensitivity	102	fosphenytoin sodium	45
FINACEA	101	relief/sls free		FOTIVDA	31
finasteride	79	fluorimax 5000	102	FRAGMIN	80
fingolimod	59	fluorimax 5000	102	FREAMINE HBC	88
FINTEPLA	45	sensitive		FREAMINE III	88
finzala	67	fluoritab	87	frovatriptan succinate	58
flac (otic) oil	92	FLUOROMETHOLONE	90	fulvestrant	28
FLAREX	90	FLUOROPLEX	101	furosemide	41
flavoxate hcl	79	fluorouracil	27,	FUZEON	18
			101	fyavolv	71

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gabapentin	46	sulfate/0.9% sodium		propionate	
galantamine	48	chloride		haloperidol	53
hydrobromide		gentamicin sulfate	15	haloperidol	53
galantamine	48	pediatric		decanoate	
hydrobromide er		GENVOYA	20	haloperidol lactate	53
GAMASTAN	83	GIANVI	67	HARVONI	21
GAMMAGARD	83	GILENYA	59	HAVRIX	84
LIQUID		GILOTrif	31	heather	67
GAMMAGARD S/D	83	glimepiride	62	heparin sodium	80
GAMMAKED	83	glipizide	63	HEPARIN SODIUM	80
GAMMAPLEX	83	glipizide er	62	HEPARIN SODIUM/	80
GAMUNEX-C	83	glipizide/metformin	63	D5W	
ganciclovir	21	hydrochloride		HEPARIN SODIUM/	80
GARDASIL 9	84	glipizide xl	63	DEXTROSE	
gatifloxacin	89	glycopyrrolate	76	HEPARIN SODIUM/	80
GATTEX	78	GLYXAMBI	63	NACL 0.45%	
gavilyte-c	77	GOLYTELY	77	HEPARIN SODIUM/	80
gavilyte-g	77	granisetron hcl	75	SODIUM CHLORIDE	
gavilyte-h	77	griseofulvin	17	HEPATAMINE	88
gavilyte-n/flavor	77	microsize		HERCEPTIN	31
pack		griseofulvin	17	HYLECTA	
GAVRETO	31	ultramicrosize		HETLIOZ	57
gemcitabine hcl	27	guanfacine er	56	HETLIOZ LQ ORAL	57
gemcitabine	27	guanfacine hcl	42	SUSP	
hydrochloride		guanfacine	42	HIBERIX	84
GEMCITABINE	27	hydrochloride		HUMIRA	82
HYDROCHLORIDE		guanfacine	56	HUMIRA PEDIATRIC	82
gemfibrozil	38	hydrochloride er		CROHNS DISEASE	
generlac	77	GUANIDINE HCL	58	STARTER PACK	
genograf	84	GVOKE HYOPEN	72	HUMIRA PEN	82
GENOTROPIN	73	GVOKE KIT	72	HUMIRA PEN-	82
GENOTROPIN	73	GVOKE PFS	72	PEDIATRIC UC	
MINIQUICK		HAEGARDA	81	STARTER PACK	
gentak	89	hailey 1.5/30	67	HUMULIN R U-500	61
gentamicin sulfate	15,	hailey 24 fe	67	(CONCENTRATED)	
	89,	hailey fe 1.5/30	67	HUMULIN R U-500	61
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	97			hydralazine hcl	42

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hydrochlorothiazide	41	ibandronate sodium	65	INVEGA SUSTENNA	53,
hydrocodone/	13	IBRANCE	31		54
acetaminophen		ibu	11	INVEGA TRINZA	54
hydrocodone	13	ibuprofen	11	INVIRASE	18
bitartrate/		ibuprofen/famotidine	11	IPOL INACTIVATED	84
acetaminophen		icatibant acetate	81	IPV	
hydrocodone	12	iclevia	67	ipratropium bromide	93
bitartrate er		ICLUSIG	31	ipratropium bromide/	93
hydrocodone/	13	idarubicin hcl	26	albuterol sulfate	
ibuprofen		IDHIFA	31	ipratropium bromide	93
hydrocortisone	72,	IFEX	26	nasal	
	77,	IFOSFAMIDE	26	irbesartan	37
	100	ILEVRO	90	irbesartan/	37
hydrocortisone/	92	imatinib mesylate	31	hydrochlorothiazide	
acetic acid		IMBRUVICA	31	IRESSA	31
hydrocortisone	99	imipenem/cilastatin	15	irinotecan	29
butyrate		imipramine hcl	50	irinotecan	29
hydrocortisone	99	imipramine	50	hydrochloride	
butyrate hydrophilic		hydrochloride		ISENTRESS	18
lipophilic base		imipramine pamoate	50	ISENTRESS HD	18
hydrocortisone	101	imiquimod	101	isibloom	67
perianal		IMIQUIMOD PUMP	101	ISOLYTE-P/	86
hydrocortisone	100	IMLYGIC	28	DEXTROSE 5%	
valerate		IMOVAX RABIES	84	ISOLYTE-S	86
hydromorphone hcl	13	(H.D.C.V.)		ISOLYTE-S PH 7.4	86
HYDROMORPHONE	13	incassia	67	isoniazid	20,
HCL		INCRELEX	73		21
hydromorphone	13	INCRUSE ELLIPTA	93	ISOPTO ATROPINE	92
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HYDROMORPHONE	13	INFANRIX	84	isosorbide dinitrate/	42
HYDROCHLORIDE		INLYTA	31	hydralazine	
hydroxychloroquine	83	INQOVI	27	hydrochloride	
sulfate		INREBIC	31	isosorbide	43
hydroxyurea	28	INTELENCE	18	mononitrate	
hydroxyzine hcl	93	INTRON A	83	isosorbide	43
hydroxyzine	93			mononitrate er	
hydrochloride				isotonic gentamicin	15
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<i>isotretinoin</i>	96	KCL 0.15%/D5W/	86	KRISTALOSE	77
<i>isradipine</i>	41	NACL 0.2%		<i>kurvelo</i>	68
ISTODAX (OVERFILL)	31	KCL 0.15%/D5W/	86	KYNMOBI	52
<i>itraconazole</i>	17	NACL 0.9%		<i>labetalol</i>	39
<i>ivermectin</i>	15	KCL 0.15%/D5W/	86	<i>hydrochloride</i>	
IXIARO	84	NACL 0.45%		<i>lacosamide</i>	46
<i>jaimiess</i>	67	KCL 0.075%/D5W/	86	<i>lactated ringers</i>	86
JAKAFI	32	NACL 0.45%		<i>viaflex</i>	
<i>jantoven</i>	80	<i>kelnor 1/35</i>	68	<i>lactulose</i>	77
JANUMET	63	<i>kelnor 1/50</i>	68	<i>lamivudine</i>	18,
JANUMET XR	63	KERENDIA	36		21
JANUVIA	63	KESIMPTA	59	<i>lamivudine/</i>	20
JARDIANCE	63	ketoconazole	17,	<i>zidovudine</i>	
<i>jasmiel</i>	68		97,	<i>lamotrigine</i>	46
<i>javygtor</i>	73		98	<i>lamotrigine er</i>	46
<i>jencycla</i>	68	<i>ketodan</i>	97	<i>lamotrigine odt</i>	46
JENTADUETO	63	<i>ketoprofen</i>	11	<i>lamotrigine starter</i>	46
JENTADUETO XR	63	<i>ketoprofen er</i>	11	<i>kit/blue</i>	
<i>jintel</i>	71	<i>ketorolac</i>	11,	<i>lamotrigine starter</i>	46
JOLESSA	68	tromethamine	90	<i>kit/green</i>	
<i>juleber</i>	68	KEYTRUDA	32	<i>lamotrigine starter</i>	46
JULUCA	20	KHAPZORY	35	<i>kit/orange</i>	
<i>junel 1.5/30</i>	68	KINRIX	84	<i>lansoprazole/</i>	78
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<i>junel fe 1.5/30</i>	68		32	<i>clarithromycin</i>	
<i>junel fe 1/20</i>	68	KISQALI FEMARA	29	<i>lansoprazole dr</i>	78
<i>junel fe 24</i>	68		200 DOSE	<i>lanthanum carbonate</i>	74
just right 5000	102	KISQALI FEMARA	29	<i>lapatinib ditosylate</i>	32
KADCYLA	32		400 DOSE	<i>larin 1.5/30</i>	68
<i>kaitlib fe</i>	68	KISQALI FEMARA	29	<i>larin 1/20</i>	68
KALETRA	20		600 DOSE	<i>larin 24 fe</i>	68
<i>kalliga</i>	68	<i>klor-con</i>	87	<i>larin fe 1.5/30</i>	68
KALYDECO	95	KLOR-CON 8	87	<i>larin fe 1/20</i>	68
<i>kariva</i>	68	KLOR-CON 10	87	<i>larissa</i>	68
KCL 0.3%/D5W/	86	<i>klor-con/ef</i>	87	LASTACRAFT	91
NACL 0.9%		<i>klor-con m10</i>	87	<i>latanoprost</i>	91
KCL 0.3%/D5W/	86	<i>klor-con m15</i>	87	LATUDA	54
NACL 0.45%		<i>klor-con m20</i>	87	LEENA	68
		KORLYM	73	leflunomide	83

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LENVIMA	32	levoleucovorin	35	loestrin fe 1/20	68
LENVIMA 8 MG	32	calcium		lojaimiess	68
DAILY DOSE		levonest	68	LOKELMA	65
LENVIMA 10 MG	32	levonorgestrel/	68	LONSURF	27
DAILY DOSE		ethynodiol dihydrogesterone		loperamide hcl	78
LENVIMA 14 MG	32	levora	68	lopinavir/ritonavir	20
DAILY DOSE		LEVO-T	74	LOPREEZA	71
LENVIMA 18 MG	32	levothyroxine sodium	74	lorazepam	44
DAILY DOSE		LEVOTHYROXINE	74	lorazepam intensol	44
LENVIMA 20 MG	32	SODIUM		LORBRENA	32
DAILY DOSE		LEVOXYL	74	loryna	68
LENVIMA 24 MG	32	LEXIVA	19	losartan potassium	37
DAILY DOSE		LIBTAYO	32	losartan potassium/	37
<i>lessina</i>	68	lidocaine	100	hydrochlorothiazide	
letrozole	28	lidocaine hcl	14,	LOTEMAX	90
leucovorin calcium	35		38	LOTEMAX SM	90
LEUKERAN	26	LIDOCAINE HCL	38	loteprednol	90
leuprolide acetate	28	lidocaine hcl external	100	etabonate	
levalbuterol	94	LIDOCAINE HCL IN	38	lovastatin	38
levalbuterol	94	D5W		low-ogestrel	68
hydrochloride		lidocaine	14	loxapine	54
LEVALBUTEROL	94	hydrochloride		loxapine succinate	54
TARTRATE HFA		lidocaine/prilocaine	100	lo-zumandimine	68
LEVEMIR	61,	lidocaine viscous	102	LUMAKRAS	32
	62	lillow	68	LUMIGAN	91
LEVEMIR	62	linezolid	15,	LUMOXITI	32
FLEXTOUCH			16	LUPRON DEPOT	28
levetiracetam	46	LINEZOLID	16	(1-MONTH)	
levetiracetam er	46	LINZESS	78	LUPRON DEPOT	28
levetiracetam/	46	liothyronine sodium	74	(3-MONTH)	
sodium chloride		lisinopril	36	LUPRON DEPOT-PED	73
levobunolol hcl	91	lisinopril/	36	(1-MONTH)	
levocarnitine	73	hydrochlorothiazide		LUPRON DEPOT-PED	73
LEVOCARNITINE	73	LITHIUM	58	(3-MONTH)	
levocetirizine	93,	lithium carbonate	58	lutera	68
dihydrochloride	94	lithium carbonate er	58	lyleq	68
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	89	loestrin 1/20-21	68		

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LYSODREN	28	MENVEO	85	HYDROCHLORIDE	
lyza	68	meprobamate	44	ER	
mafénide acetate	97	mercaptopurine	27	methylprednisolone	72
magnesium sulfate	86	meropenem	16	methylprednisolone	72
MAGNESIUM	86	mesalamine	77	acetate	
SULFATE		mesalamine dr	77	methylprednisolone	72
malathion	101	mesna	35	sodium succinate	
maprotiline	50	MESNEX	35	metoclopramide hcl	75
maraviroc	19	metformin	63	metoclopramide	75
marlissa	69	hydrochloride		hydrochloride	
MARPLAN	50	metformin	63	metoclopramide odt	75
MATULANE	29	hydrochloride er		METOCLOPRAMIDE	75
matzim la	41	methadone hcl	12	ODT	
MAVYRET	21	METHADONE HCL	12	metolazone	42
meclizine hcl	75	INJ		metoprolol/	39
meclizine	75	methazolamide	42	hydrochlorothiazide	
hydrochloride		methenamine	16	metoprolol succinate	39
meclofenamate	11	hippurate		er	
sodium		methenamine	16	metoprolol tartrate	40
medroxyprogesterone	69,	mandelate		metronidazole	16,
acetate	74	methergine	73	101	
mefloquine hcl	18	methimazole	75	metronidazole	79
megestrol acetate	28,	methotrexate	27,	vaginal	
	74		83	metyrosine	42
MEKINIST	32	methotrexate sodium	27	mibelas	24 fe
MEKTOVI	32	methoxsalen	98	69	
melodetta	24 fe	methscopolamine	76	micafungin	17
meloxicam	11	bromide		miconazole	3 vaginal
melphalan	26	methyldopa	42	79	
melphalan	26	methylergonovine	73	MICROGESTIN	69
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MEMANTINE HCL	48	methylphenidate	57	MICROGESTIN	1/20
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memantine	48	methylphenidate	56,	69	
hydrochloride		hydrochloride cd	57	MICROGESTIN FE	69
memantine	48	methylphenidate	56,	1.5/30	
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<i>minocycline hcl</i>	25	<i>sodium</i>		<i>naproxen sodium er</i>	11
<i>minocycline</i>	25	<i>hydrochloride</i>		<i>naratriptan hcl</i>	58
<i>hydrochloride</i>		<i>moxifloxacin</i>	24	NARCAN	60
<i>minocycline</i>	25	<i>hydrochloride/</i>		NATACYN	89
<i>hydrochloride er</i>		<i>sodium</i>		<i>nateglinide</i>	63
<i>minoxidil</i>	42	<i>hydrochloride</i>		NATPARA	65
<i>mirtazapine</i>	50	MULTAQ	38	NAYZILAM	46
<i>mirtazapine odt</i>	50	<i>multi-vitamin/fluoride</i>	87	<i>nebivolol</i>	40
<i>misoprostol</i>	78	<i>multivitamin/fluoride</i>	87	<i>nebivolol</i>	40
MITIGARE	10	<i>multi-vitamin/</i>	87	<i>hydrochloride</i>	
<i>mitomycin</i>	26	<i>fluoride/iron</i>		<i>necon 0.5/35-28</i>	69
<i>mitoxantrone hcl</i>	29	<i>mupirocin</i>	97	<i>nefazodone</i>	50
M-M-R II	84	<i>mutamycin</i>	26	<i>hydrochloride</i>	
M-NATAL PLUS	87	<i>mycophenolate</i>	84	neomycin/bacitracin/	89
<i>modafinil</i>	59	<i>mofetil</i>		<i>polymyxin</i>	
<i>moexipril hcl</i>	36	<i>mycophenolic acid dr</i>	84	<i>neomycin/</i>	89
<i>molindone</i>	54	MYLOTARG	32	<i>polymyxin/</i>	
<i>hydrochloride</i>		<i>myorisan</i>	96	<i>bacitracin/</i>	
<i>mometasone furoate</i>	95,	MYRBETRIQ	79	<i>hydrocortisone</i>	
	100	<i>nabumetone</i>	11	<i>neomycin/</i>	89
<i>monodoxine nl</i>	25	<i>nadolol</i>	40	<i>polymyxin/</i>	
MONJUVI	32	<i>nafcillin sodium</i>	24	<i>dexamethasone</i>	
<i>mono-linyah</i>	69	<i>naftifine</i>	97	<i>neomycin/</i>	89
<i>montelukast sodium</i>	94	<i>nalbuphine hcl</i>	14	<i>polymyxin/</i>	
<i>morgidox 1x100mg</i>	25	<i>naloxone hcl</i>	60	<i>gramicidin</i>	
<i>morgidox 2x100mg</i>	25	<i>naloxone</i>	60	<i>neomycin/</i>	92
<i>morphine sulfate</i>	13,	<i>hydrochloride</i>		<i>polymyxin/hc</i>	
	14	<i>naltrexone hcl</i>	60	<i>neomycin/</i>	89,
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MORPHINE	12	<i>naproxen dr</i>	11	<i>neomycin sulfate</i>	16
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MOVANTIK	78	<i>magnesium</i>		<i>neo-polycin hc</i>	88
<i>moxifloxacin</i>	24,	naproxen sodium	11	NEPHRAMINE	88
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NEXAVAR	32	norethindrone	69	NOVOLOG PENFILL	62
niacin	39	acetate/ethinyl		NOXAFL	17
niacin er	39	estradiol/ferrous		NUBEQA	28
niacor	39	fumarate		NUEDEXTA	58
nicardipine hcl	41	norethindrone/ethinyl	69	NULOJIX	84
NICOTROL	60	estradiol/ferrous		NULYTELY	77
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nikki	69	estradiol		NUPLAZID	54
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NINLARO	32	norlyroc	69	NUZYRA	25
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nitisinone	73	nortrel 7/7/7	69	nymyo	69
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nitrofurantoin	16	nortriptyline	50	97,	
macrocrystals		hydrochloride		102	
nitrofurantoin	16	NORVIR	19	nystop	97
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nitroglycerin sl	43	NOVOLIN 70/30	62	OFEV	95
nitroglycerin	43	FLEXPEN		ofloxacin	89,
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NIVA-PLUS	87	NOVOLIN N	62	olanzapine	54
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NORA-BE	69	NOVOLIN R	62	olmesartan	37,
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			70/30	hydrochlorothiazide	

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olmesartan	37	oxymorphone	14	penicillin g potassium	24
medoxomil/		hydrochloride		PENICILLIN G	24
hydrochlorothiazide		OZEMPIC	64	POTASSIUM IN	
olopatadine hcl	91, 94	pacerone	38	ISO-OSMOTIC	
omeprazole	78	paclitaxel	29	DEXTROSE	
ONCASPAR	29	paclitaxel protein- bound particles	29	PENICILLIN G	24
ondansetron hcl	75	PADCEV	32	PROCAINE	
ondansetron	75	paliperidone er	54	penicillin g sodium	24
hydrochloride		pamidronate	65	penicillin v potassium	24
ondansetron odt	75	disodium		PENNSAID	101
ONUREG	27	PAMIDRONATE	65	PENTACEL	85
OPSUMIT	43	DISODIUM		pentamidine	16
ORACEA	101	PANRETIN	101	isethionate	
oralone dental paste	102	pantoprazole sodium	78	pentoxifylline er	81
ORGOVYX	28	PANZYGA	83	PEPAXTO	26
ORKAMBI	95	paraplatin	26	perindopril erbumine	36
orsythia	69	paricalcitol	75	periogard	102
ORTHO MICRONOR	69	paroex	102	permethrin	101
oseltamivir	21	paromomycin sulfate	16	perphenazine	50, 54
phosphate		paroxetine hcl	50	perphenazine/	50
OTEZLA	82	paroxetine hcl er	50	amitriptyline	
oxacillin sodium	24	paroxetine	50	PERSERIS	54
oxaliplatin	26	hydrochloride		phenelzine sulfate	51
oxandrolone	60	PASER	21	phenobarbital	46
oxaprozin	11	PAXIL	50	phenobarbital	46
oxazepam	44	PEDIARIX	85	sodium	
oxcarbazepine	46	PEDVAX HIB	85	PHENYTEK	46
oxiconazole nitrate	97	peg-3350/	77	phenytoin	46
oxybutynin chloride	79	electrolytes		phenytoin sodium	47
oxybutynin chloride	79	peg-3350/nacl/na	77	PHESGO	32
er		bicarbonate/kcl		philith	69
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acetaminophen		PEMAZYRE	32	IODIDE	
oxycodone/aspirin	14	pemetrexed	27	PIFELTRO	19
oxycodone hcl	14	PEMETREXED	27	pilocarpine hcl	91
oxycodone	14	pemetrexed	27	pilocarpine	102
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		penicillamine	65	pimozide	54

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<i>pimtrea</i>	70	POTASSIUM	86	PREHEVBARIO	85
<i>pindolol</i>	40	CHLORIDE/		PREMARIN	71
<i>pioglitazone hcl</i>	64	DEXTROSE/SODIUM		PREMASOL	88
<i>pioglitazone hcl-</i>	64	CHLORIDE		PREMPRO	71
<i>glimepiride</i>		<i>potassium chloride</i>	87	PRENATAL	87
<i>pioglitazone hcl/</i>	64	er		PRENATAL PLUS	87
<i>metformin hcl</i>		<i>potassium chloride/</i>	86	PRENATAL PLUS	87
<i>pioglitazone</i>	64	sodium chloride		LOW IRON	
<i>hydrochloride</i>		POTASSIUM	86	PREPLUS	87
<i>piperacillin sodium/</i>	25	CHLORIDE/SODIUM		PRETOMANID	21
<i>tazobactam sodium</i>		CHLORIDE		<i>prevalite</i>	39
		<i>potassium citrate er</i>	79	<i>previfem</i>	70
		POTELIGEO	32	PREVYMIS	21
<i>PIQRAY</i>	32	PRADAXA	81	PREZCOBIX	20
<i>pirfenidone</i>	95	PRALUENT	39	PREZISTA	19
<i>permella 1/35</i>	70	<i>pramipexole</i>	52	PRIFTIN	21
<i>permella 7/7/7</i>	70	dihydrochloride		<i>primaquine</i>	18
<i>piroxicam</i>	11	<i>pramipexole</i>	52	<i>phosphate</i>	
<i>PLASMA-LYTE-148</i>	86	dihydrochloride er		<i>primidone</i>	47
<i>PLASMA-LYTE A</i>	86	<i>prasugrel</i>	82	PRIORIX	85
<i>plenamine</i>	88	<i>pravastatin sodium</i>	39	PRIVIGEN	83
<i>PLENVU</i>	77	<i>praziquantel</i>	16	<i>probenecid</i>	10
<i>PNV PRENATAL</i>	87	prazosin	36	<i>probenecid/</i>	10
PLUS MULTIVITAMIN		hydrochloride		colchicine	
<i>podoftilox</i>	101	<i>prednicarbate</i>	100	PROCALAMINE	88
<i>POLIVY</i>	32	<i>prednisolone</i>	72	<i>prochlorperazine</i>	76
<i>polycin</i>	89	<i>prednisolone acetate</i>	90	<i>prochlorperazine</i>	76
<i>polymyxin b sulfate/</i>	89	<i>prednisolone sodium</i>	72	edisylate	
<i>trimethoprim sulfate</i>		phosphate		<i>prochlorperazine</i>	76
<i>poly-vitamin/fluoride</i>	87	PREDNISOLONE	90	maleate	
<i>POMALYST</i>	28	SODIUM		PROCRT	81
<i>portia-28</i>	70	PHOSPHATE		<i>procto-med hc</i>	101
<i>posaconazole dr</i>	17	OPHTHALMIC SOLN		<i>procto-pak</i>	101
<i>potassium chloride</i>	86,	1%		<i>proctosol hc</i>	100
	87	<i>prednisone</i>	72	<i>proctozone-hc</i>	101
<i>POTASSIUM</i>	86	PREDNISONE	72	<i>progesterone</i>	74
<i>CHLORIDE</i>		INTENSOL		PROGRAF	84
<i>POTASSIUM</i>	86	<i>pregabalin</i>	47	PROLASTIN-C	95
<i>CHLORIDE/</i>		<i>pregabalin er</i>	58		
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PROLIA	65	hydrochloride		risedronate sodium	65
PROMACTA	81	quinapril/	36	dr	
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<i>promethazine</i>	76	quinidine sulfate	38	<i>risperidone</i>	55
<i>hydrochloride</i>		quinine sulfate	18	<i>risperidone odt</i>	55
<i>promethegan</i>	76	RABAVERT	85	<i>ritonavir</i>	19
<i>propafenone hcl</i>	38	rabeprazole sodium	78	RITUXAN	33
<i>propafenone</i>	38	dr		RITUXAN HYCELA	33
<i>hydrochloride er</i>		raloxifene	74	<i>rivastigmine tartrate</i>	48
<i>proparacaine hcl</i>	92	hydrochloride		<i>rivastigmine</i>	48
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<i>propranolol hcl er</i>	40	ranolazine er	43	RIVELSA	70
<i>propranolol</i>	40	rasagiline mesylate	52	<i>rizatriptan benzoate</i>	58
<i>hydrochloride</i>		reclipsen	70	<i>rizatriptan benzoate</i>	58
<i>propranolol</i>	40	RECOMBIVAX HB	85	odt	
<i>hydrochloride er</i>		RECTIV	101	<i>roflumilast</i>	95
<i>propranolol/</i>	39	REGRANEX	102	<i>romidepsin</i>	33
<i>hydrochlorothiazide</i>		relafen	11	<i>ropinirole er</i>	52
<i>propylthiouracil</i>	75	RELENZA	21	<i>ropinirole hcl</i>	52
PROQUAD	85	DISKHALER		<i>ropinirole</i>	52
PROSOL	88	repaglinide	64	<i>hydrochloride</i>	
<i>protriptyline hcl</i>	51	RESTASIS	92	<i>rosadan</i>	101
PULMICORT	95	RESTASIS	92	<i>rosuvastatin calcium</i>	39
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<i>pyridostigmine</i>	58	REYATAZ	19	RUBRACA	33
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<i>pyridostigmine</i>	58	RHOPRESSA	91	RUKOBIA	19
<i>bromide er</i>		ribavirin	21	RUXIENCE	33
QINLOCK	33	rifabutin	21	RYBELSUS	64
QUADRACEL	85	rifampin	21	RYDAPT	33
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	55	rimantadine	21	SANCUSO	76
<i>quetiapine fumarate</i>	54	hydrochloride		SANDIMMUNE	84
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setlakin	70	sulfonate		sodium	96
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SIGNIFOR	74	MAGNESIUM		sulfadiazine	16
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TAGRISSO	33	terbinafine hcl	17	TOBRADEX	89
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