

# 2021 Comprehensive Formulary

## Aetna Better Health of Virginia (HMO 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 05/01/2021. For more recent information or other questions, please contact Aetna Better Health of Virginia (HMO 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](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)**

**Formulary ID Number: 21111 Version 13**



# Table of contents

Mail-order Pharmacy	3
What is the Aetna Better Health of Virginia (HMO D-SNP) Comprehensive Formulary?	4
Can the Formulary (drug list) change?	4
How do I use the Formulary?	5
What are generic drugs?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the Formulary?	6
How do I request an exception to the Aetna Better Health of Virginia (HMO D-SNP) Formulary?	6
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	7
For more information	7
<b>Aetna Better Health of Virginia (HMO D-SNP) Formulary</b>	<b>8</b>
Drug tier copay levels	9
Formulary key	10
<b>Drug list</b>	<b>10</b>
<b>Index of Drugs</b>	<b>94</b>

Aetna Better Health of Virginia (HMO 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 Better Health of Virginia (HMO 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.

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

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

## Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-855-463-0933 (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.

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

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

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Aetna Better Health of Virginia (HMO 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 05/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## What is the Aetna Better Health of Virginia (HMO 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 Better Health of Virginia (HMO 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 also find information in the section below entitled “How do I request an exception to the Aetna Better Health of Virginia (HMO 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 entitled “How do I request an exception to the Aetna Better Health of Virginia (HMO 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 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

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

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

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

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Better Health of Virginia (HMO 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 Better Health of Virginia (HMO 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 if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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



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

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

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

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

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

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

If you experience a change in your 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 Better Health of Virginia (HMO 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 94.

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:

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

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

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

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

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

**MO:** Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-855-463-0933 (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 2021 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Better Health of Virginia (HMO D-SNP)'s 2021 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Better Health of Virginia (HMO D-SNP) plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

<b>Copay tier</b>	<b>Type of drug</b>
<b>Tier 1</b>	Preferred Generic
<b>Tier 2</b>	Generic
<b>Tier 3</b>	Preferred Brand
<b>Tier 4</b>	Non-Preferred Drug
<b>Tier 5</b>	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	MO
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diflunisal</i>	4	MO
DUEXIS	5	MO
<i>ec-naproxen tbec 375mg</i>	2	
<i>ec-naproxen tbec 500mg</i>	2	MO
<i>etodolac</i>	3	MO
<i>etodolac er</i>	4	MO
FENOPROFEN CALCIUM CAPS 400MG	4	MO
<i>fenoprofen calcium tabs</i>	4	MO
<i>flurbiprofen tabs 100mg</i>	2	MO
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen</i>	2	MO
<i>ketoprofen er</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ketoprofen caps 50mg</i>	4	
<i>ketoprofen caps 25mg, 75mg</i>	4	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	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	2	MO
NAPROXEN SODIUM CR 375MG	4	MO
<i>naproxen sodium er 500mg</i>	4	MO
NAPROXEN SODIUM TB24	4	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen/esomeprazole magnesium</i>	5	MO
<i>naproxen tabs</i>	1	MO
<i>naproxen susp, tbec</i>	2	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam</i>	3	MO
<i>relafen</i>	2	
<i>sulindac</i>	2	MO
VIMOVO	5	MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine transdermal patch</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	4	QL (10 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hcl conc</i>	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	3	QL (90 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
TRAMADOL HCL ER CP24 100MG, 200MG, 300MG	4	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	4	QL (30 EA per 30 days) PA MO
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen/codeine tabs</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	3	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	4	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	4	
<i>butorphanol tartrate inj 2mg/ml</i>	4	MO
CODEINE SULFATE TABS	4	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ ML, 4MG/ML	4	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	4	B/D
<i>hydromorphone hcl inj 2mg/ml</i>	4	B/D MO
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml</i>	4	B/D
<i>lorcet</i>	4	QL (180 EA per 30 days)
<i>lorcet hd</i>	4	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
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	QL (180 EA per 30 days)
<i>morphine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ ML PF, 25MG/ML PF, 2MG/ML PF, 4MG/ML PF, 50MG/ML, 5MG/ML PF, 8MG/ML PF	4	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate pf 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 100mg/5ml</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 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 immediate release tabs</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 inj 0.5%, 1%, 1.5%, 2%, 4%</i>	4	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	4	

## ANTI-INFECTIVES

### ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</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
ALINIA	5	MO
<i>amikacin sulfate</i>	4	MO
<i>atovaquone</i>	4	PA MO
<i>aztreonam</i>	4	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</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 inj</i>	4	PA MO
<i>dapsone tabs 100mg, 25mg</i>	3	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	MO
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 tabs 3mg</i>	3	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
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

\*You 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>methenamine hippurate</i>	4	MO
METHENAMINE MANDELATE	4	MO
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>neomycin tabs</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin oral suspension</i>	4	MO
<i>paromomycin caps</i>	4	MO
<i>pentamidine isethionate inj</i>	4	
<i>pentamidine isethionate inhalation solr</i>	4	B/D MO
<i>praziquantel</i>	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate inj</i>	4	MO
SULFADIAZINE	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 nebu 300mg/5ml</i>	3	QL (280 ML per 56 days) PA
<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>trimethoprim tabs</i>	1	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML, 2000MG/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

\*You 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>vancomycin hydrochloride caps 250mg</i>	5	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
<b>ANTIFUNGALS</b>		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	4	B/D MO
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	
<i>fluconazole in nacl 200mg; 0.9%</i>	4	
<i>fluconazole in sodium chloride 400mg; 0.9%</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 inj 50mg</i>	4	
<i>micafungin inj 100mg</i>	5	
MYCAMINE INJ 50MG	4	MO
MYCAMINE INJ 100MG	5	
NOXAFIL 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 tabs</i>	2	QL (90 EA per 365 days) MO
<i>voriconazole tabs</i>	4	MO
<i>voriconazole inj</i>	4	PA
<i>voriconazole oral susp</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
<b>ANTIMALARIALS</b>		
<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	MO
<i>quinine sulfate</i>	4	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir</i>	3	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
<i>atazanavir</i>	4	MO
<i>atazanavir sulfate</i>	4	MO
CRIXIVAN	4	MO
<i>didanosine caps 200mg, 250mg, 400mg</i>	4	MO
EDURANT	5	MO
<i>efavirenz caps 50mg</i>	3	MO
<i>efavirenz caps 200mg</i>	4	MO
<i>efavirenz tabs</i>	5	MO
<i>emtricitabine</i>	3	MO
EMTRIVA	3	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE TABS	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK	3	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA SUSP	4	MO
<i>nevirapine er tb24 100mg</i>	3	
<i>nevirapine er tb24 400mg</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>nevirapine tabs</i>	3	MO
<i>nevirapine susp</i>	4	
NORVIR PACK, ORAL SOLN	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	4	MO
REYATAZ CAPS 150MG, 200MG, PACK	5	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
<i>stavudine</i>	3	MO
<i>tenofovir tabs</i>	4	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIDEX EC CAPS 125MG	4	MO
VIDEX PEDIATRIC	4	MO
VIRACEPT TABS	5	MO
VIREAD	5	MO
<i>zidovudine</i>	3	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine</i>	4	MO
<i>abacavir sulfate/ lamivudine/zidovudine</i>	5	MO
ATRIPLA	5	MO
BIKTARVY	5	MO
CIMDUO	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
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir</i>	4	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRUVADA	5	QL (30 EA per 30 days) MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride</i>	4	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid syrup</i>	2	MO
<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

\*You 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>rifabutin</i>	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	
RIFATER	4	MO
SIRTURO TABS 20MG	5	PA
SIRTURO TABS 100MG	5	PA LA
TRECTOR	4	MO
<b>ANTIVIRALS</b>		
<i>acyclovir sodium inj 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 SOLN	4	MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV SOLN	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir inj 500mg/10ml, 500mg</i>	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 caps, tabs</i>	3	
<i>ribavirin inh</i>	5	
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hcl tabs 1gm</i>	3	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	3	MO
<i>valganciclovir hydrochloride oral soln</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
<i>valganciclovir tabs</i>	5	MO
VEMLIDY	5	MO
VOSEVI	5	PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	2	MO
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium iv inj 1gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
<i>cefдинир caps</i>	2	MO
<i>cefдинир 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>cefотетан</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefподoxime proxetil</i>	4	MO
<i>cefпроzil</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	
CEFTRIAZONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium iv inj 1gm</i>	4	
<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, 7.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO
SUPRAX ORAL SUSP 500MG/5ML	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
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
<i>tazicef</i>	4	
TEFLARO	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
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 SUSR	5	
DIFICID TABS	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<i>erythrocin stearate tabs 250mg</i>	4	MO
<i>erythromycin base</i>	3	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin stearate</i>	3	MO
<i>erythromycin cpep 250mg</i>	3	MO
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl</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	
<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 inj</i>	4	
<i>moxifloxacin hydrochloride inj 400mg/250ml</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>moxifloxacin hydrochloride tabs 400mg</i>	4	MO
<b>PENICILLINS</b>		
<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	
BICILLIN L-A	4	MO
<i>dicloxacillin caps</i>	3	MO
<i>nafcillin sodium inj 1gm, 2gm iv</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>nafcillin sodium inj 10gm</i>	5	
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>penicillin g potassium</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100 inj</i>	4	MO
<i>doxycycline hyclate</i>	3	MO
<i>doxycycline hyclate dr</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>doxycycline tabs 50mg</i>	2	MO
<i>minocycline hcl caps 75mg</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>minocycline hcl tabs</i>	4	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride er</i>	4	ST MO
<i>mondoxyne nl caps 100mg, 75mg</i>	4	
<i>morgidox 1x100mg</i>	4	
<i>morgidox 2x100mg</i>	4	
<i>okebo</i>	4	
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

BENDEKA	5	
<i>busulfan</i>	5	
<i>carboplatin</i>	3	
<i>carmustine</i>	5	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	3	
<i>cyclophosphamide caps</i>	3	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	4	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	4	
GLEOSTINE CAPS 10MG	4	MO
GLEOSTINE CAPS 100MG, 40MG	5	MO
IFEX	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
LEUKERAN	5	MO
<i>melphalan hydrochloride inj</i>	5	
<i>melphalan tabs</i>	4	B/D MO
<i>oxaliplatin</i>	4	
<i>paraplatin</i>	3	
<i>thiotepa</i>	5	
ZEPZELCA	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
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	4	B/D
<i>dactinomycin</i>	5	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>doxorubicin hcl liposome 2mg/ml</i>	4	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	4	
<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	
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	3	B/D
ALIMTA	5	
<i>azacitidine</i>	5	
<i>cladribine</i>	4	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	4	B/D
<i>decitabine</i>	4	
<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 200mg/2ml</i>	4	
<i>gemcitabine inj 38mg/ml</i>	4	
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</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
<i>methotrexate sodium inj</i> 250mg/10ml, 50mg/2ml	3	MO
<i>methotrexate pf inj 50mg/2ml</i>	3	MO
ONUREG	5	QL (14 EA per 28 days) PA
PURIXAN	5	
TABLOID	4	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO
DEPO-PROVERA INJ 400MG/ML	4	
EMCYT	4	MO
ERLEADA	5	PA LA
<i>exemestane</i>	4	MO
<i>flutamide</i>	4	MO
<i>fulvestrant</i>	5	
<i>letrozole</i>	2	MO
<i>leuprolide acetate</i>	3	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA
LYSODREN	3	
<i>megestrol acetate tabs 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA
ORGOVYX	5	PA
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	4	PA MO
TRELSTAR MIXJECT	5	PA
XTANDI TABS	5	PA
XTANDI CAPS	5	PA LA
ZYTIGA	5	PA LA
<b>IMMUNOMODULATORS</b>		
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

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



Drug name	Drug tier	Requirements/Limits
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
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide</i>	5	
ASPARLAS	5	PA
<i>bexarotene</i>	5	PA
<i>dacarbazine</i>	4	
<i>hydroxyurea</i>	2	MO
IMLYGIC	5	PA
INQOVI	5	QL (5 EA per 28 days) PA
<i>irinotecan hcl inj 100mg/5ml</i>	4	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	4	
<i>irinotecan inj 500mg/25ml</i>	4	
KISQALI FEMARA 200MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	5	PA
LONSURF	5	PA
MATULANE	5	LA MO
<i>mitoxantrone hcl</i>	3	
NIPENT	5	
ONCASPAR	5	PA
SYLATRON KIT 200MCG, 300MCG	5	PA
SYNRIBO	5	PA
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	5	
<i>tretinoin caps 10mg</i>	5	MO
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	5	
DOCETAXEL INJ 160MG/16ML	4	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml</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>etoposide inj</i>	3	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	4	
<i>toposar</i>	3	
<i>vinblastine sulfate</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
<b>MOLECULAR TARGET AGENTS</b>		
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
ALECENSA	5	PA LA
ALUNBRIG	5	PA LA
AVASTIN	5	PA LA
AYVAKIT	5	QL (30 EA per 30 days) PA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA
BELEODAQ	5	PA
BLENREP	5	PA
BORTEZOMIB	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	PA LA MO
CAPRELSA	5	PA LA MO
COMETRIQ	5	PA LA
COPIKTRA	5	PA LA
COTELLIC	5	PA LA
DAURISMO	5	PA LA
ENHERTU	5	PA
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA

\*You 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>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 10MG, 20MG	5	PA LA
GAVRETO	5	QL (120 EA per 30 days) PA MO
GILOTRIF	5	PA LA MO
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
IBRANCE TABS	5	QL (21 EA per 28 days) PA
IBRANCE CAPS	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 15MG, 45MG	5	PA LA MO
ICLUSIG TABS 10MG, 30MG	5	PA 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	5	PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA
IRESSA	5	PA LA
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA	5	PA
KISQALI	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA
LORBRENA	5	PA LA
LUMOXITI	5	PA
LYNPARZA	5	PA LA
MEKINIST	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
MEKTOVI	5	PA LA
MONJUVI	5	PA
MYLOTARG	5	PA LA
NERLYNX	5	PA LA
NEXAVAR	5	PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PADCEV	5	PA
PEMAZYRE	5	QL (14 EA per 21 days) PA
PHESGO	5	PA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA
POTELIGEO	5	PA
QINLOCK	5	QL (90 EA per 30 days) PA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
ROMIDEPSIN INJ 10MG	5	
<i>romidepsin inj 27.5mg/5.5ml</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA
RUBRACA	5	PA LA
RYDAPT	5	PA
SARCLISA	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA LA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	PA LA
TAGRISO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	PA
TAZVERIK	5	QL (240 EA per 30 days) PA
TECENTRIQ INJ 840MG/14ML	5	PA

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

Drug name	Drug tier	Requirements/Limits
TECENTRIQ INJ 1200MG/20ML	5	PA LA
<i>temsirolimus</i>	5	
TEPMETKO	5	QL (60 EA per 30 days) PA
TIBSOVO	5	PA LA
TRODELVY	5	PA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA MO
TURALIO	5	QL (120 EA per 30 days) PA MO
TYKERB	5	PA LA
UKONIQ	5	QL (120 EA per 30 days) PA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	PA LA
VENCLEXTA TABS 10MG	4	PA LA
VENCLEXTA TABS 100MG, 50MG	5	PA LA
VERZENIO	5	PA LA
VITRAKVI	5	PA LA
VIZIMPRO	5	PA LA
VOTRIENT	5	PA LA
XALKORI	5	PA LA
XOSPATA	5	PA LA MO
XPOVIO 100 MG ONCE WEEKLY	5	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY	5	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	5	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	5	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	5	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA
YERVOY	5	PA
ZEJULA	5	PA LA
ZELBORAF	5	PA LA
ZIRABEV	5	PA
ZOLINZA	5	PA
ZYDELIG	5	PA LA
ZYKADIA	5	PA
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i>	4	
ELITEK	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
KHAPZORY	5	B/D
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
<i>levoleucovorin calcium inj</i> <i>175mg/17.5ml, 250mg/25ml</i>	4	
<i>levoleucovorin inj 50mg</i>	5	
<i>mesna</i>	4	
MESNEX TABS	5	MO

## CARDIOVASCULAR

### ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	2	MO
<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>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</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
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	4	MO
<i>spironolactone</i>	1	MO
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hcl caps 1mg, 5mg</i>	3	MO
<i>prazosin hydrochloride caps 2mg</i>	3	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	4	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</i>	1	QL (30 EA per 30 days) MO
<i>cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (60 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	4	QL (30 EA per 30 days)
ENTRESTO	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>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	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

\*You 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>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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
EDARBI	4	QL (30 EA per 30 days)
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days)
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil</i>	3	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
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl tabs 200mg, 400mg</i>	2	MO
<i>amiodarone hcl inj 50mg/ml</i>	4	
<i>amiodarone hydrochloride tabs 100mg</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
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
<i>lidocaine hcl inj 100mg/5ml (prefilled syringe), 50mg/5ml</i>	4	
MULTAQ	4	MO
NORPACE CR	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</i>	2	MO
<i>sotalol hcl af</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
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibrate tabs 120mg, 40mg</i>	4	MO
<i>fenofibric acid dr caps</i>	4	MO
<i>gemfibrozil</i>	2	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<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
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam hydrochloride</i>	3	MO
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	3	QL (30 EA per 30 days) MO
FENOFIBRIC ACID TABS	3	
JUXTAPID	5	PA LA
<i>niacin er tbc 1000mg, 750mg</i>	4	MO
<i>niacin er tbc 500mg</i>	4	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	4	MO
<i>niacor</i>	4	MO
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) MO
PRALUENT	3	PA MO
<i>prevalite</i>	4	MO
VASCEPA	4	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	3	MO
<i>bisoprolol</i>	2	MO
<i>fumarate/hydrochlorothiazide</i>		

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

Drug name	Drug tier	Requirements/Limits
<i>metoprolol/hydrochlorothiazide</i>	3	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO
<b>BETA-BLOCKERS</b>		
<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
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
<i>carvedilol phosphate er caps</i>	4	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride tabs</i>	3	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	4	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge 5mg/5ml</i>	4	
<i>metoprolol tartrate vial 5mg/5ml</i>	4	MO
<i>nadolol</i>	4	MO
<i>pindolol</i>	3	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	4	MO
<i>propranolol hcl oral soln, tabs 40mg, 80mg</i>	3	MO
<i>propranolol hcl inj</i>	4	
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	4	MO
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg</i>	3	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr tb24 30mg</i>	3	
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd</i>	2	MO
<i>diltiazem hcl er caps, tabs</i>	2	MO

\*You 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 hcl tabs</i>	2	MO
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	4	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	4	
<i>felodipine er</i>	4	MO
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
<i>nicardipine hcl caps</i>	4	MO
<i>nifedical xl</i>	3	
<i>nifedipine er</i>	3	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	4	MO
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl 40mg, 80mg</i>	1	MO
<i>verapamil hcl er caps 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO
VERAPAMIL HCL SR CP24 360MG	3	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hydrochloride er caps 200mg</i>	2	MO
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
<i>verapamil hcl inj 2.5mg/ml</i>	4	MO
<b>DIURETICS</b>		
<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

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

Drug name	Drug tier	Requirements/Limits
<i>furosemide inj</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>methazolamide</i>	4	MO
<i>metolazone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>toremide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
<b>MISCELLANEOUS</b>		
<i>aliskiren</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
BIDIL	4	
<i>clonidine hcl weekly patch</i>	3	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride</i>	2	MO
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
DEMSER	5	PA 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 tabs</i>	3	QL (30 EA per 30 days) MO
<i>digoxin inj</i>	4	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 hcl inj soln inj 30mg/30ml</i>	3	
<i>guanfacine hcl</i>	4	PA MO
<i>hydralazine hcl tabs 10mg</i>	2	MO
<i>hydralazine hcl inj</i>	4	MO
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	MO
<i>methyldopa</i>	4	PA MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	4	MO
<i>minoxidil</i>	2	MO
NORTHERA CAPS 200MG, 300MG	5	QL (180 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
-----------	-----------	---------------------

NORTHERA CAPS 100MG	5	QL (90 EA per 30 days) PA LA
<i>ranolazine er</i>	3	MO

**NITRATES**

<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide dinitrate immediate release tabs 40mg</i>	4	MO
<i>isosorbide mononitrate er tabs</i>	2	MO
<i>isosorbide mononitrate immediate release tabs</i>	1	MO
<i>minitran</i>	2	
NITRO-BID	3	MO
NITRO-DUR	4	MO
<i>nitroglycerin lingual spray 0.4mg</i>	4	MO
<i>nitroglycerin patch</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin subl</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
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	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 (generic adcirca) tabs 20mg</i>	5	PA
TRACLEER TABS FOR ORAL SUSP	5	QL (120 EA per 30 days) PA
<i>treprostinil</i>	5	PA
VENTAVIS	5	PA

**CENTRAL NERVOUS SYSTEM**

**ANTI-ANXIETY**

<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

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

Drug name	Drug tier	Requirements/Limits
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>bupirone hcl</i>	2	MO
<i>bupirone hydrochloride</i>	2	MO
<i>chlordiazepoxide hcl tabs 10mg, 5mg</i>	4	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hydrochloride tabs 25mg</i>	4	QL (120 EA per 30 days) MO
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	3	MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam conc</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) MO
<b>ANTICONVULSANTS</b>		
APTIOM	5	MO
BANZEL	5	PA MO
BRIVIACT INJ	5	PA
BRIVIACT ORAL SOLN, TABS	5	PA MO
<i>carbamazepine</i>	2	MO
<i>carbamazepine er</i>	4	MO
CELONTIN	4	MO
<i>clobazam tabs</i>	4	PA MO
<i>clobazam susp</i>	5	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
<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
DIACOMIT CAPS 250MG	5	QL (360 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
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA
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	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>	4	
<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
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	3	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lamotrigine</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

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

Drug name	Drug tier	Requirements/Limits
<i>lamotrigine starter kit/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
PEGANONE	4	MO
PHENOBARBITAL SODIUM INJ	4	PA
PHENOBARBITAL TABS	4	QL (120 EA per 30 days) PA MO
PHENOBARBITAL ELIX	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin chew, susp</i>	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<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</i>	2	
<i>roweepra xr</i>	4	
<i>rufinamide</i>	5	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	
SYMPAZAN FILM 5MG	4	PA MO
SYMPAZAN FILM 10MG, 20MG	5	PA MO
<i>tiagabine hydrochloride tabs</i>	4	MO
<i>topiramate</i>	2	MO
TOPIRAMATE ER	4	MO
<i>valproate sodium inj 100mg/ml</i>	4	
<i>valproic acid caps, soln</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
VALTOCO	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA
<i>vigadrone</i>	4	QL (180 EA per 30 days) PA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	MO
VIMPAT TABS 50MG	4	MO
VIMPAT TABS 100MG, 150MG, 200MG	5	MO
XCOPRI TABS	5	MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	MO
XCOPRI MAINTENACE PACK	5	
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	MO
<i>zonisamide</i>	2	MO
<b>ANTIDEMENTIA</b>		
<i>donepezil hcl odt tabs 5mg, 10mg</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 caps</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	4	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	3	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	3	PA MO
<i>amoxapine</i>	3	MO
<i>bupropion hcl tabs 100mg</i>	3	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tb12</i> 100mg, 150mg, 200mg	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24</i> 150mg, 300mg	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	4	PA MO
<i>citalopram hydrobromide soln</i>	3	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hcl</i>	4	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq)</i> <i>tb24 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 10mg, 50mg, 75mg,</i> <i>100mg, 150mg, oral conc 10mg/ml</i>	3	PA MO
<i>doxepin hydrochloride caps 25mg</i>	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
<i>duloxetine hydrochloride caps 20mg,</i> <i>30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<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>	2	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	2	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	2	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	2	MO
<i>fluoxetine hydrochloride (generic</i> <i>Prozac) tabs 10mg, 20mg</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>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</i>	4	MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	4	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	4	MO
<i>nortriptyline hcl</i>	3	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	3	MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
PAXIL ORAL SUSP	4	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	MO
<i>sertraline hcl oral conc</i>	3	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs</i>	1	QL (60 EA 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
<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

\*You 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>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	2	QL (60 EA per 30 days) MO
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
ZOLOFT ORAL CONC	4	QL (300 ML per 30 days) MO
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl syrp</i>	4	MO
<i>amantadine hcl caps</i>	4	QL (120 EA per 30 days) MO
APOKYN	5	QL (60 ML per 30 days) PA LA
<i>benztropine mesylate inj</i>	2	MO
<i>benztropine mesylate tabs</i>	2	PA MO
<i>bromocriptine mesylate tabs, caps</i>	4	MO
<i>carbidopa tabs</i>	5	MO
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	4	MO
<i>entacapone</i>	4	MO
KYNMOBI	5	QL (150 EA per 30 days) PA
NEUPRO	4	MO
<i>pramipexole dihydrochloride er</i>	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole er tb24 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	4	QL (90 EA per 30 days) MO

\*You 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>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	2	MO
<i>selegiline hcl tabs, caps</i>	2	MO
<i>trihexyphenidyl hcl oral soln</i>	2	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	2	PA MO
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	5	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>clozapine</i>	3	
CLOZAPINE ODT TBDP 200MG	4	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	4	QL (180 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
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
GEODON INJ	4	QL (6 EA per 3 days) MO
<i>haloperidol tabs, oral conc</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>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	3	MO
<i>loxapine succinate</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</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 9mg</i>	5	QL (30 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

\*You 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 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 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	MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SAPHRIS	5	QL (60 EA per 30 days) MO
SECUADO 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
<i>trifluoperazine hydrochloride</i>	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) PA MO
<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
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<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
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) MO
<i>guanfacine er</i>	3	QL (30 EA per 30 days) PA MO
<i>metadate er</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 20mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 30mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO

\*You 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 tbc</i> 10mg, 20mg	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 tabs</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride oral soln</i> 5mg/5ml	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride oral soln</i> 10mg/5ml	4	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
<i>zenzedi tabs</i> 10mg, 5mg	4	QL (180 EA per 30 days)
<b>HYPNOTICS</b>		
BELSOMRA	4	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs</i> 3mg, 6mg	3	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ	5	PA LA
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	4	QL (60 EA per 30 days) MO
<i>zaleplon caps</i> 5mg	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps</i> 10mg	3	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs</i>	2	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate sub</i>	4	QL (30 EA per 30 days) PA MO
<b>MIGRAINE</b>		
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>	4	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
<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</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 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>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
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
GUANIDINE HCL	4	
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er</i>	4	MO
LITHIUM ORAL SOLN	4	MO
LYRICA CR	3	QL (60 EA per 30 days) PA MO
NUDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	3	MO
<i>pyridostigmine bromide er</i>	3	MO
<i>riluzole</i>	3	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA STARTER PACK	5	QL (60 EA per 365 days) PA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 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
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tabs</i>	3	MO
CHLORZOXAZONE TABS 250MG	3	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl tabs 2mg</i>	2	MO
<i>tizanidine hydrochloride tabs 4mg</i>	2	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<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
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl subl 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
<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>	3	QL (60 EA per 30 days) MO
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl cartridge 0.4mg/ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hcl inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	MO
VIVITROL	5	

## ENDOCRINE AND METABOLIC

### ANDROGENS

ANADROL-50	5	PA MO
ANDRODERM	4	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	PA MO
<i>testosterone enanthate inj</i>	4	PA MO
<i>testosterone pump gel 1% (12.5mg/act)</i>	3	QL (300 GM per 30 days) PA MO
<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
<i>testosterone topical soln 30mg/act</i>	3	QL (180 ML 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

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

Drug name	Drug tier	Requirements/Limits
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA- AFINE/0.3ML/31G X 6MM	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
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
<i>acarbose tabs</i>	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) 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
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	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

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

Drug name	Drug tier	Requirements/Limits
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>migliol</i>	4	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 4MG/3ML	3	QL (3 ML per 28 days)
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	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
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</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>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon</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
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
<b>CHELATING AGENTS</b>		
CHEMET	5	MO
<i>clovique</i>	5	PA
<i>deferasirox</i>	5	PA
<i>kionex</i>	3	
LOKELMA	3	MO
<i>penicillamine tabs</i>	5	MO
<i>sodium polystyrene sulfonate rectal susp</i>	3	
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO
<i>sps oral susp 15gm/60ml</i>	3	MO
<i>trientine hydrochloride</i>	5	PA MO
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
<b>CONTRACEPTIVES</b>		
<i>afirmelle</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>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
AMETHIA LO	3	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	MO
<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	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 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>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	MO
<i>deblitane</i>	3	
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	MO
<i>elinest</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>estarylla</i>	2	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
ETONOGESTREL/ETHINYL ESTRADIOL	4	MO
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
GIANVI	3	MO
<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
<i>jasmiel</i>	2	
<i>jencycla</i>	3	
JOLESSA	3	
JOLIVETTE	3	
<i>juleber</i>	2	
<i>junel 1.5/30</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>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	
LEENA	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	MO
<i>loestrin fe 1.5/30</i>	2	MO
<i>loestrin fe 1/20</i>	2	MO
<i>lojaimiess</i>	2	MO
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	MO
<i>melodetta 24 fe</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>mibelas 24 fe</i>	2	MO
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>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
NORA-BE	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</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 7/7/7</i>	2	
OCELLA	3	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	MO
<i>reclipsen</i>	2	
RIVELSA	3	
<i>setlakin</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>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-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>tri-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	
<i>tulana</i>	3	
<i>tydemy</i>	2	
<i>velivet</i>	2	MO
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
<i>zumandimine</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
<b>ENDOMETRIOSIS</b>		
<i>danazol caps</i>	4	MO
SYNAREL	5	MO
<b>ESTROGENS</b>		
<i>amabelz</i>	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>dotti</i>	3	QL (8 EA per 28 days)
DUAVEE	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 crea</i>	4	MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	3	MO
<i>jinteli</i>	3	
LOPREEZA	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
PREMARIN	4	MO
PREMPRO	4	MO
<i>yuvafem</i>	3	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate tabs</i>	3	MO
<i>dexamethasone</i>	2	MO
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>fludrocortisone acetate tabs</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	MO
<i>methylprednisolone acetate inj</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 500mg</i>	4	B/D
<i>methylprednisolone sodium succinate inj 125mg, 1000mg, 40mg</i>	4	B/D MO
<i>methylprednisolone tabs</i>	2	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	2	B/D MO
<i>prednisolone sodium phosphate odt</i>	4	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO
PREDNISON INTENSOL	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	4	MO
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide oral susp</i>	4	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS	3	MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inj 200mg/ml</i>	4	
ALDURAZYME	5	PA LA
<i>cabergoline</i>	3	MO
CARBAGLU	5	PA LA
CERDELGA	5	PA
CEREZYME	5	PA LA
<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

\*You 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>desmopressin acetate nasal soln, tabs</i>	3	MO
<i>desmopressin acetate inj</i>	4	MO
FABRAZYME	5	PA LA
<i>fomepizole</i>	5	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
KORLYM	5	PA LA
KUVAN	5	PA LA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	4	MO
LUMIZYME	5	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
<i>methergine</i>	4	
<i>methylergonovine maleate tabs</i>	4	MO
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA LA
<i>nitisinone</i>	5	PA
NITYR	5	PA LA
<i>octreotide acetate</i>	4	PA
ORFADIN	5	PA LA
<i>raloxifene hydrochloride</i>	3	MO
<i>sapropterin dihydrochloride</i>	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT INJ	5	PA LA
STIMATE	5	

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



Drug name	Drug tier	Requirements/Limits
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps, tabs 667mg</i>	3	QL (360 EA per 30 days) MO
<b>PROGESTINS</b>		
<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
<b>THYROID AGENTS</b>		
<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>	4	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	3	MO
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	3	MO
SYNTHROID	4	MO
UNITHROID	3	
<b>VITAMIN D ANALOGS</b>		
<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
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	4	B/D MO
<i>compro</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
DIMENHYDRINATE INJ	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	4	B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	2	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
<i>phenadoz supp 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA MO
<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 syrp 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>	4	PA MO
SANCUSO	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

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

Drug name	Drug tier	Requirements/Limits
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl oral soln</i>	3	MO
<i>dicyclomine hydrochloride caps, tabs</i>	2	MO
<i>dicyclomine hydrochloride inj</i>	4	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate inj 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	PA MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine hcl oral soln</i>	4	MO
<i>cimetidine hydrochloride</i>	4	MO
<i>cimetidine tabs</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	
<i>nizatidine</i>	4	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i>	3	MO
<i>budesonide er tab 9mg</i>	5	MO
<i>budesonide cpep 3mg</i>	4	MO
<i>colocort</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	MO
<i>mesalamine dr caps, tabs</i>	4	MO
<i>mesalamine kit, supp</i>	4	MO
<i>mesalamine enem</i>	4	QL (1680 ML per 28 days) MO
SULFASALAZINE TBEC	3	MO
<i>sulfasalazine tabs</i>	3	MO
<b>LAXATIVES</b>		
CLENPIQ	4	
<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	

\*You 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>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	MO
<i>lactulose oral soln</i>	2	MO
NULYTELY	3	MO
NULYTELY/FLAVOR PACKS	3	MO
OSMOPREP	4	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	
<i>trilyte</i>	1	
<b>MISCELLANEOUS</b>		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) PA MO
CARAFATE	4	MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	4	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>loperamide hydrochloride</i>	3	
<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
RELISTOR INJ	5	PA MO
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO
XIFAXAN TABS 550MG	5	PA MO
<b>PANCREATIC ENZYMES</b>		
CREON	3	MO
ZENPEP	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
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	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, odt</i>	4	QL (30 EA per 30 days) MO
<i>lansoprazole odt</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium dr tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	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
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	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
<b>MISCELLANEOUS</b>		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
<i>bethanechol chloride</i>	3	MO
ELMIRON	4	MO
<i>flavoxate hcl</i>	4	MO
<i>potassium citrate er</i>	4	MO
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
MYRBETRIQ	4	QL (30 EA per 30 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

\*You 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>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	4	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</i>	2	QL (60 EA per 30 days) MO
<i>trospium chloride er</i>	2	QL (30 EA per 30 days) MO
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate crea 2%</i>	4	MO
<i>metronidazole vaginal</i>	4	MO
<i>miconazole 3</i>	4	MO
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO

## HEMATOLOGIC

### ANTICOAGULANTS

ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
FRAGMIN	4	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
<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 TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hydrochloride</i>	3	MO
<i>cilostazol</i>	1	MO
DOPTELET	5	QL (30 EA per 30 days) PA
DROXIA	3	MO
ENDARI	5	PA LA
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	2	MO
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>tranexamic acid tabs</i>	3	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole</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
<i>dipyridamole</i>	4	PA MO
<i>prasugrel</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
-----------	-----------	---------------------

**IMMUNOLOGIC AGENTS**

**AUTOIMMUNE AGENTS**

ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	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, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
RENFLEXIS	5	PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI	5	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA
XELJANZ	5	QL (60 EA per 30 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA

**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

<i>hydroxychloroquine sulfate</i>	3	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	1	MO
XATMEP	4	MO

**IMMUNOGLOBULINS**

BIVIGAM	5	PA
FLEBOGAMMA DIF INJ 5% (5GM/100ML)	4	PA

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



Drug name	Drug tier	Requirements/Limits
FLEBOGAMMA DIF INJ 0.5GM/10ML, 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/50ML	5	PA
GAMASTAN	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A INJ 10MU	4	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	5	
<b>IMMUNOSUPPRESSANTS</b>		
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs</i>	3	B/D MO
BENLYSTA	5	PA
<i>cyclosporine</i>	3	B/D MO
<i>cyclosporine modified caps, soln</i>	3	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	B/D MO
<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
SANDIMMUNE ORAL SOLN	3	B/D MO
<i>sirolimus tabs</i>	4	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>sirolimus soln</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
ZORTRESS	5	B/D MO
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D

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

Drug name	Drug tier	Requirements/Limits
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 EA per 999 days)

## NUTRITIONAL/SUPPLEMENTS

### ***ELECTROLYTES/MINERALS, INJECTABLE***

DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.225%	4	
DEXTROSE 5%/NACL 0.3%	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.225%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers viaflex inj</i>	4	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</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
NORMOSOL-M IN D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	4	
<i>sodium bicarbonate inj 8.4%</i>	4	MO
<i>sodium chloride 0.45%</i>	4	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.45%</i>	4	
<i>sodium chloride inj 0.9%, 3%</i>	4	MO
TPN ELECTROLYTES	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
ADC/FLUORIDE	4	MO
EFFER-K TAB 25MEQ	3	MO
EFFERVESCENT POTASSIUM FLUORIDE	3	MO
FLUORITAB	4	MO
KLOR-CON 10	3	
KLOR-CON 8	3	MO
<i>klor-con m10</i>	3	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</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>klor-con pow 20meq</i>	3	
KLOR-CON/EF	3	MO
LUDENT	4	MO
M-NATAL PLUS	3	MO
MULTI VITAMIN/FLUORIDE	4	MO
MULTI-VITAMIN/FLUORIDE DROPS	4	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	4	MO
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	4	
MULTIVITAMIN/FLUORIDE CHEW 0.25MG, 0.5MG	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
POLY-VITAMIN/FLUORIDE	4	
<i>potassium chloride cr</i>	2	MO
<i>potassium chloride er</i>	2	MO
<i>potassium chloride sr</i>	2	MO
<i>potassium chloride pack 20meq</i>	3	MO
<i>potassium chloride oral soln 10%, 20%</i>	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PREPLUS	3	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	4	MO
SODIUM FLUORIDE SOLN 0.5MG/ML	4	MO
TRI-VITE/FLUORIDE	4	MO
TRICARE PRENATAL TABS	3	MO
VOL-PLUS	3	MO
VP-PNV-DHA	3	MO

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

Drug name	Drug tier	Requirements/Limits
WESTAB PLUS	3	MO
<b>IV NUTRITION</b>		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	3	
<i>dextrose 5%</i>	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
<i>plenamine</i>	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D

## OPHTHALMIC

### ANTI-INFECTIVE/ANTI-INFLAMMATORY

BLEPHAMIDE S.O.P. OINT	4	MO
<i>neomycin/polymyxin/bacitracin/ hydrocortisone ophthalmic oint</i>	4	MO
<i>neomycin/polymyxin/dexamethasone</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>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 ophthalmic susp</i>	4	MO
ZYLET	3	MO
<b>ANTI-INFECTIVES</b>		
AZASITE	4	MO
<i>bacitracin ophthalmic oint 500unit/gm</i>	3	MO
<i>bacitracin/polymyxin ophthalmic 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</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</i>	3	
<i>neomycin/bacitracin/polymyxin topical ointment</i>	3	MO
<i>neomycin/polymyxin/gramicidin ofloxacin ophthalmic soln 0.3%</i>	3	MO
<i>polycin</i>	2	QL (60 ML per 30 days) MO
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sodium sulfacetamide ophthalmic soln</i>	3	QL (90 ML per 30 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by going to page 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 sulfate ophthalmic 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
<b>ANTI-INFLAMMATORIES</b>		
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 soln 0.1%</i>	2	QL (10 ML per 30 days) MO
DUREZOL	3	MO
FLAREX	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO
LOTEMAX GEL, OINT	3	MO
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	3	MO
<i>prednisolone acetate ophthalmic soln</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
BEPREVE	3	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	3	MO
<i>epinastine hcl</i>	3	MO
LASTACAFT	4	MO
<i>olopatadine hcl ophthalmic soln 0.2%</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>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
PAZEO	3	MO
ZERVIAE	4	MO
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN 0.1%	3	MO
AZOPT	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>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	MO
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	4	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	4	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	3	MO
<i>travoprost</i>	3	MO
VYZULTA	4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE OPTH SOLN	3	MO
CYSTARAN	5	PA LA
<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

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

Drug name	Drug tier	Requirements/Limits
-----------	-----------	---------------------

**RESPIRATORY**

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO

**ANTICHOLINERGICS**

ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<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

**ANTI-HISTAMINES**

<i>azelastine hcl nasal soln 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal soln 0.1%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	4	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	4	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	4	QL (300 ML per 30 days) MO
<i>clemastine fumarate tab 2.68mg</i>	3	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	4	PA MO
<i>cyproheptadine hydrochloride tab 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</i>	4	PA MO
<i>hydroxyzine hcl inj, syrup</i>	4	PA MO
<i>hydroxyzine hydrochloride tabs</i>	4	PA MO
<i>hydroxyzine pamoate</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</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>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
<b>BETA AGONISTS</b>		
<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 hcl neb 1.25mg/0.5ml</i>	4	B/D MO
<i>levalbuterol hcl</i>	4	B/D MO
<i>levalbuterol hydrochloride</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
<i>metaproterenol sulfate</i>	2	
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium pack</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation soln 10%, 20%</i>	3	B/D MO
<i>aminophylline</i>	4	
ARALAST NP	5	PA LA
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
DALIRESP	4	MO
<i>epinephrine hcl inj soln inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	4	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	4	QL (2 EA per 30 days) MO
ESBRIET	5	PA
FASENRA	5	QL (1 ML per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
FASENRA PEN	5	QL (1 ML per 28 days) PA
KALYDECO	5	PA
OFEV	5	PA
ORKAMBI	5	PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
SYMDEKO TBPK 75MG; 50MG	5	PA
SYMDEKO TBPK 150MG; 100MG	5	PA LA
THEO-24	4	MO
<i>theophylline er</i>	3	MO
<i>theophylline soln 80 mg/15ml</i>	3	MO
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
<b>NASAL STEROIDS</b>		
<i>flunisolide</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
<b>STEROID INHALANTS</b>		
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
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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

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

Drug name	Drug tier	Requirements/Limits
-----------	-----------	---------------------

**TOPICAL**

**DERMATOLOGY, ACNE**

<i>acutane</i>	4	PA
<i>amneesteem</i>	4	PA
AVITA CREA	4	QL (45 GM per 30 days) PA
AVITA GEL	4	QL (45 GM per 30 days) PA MO
<i>claravis</i>	4	PA
<i>clindacin etz pledgets</i>	3	MO
<i>clindacin-p pad 1%</i>	3	MO
<i>clindamycin phosphate/benzoyl peroxide</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
CLINDAMYCIN PHOSPHATE LOTN 1%	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 swab 1%</i>	3	MO
<i>clindamycin/benzoyl peroxide</i>	4	MO
<i>dapsone gel 5%, 7.5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	4	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	2	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	4	PA
<i>myorisan</i>	4	PA
<i>neuac gel</i>	4	MO
<i>sulfacetamide sodium lotn 10%</i>	3	MO
TRETINOIN MICROSPHERE GEL	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA

**DERMATOLOGY, ANTIBIOTICS**

<i>gentamicin sulfate crea 0.1%</i>	3	QL (60 GM per 30 days) MO
-------------------------------------	---	---------------------------

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

Drug name	Drug tier	Requirements/Limits
<i>gentamicin sulfate oint 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>mafenide acetate</i>	4	MO
<i>mupirocin oint</i>	2	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	4	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE	3	MO
SSD	3	
SULFAMYLON CREAM 85 MG/GM	4	MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine cream</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	3	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	3	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	4	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	3	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	4	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	3	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>naftifine hcl crea 1%</i>	4	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride 2%</i>	4	QL (60 GM per 30 days) MO
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	4	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	3	QL (60 GM per 30 days) MO
<i>nystop</i>	3	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	4	QL (90 GM per 30 days) MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	3	PA MO
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	4	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	QL (100 GM per 30 days) MO
<i>methoxsalen</i>	5	MO
<i>tazarotene</i>	3	QL (60 GM per 30 days) PA MO
TAZORAC CRE 0.05%	4	QL (60 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
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO
<i>selenium sulfide lotn</i>	2	MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<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>augmented betamethasone dipropionate crea</i>	3	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>beseer lotn 0.05%</i>	4	QL (120 ML per 30 days)
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 30 days) PA MO
<i>clobetasol propionate e</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient crea</i>	4	QL (60 GM per 30 days) MO
<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>clobetasol propionate soln</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo</i>	4	QL (118 ML per 30 days)
<i>desonide lotn</i>	4	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	4	QL (100 GM per 30 days) MO
<i>desoximetasone gel</i>	4	QL (60 GM per 30 days) MO
<i>diflorasone diacetate</i>	4	QL (60 GM per 30 days) MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body oil</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil</i>	4	QL (118.28 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>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 topical 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 crea</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>flurandrenolide crea 0.05%</i>	4	QL (120 GM 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</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</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
<i>hydrocortisone valerate crea, oint</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone (generic Ala-Cort) crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate soln 0.1%</i>	3	MO
<i>nolix crea</i>	4	QL (120 GM per 30 days) MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	4	QL (60 GM per 30 days) MO
TEXACORT	4	MO
<i>tovet crea</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

\*You 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>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triderm crea 0.5%</i>	2	
<i>triderm crea 0.1%</i>	2	QL (454 GM per 30 days)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<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
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir oint 5%</i>	4	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	3	MO
<i>azelaic acid</i>	4	QL (50 GM per 30 days) MO
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	4	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 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%	4	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 (generic Proctosol HC) crea 2.5%</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	QL (45 GM per 30 days) 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

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

Drug name	Drug tier	Requirements/Limits
PICATO GEL 0.05%	5	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	5	QL (3 EA per 30 days) MO
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	4	
<i>procto-pak</i>	4	MO
<i>proctosol hc</i>	4	MO
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	4	
<i>rosadan crea</i>	4	QL (45 GM per 30 days)
<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
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	3	MO
<i>permethrin</i>	4	MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	3	MO
STERILE WATER IRRIGATION PLASTIC BOTTLE	3	MO
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
CLINPRO 5000	4	MO
<i>clotrimazole troc 10mg</i>	3	MO
DENTAGEL	4	QL (56 GM per 30 days) MO
FLUORIDEX	4	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	4	
<i>lidocaine viscous</i>	4	MO
<i>nystatin susp 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	4	
<i>paroex oral soln</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>periogard oral soln</i>	1	
<i>pilocarpine hydrochloride tabs</i>	4	MO
SF GEL	4	QL (56 GM per 30 days) MO
<i>sodium fluoride 5000 ppm</i>	4	MO
<i>sodium fluoride 5000 ppm sensitive</i>	4	MO
SODIUM FLUORIDE GEL 1.1%	4	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	4	MO
<b>OTIC</b>		
<i>acetic acid otic soln</i>	3	MO
CIPRO HC	4	MO
CIPRODEX	3	MO
CIPROFLOXACIN	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/hydrocortisone otic soln</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

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

# Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir sulfate/ lamivudine</i>	18	AIMOVIG	51	AMETHIA LO	59
<i>abacavir sulfate/ lamivudine/zidovudine</i>	18	<i>ala-cort</i>	89	<i>amethyst</i>	59
ABELCET	16	<i>albendazole</i>	13	<i>amikacin sulfate</i>	14
ABILIFY MAINTENA	47	<i>albuterol sulfate</i>	85	<i>amiloride hcl</i>	37
<i>abiraterone acetate</i>	26	<i>albuterol sulfate er</i>	85	<i>amiloride/ hydrochlorothiazide</i>	37
ABRAXANE	27	<i>albuterol sulfate hfa</i>	85	<i>aminophylline</i>	85
<i>acamprosate calcium dr</i>	53	<i>alclometasone dipropionate</i>	89	AMINOSYN II	80
<i>acarbose</i>	55	ALDURAZYME	65	AMINOSYN-PF	80
<i>accutane</i>	87	ALECENSA	28	AMINOSYN-PF 7%	80
<i>acebutolol hydrochloride</i>	36	<i>alendronate sodium</i>	57, 58	<i>amiodarone hcl</i>	34
<i>acetaminophen/codeine</i>	12	<i>alfuzosin hcl</i>	71	<i>amiodarone hydrochloride</i>	34
<i>acetazolamide</i>	37	ALIMTA	25	<i>amitriptyline hcl</i>	43
<i>acetazolamide er</i>	37	ALINIA	14	<i>amitriptyline hydrochloride</i>	43
<i>acetic acid</i>	93	<i>aliskiren</i>	38	<i>amlodipine besylate</i>	32, 33, 36, 38
ACETIC ACID 0.25%	71	<i>allopurinol</i>	10	<i>amlodipine besylate/ atorvastatin calcium</i>	38
<i>acetylcysteine</i>	65, 85	<i>almotriptan</i>	51	<i>amlodipine</i>	32
<i>acitretin</i>	88	<i>almotriptan malate</i>	51	<i>besylate/benazepril hydrochloride</i>	33
ACTHIB	76	<i>alosetron hydrochloride</i>	70	<i>amlodipine besylate/ valsartan</i>	33
ACTIMMUNE	75	ALPHAGAN P	83	<i>amlodipine/olmesartan medoxomil</i>	33
<i>acyclovir</i>	20, 91	<i>alprazolam</i>	40	<i>amlodipine/valsartan/ hctz</i>	33
ADACEL	76	<i>alprazolam er</i>	39	<i>amlodipine/valsartan/ hydrochlorothiazide</i>	33
ADC/FLUORIDE	78	ALPRAZOLAM	40	<i>ammonium lactate</i>	91
<i>adefovir dipivoxil</i>	20	INTENSOL		<i>amnestem</i>	87
ADEMPAS	39	ALREX	82	<i>amoxapine</i>	43
<i>adrucil</i>	25	<i>altavera</i>	59	<i>amoxicillin</i>	23
ADVAIR DISKUS	86	ALUNBRIG	28		
ADVAIR HFA	86	<i>alyacen 1/35</i>	59		
<i>afeditab cr</i>	36	<i>alyacen 7/7/7</i>	59		
AFINITOR	28	<i>alyq</i>	39		
AFINITOR DISPERZ	28	<i>amabelz</i>	64		
<i>afirmelle</i>	58	<i>amantadine hcl</i>	46		
		AMBISOME	16		
		<i>ambrisentan</i>	39		
		<i>amethia</i>	59		

Drug name	Page	Drug name	Page	Drug name	Page
<i>amoxicillin/clavulanate potassium</i>	23	<i>atenolol</i>	35, 36	<i>azurette</i>	59
<i>amoxicillin/clavulanate potassium er</i>	23	<i>atenolol/chlorthalidone</i>	35	<i>bacitracin</i>	81
<i>amphetamine/dextroamphetamine</i>	50	<i>atomoxetine</i>	50	<i>bacitracin/polymyxin</i>	81
<i>amphetamine/dextroamphetamine er</i>	49	<i>atorvastatin calcium</i>	35	<i>baclofen</i>	53
<i>amphotericin b</i>	16	<i>atovaquone</i>	14, 17	<i>balsalazide disodium</i>	69
<i>ampicillin</i>	23	<i>atovaquone/proguanil hcl</i>	17	BALVERSA	28
<i>ampicillin sodium</i>	23	ATRIPLA	18	<i>balziva</i>	59
<i>ampicillin-sulbactam</i>	23	ATROPINE SULFATE	83	BANZEL	40
ANADROL-50	54	ATROVENT HFA	84	BARACLUDGE	20
<i>anagrelide hydrochloride</i>	73	<i>aubra</i>	59	BASAGLAR KWIKPEN	54
<i>anastrozole</i>	26	<i>aubra eq</i>	59	BCG VACCINE	76
ANDRODERM	54	<i>augmented</i>	89	BD ALCOHOL SWABS	54
ANORO ELLIPTA	84	<i>betamethasone dipropionate</i>		BD/ULTIMED/	54
APOKYN	46	<i>aurovela 1.5/30</i>	59	ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2	
<i>aprepitant</i>	67	<i>aurovela 24 fe</i>	59	BD/ULTIMED/	55
<i>apri</i>	59	<i>aurovela fe 1.5/30</i>	59	ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	
APTIOM	40	<i>aurovela fe 1/20</i>	59	BD/ULTIMED/	54
APTIVUS	17	AURYXIA	67	ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2	
ARALAST NP	85	AUSTEDO	52	BD/ULTIMED/	54
<i>aranelle</i>	59	AVASTIN	28	ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 5/16	
ARCALYST	75	<i>aviane</i>	59	<i>bekyree</i>	59
<i>aripiprazole</i>	47	AVITA	87	BELEODAQ	28
<i>aripiprazole odt</i>	47	AVONEX	52	BELSOMRA	51
ARISTADA	47	<i>ayuna</i>	59	<i>benazepril hcl</i>	32
ARISTADA INITIO	47	AYVAKIT	28	<i>benazepril hcl/hydrochlorothiazide</i>	32
<i>armodafinil</i>	53	<i>azacitidine</i>	25	<i>benazepril hydrochloride</i>	32
ARNUITY ELLIPTA	86	AZASITE	81		
<i>arsenic trioxide</i>	27	<i>azathioprine</i>	75		
<i>asenapine maleate sl</i>	47	<i>azelaic</i>	91		
<i>ashlyna</i>	59	<i>azelastine hcl</i>	82, 84		
ASPARLAS	27	<i>azelastine hydrochloride</i>	84		
<i>aspirin/dipyridamole</i>	73	<i>azithromycin</i>	22		
<i>atazanavir</i>	17	AZITHROMYCIN	22		
<i>atazanavir sulfata</i>	17	AZOPT	83		
		<i>aztreonam</i>	14		

Drug name	Page	Drug name	Page	Drug name	Page
<i>benazepril</i>	32	BRAFTOVI	28	BYSTOLIC	36
<i>hydrochloride/</i>		BREO ELLIPTA	86	<i>cabergoline</i>	65
<i>hydrochlorothiazide</i>		<i>briellyn</i>	59	CABOMETYX	28
BENDEKA	24	BRILINTA	73	<i>calcipotriene</i>	88
BENLYSTA	75	<i>brimonidine tartrate</i>	83	<i>calcipotriene/</i>	89
<i>benztropine mesylate</i>	46	BRIMONIDINE	83	<i>betamethasone</i>	
BEPREVE	82	TARTRATE		<i>dipropionate</i>	
<i>beser</i>	89	BRIVIACT	40	<i>calcitonin-salmon</i>	58
BESIVANCE	81	<i>bromfenac</i>	82	<i>calcitriol</i>	67
<i>betamethasone</i>	89	<i>bromocriptine mesylate</i>	46	CALCITRIOL	88
<i>dipropionate</i>		BROMSITE	82	<i>calcium acetate</i>	67
<i>betamethasone valerate</i>	89	BRUKINSA	28	CALQUENCE	28
BETASERON	52	<i>budesonide</i>	69,	<i>camila</i>	59
<i>betaxolol hcl</i>	36,		86	CAMRESE	59
	83	<i>budesonide er</i>	69	CAMRESE LO	59
<i>bethanechol chloride</i>	71	<i>bumetanide</i>	37	<i>candesartan cilexetil</i>	33,
BETOPTIC-S	83	<i>buprenorphine</i>	11		34
BEVESPI AEROSPHERE	84	<i>buprenorphine hcl</i>	53	<i>candesartan cilexetil/</i>	33
<i>bexarotene</i>	27	<i>buprenorphine hcl/</i>	53	<i>hydrochlorothiazide</i>	
BEXSERO	76	<i>naloxone hcl</i>		CAPLYTA	47
<i>bicalutamide</i>	26	<i>buprenorphine</i>	53	CAPRELSA	28
BICILLIN L-A	23	<i>hydrochloride/naloxone</i>		<i>captopril</i>	32
BIDIL	38	<i>hydrochloride</i>		<i>captopril/</i>	32
BIKTARVY	18	<i>bupropion</i>	43	<i>hydrochlorothiazide</i>	
<i>bisoprolol fumarate</i>	35,	<i>bupropion</i>	44	CARAFATE	70
	36	<i>hydrochloride</i>		CARBAGLU	65
<i>bisoprolol fumarate/</i>	35	<i>bupropion</i>	53	<i>carbamazepine</i>	40
<i>hydrochlorothiazide</i>		<i>hydrochloride er</i>		<i>carbamazepine er</i>	40
BIVIGAM	74	<i>bupropion</i>	44	<i>carbidopa</i>	46
BLENREP	28	<i>hydrochloride er (sr)</i>		<i>carbidopa/levodopa</i>	46
<i>bleomycin sulfat</i>	25	<i>bupropion</i>	44	CARBIDOPA/	46
BLEPHAMIDE S.O.P.	80	<i>hydrochloride er (xl)</i>		LEVODOPA/	
OINT		<i>buspirone hcl</i>	40	ENTACAPONE	
<i>blisovi 24 fe</i>	59	<i>buspirone</i>	40	<i>carbidopa/levodopa er</i>	46
<i>blisovi fe 1.5/30</i>	59	<i>hydrochloride</i>		<i>carbidopa/levodopa odt</i>	46
<i>blisovi fe 1/20</i>	59	<i>busulfan</i>	24	<i>carbinoxamine maleate</i>	84
BOOSTRIX	76	<i>butorphanol tartrate</i>	12	CARBINOXAMINE	84
BORTEZOMIB	28	BYDUREON BCISE	55	MALEATE	
<i>bosentan</i>	39	BYDUREON PEN	55	<i>carboplatin</i>	24
BOSULIF	28	BYETTA	56	<i>carmustine</i>	24

Drug name	Page	Drug name	Page	Drug name	Page
<i>carteolol hcl</i>	83	CHANTIX	53	<i>ciprofloxacin hydrochloride</i>	22, 81
<i>cartia xt</i>	36	CHANTIX CONTINUING MONTH PAK	53	<i>ciprofloxacin i.v.-in d5w</i>	22
<i>carvedilol</i>	36	CHANTIX STARTING MONTH PAK	53	CIPRO HC	93
<i>carvedilol phosphate er</i>	36	<i>charlotte 24 fe</i>	59	<i>cisplatin</i>	24
<i>casprofungin acetate</i>	16	<i>chateal</i>	59	<i>citalopram</i>	44
<i>cataflam</i>	10	<i>chateal eq</i>	59	<i>hydrobromide</i>	
CAYSTON	14	CHEMET	58	<i>cladribine</i>	25
<i>caziant</i>	59	<i>chloramphenicol</i>	14	<i>claravis</i>	87
<i>cefaclor</i>	21	<i>chlordiazepoxide/ amitriptyline</i>	44	<i>clarithromycin</i>	22
CEFACLOR ER	21	<i>chlordiazepoxide hcl</i>	40	<i>clarithromycin er</i>	22
<i>cefadroxil</i>	21	<i>chlordiazepoxide hydrochloride</i>	40	<i>clemastine fumarate</i>	84
CEFAZOLIN	21	<i>chlorhexidine gluconate</i>	92	CLENPIQ	69
<i>cefazolin sodium</i>	21	<i>chloroquine phosphate</i>	17	<i>clindacin etz pledgets</i>	87
CEFAZOLIN SODIUM	21	<i>chlorpromazine hcl</i>	47	<i>clindacin-p</i>	87
<i>cefdinir</i>	21	<i>chlorthalidone</i>	37	<i>clindamycin/benzoyl peroxide</i>	87
<i>cefepime</i>	21	<i>chlorzoxazone</i>	53	<i>clindamycin hcl</i>	14
<i>cefixime</i>	21	CHLORZOAZONE	53	<i>clindamycin hydrochloride</i>	14
<i>cefotetan</i>	21	<i>cholestyramine</i>	35	<i>clindamycin palmitate hcl</i>	14, 72, 87
<i>cefoxitin sodium</i>	21	<i>cholestyramine light</i>	35	CLINDAMYCIN PHOSPHATE	87
<i>cefpodoxime proxetil</i>	21	<i>ciclopirox</i>	88	<i>clindamycin phosphate/ benzoyl peroxide</i>	87
<i>cefprozil</i>	21	<i>ciclopirox olamine</i>	88	<i>clindamycin phosphate/ dextrose</i>	14
<i>ceftazidime</i>	21	<i>cilostazol</i>	73	CLINDAMYCIN/ SODIUM CHLORIDE	14
CEFTAZIDIME/ DEXTROSE	21	CILOXAN	81	CLINIMIX 4.25%/ DEXTROSE 5%	80
<i>ceftriaxone in iso-osmotic dextrose</i>	21	CIMDUO	18	CLINIMIX 4.25%/ DEXTROSE 10%	80
<i>ceftriaxone sodium</i>	21	<i>cimetidine</i>	69	CLINIMIX 5%/ DEXTROSE 15%	80
CEFTRIAZONE SODIUM	21	<i>cimetidine hcl</i>	69	CLINIMIX 5%/ DEXTROSE 20%	80
<i>cefuroxime axetil</i>	21	<i>cimetidine hydrochloride</i>	69		
<i>cefuroxime sodium</i>	21	<i>cinacalcet hydrochloride</i>	65		
<i>celecoxib</i>	10	CIPRODEX	93		
CELONTIN	40	CIPROFLOXACIN	22, 81, 93		
<i>cephalexin</i>	21	<i>ciprofloxacin/ dexamethasone</i>	93		
CERDELGA	65	<i>ciprofloxacin hcl</i>	22		
CEREZYME	65				
<i>cetirizine hydrochloride</i>	84				
<i>cevimeline hydrochloride</i>	92				



Drug name	Page	Drug name	Page	Drug name	Page
CLINIMIX 6/5	80	<i>colocort</i>	69	<i>dalfampridine er</i>	52
CLINIMIX 8/10	80	COMBIGAN	83	DALIRESP	85
CLINIMIX 8/14	80	COMBIVENT RESPIMAT	84	<i>danazol</i>	64
<i>clinisol sf 15%</i>	80	COMETRIQ	28	<i>dantrolene sodium</i>	53
CLINOLIPID	80	COMPLERA	19	<i>dapsone</i>	14, 87
CLINPRO 5000	92	<i>compro</i>	67	DAPTACEL	76
<i>clobazam</i>	40	<i>constulose</i>	69	<i>daptomycin</i>	14
<i>clobetasol propionate</i>	89	COPAXONE	52	DAPTOMYCIN	14
<i>clobetasol propionate e</i>	89	COPIKTRA	28	<i>darifenacin</i>	71
<i>clobetasol propionate emollient</i>	89	CORLANOR	38	<i>hydrobromide er</i>	
<i>clobetasol propionate emollient foam</i>	89	<i>cortisone acetate</i>	64	<i>dasetta 1/35</i>	59
<i>clobetasol propionate spray</i>	89	COTELIC	28	<i>dasetta 7/7/7</i>	60
<i>clodan</i>	89	CREON	70	<i>daunorubicin hydrochloride</i>	25
<i>clofarabine</i>	25	CRIXIVAN	17	DAUNORUBICIN	25
<i>clomipramine hcl</i>	44	<i>cromolyn sodium</i>	70, 82, 85	HYDROCHLORIDE	
<i>clonazepam</i>	40	<i>cryselle-28</i>	59	DAURISMO	28
<i>clonazepam odt</i>	40	CURITY GAUZE PADS 2	55	<i>daysee</i>	60
<i>clonidine hcl</i>	38	<i>cyclafem 1/35</i>	59	<i>deblitane</i>	60
<i>clonidine hydrochloride</i>	38	<i>cyclafem 7/7/7</i>	59	<i>decitabine</i>	25
<i>clopidogrel</i>	73	<i>cyclobenzaprine hydrochloride</i>	53	<i>deferasirox</i>	58
<i>clorazepate</i>	40	<i>cyclophosphamide</i>	24	DELESTROGEN	64
<i>dipotassium</i>		CYCLOPHOSPHAMIDE	24	DELSTRIGO	19
<i>clotrimazole</i>	88	<i>cycloserine</i>	19	DEMSEER	38
<i>clotrimazole/ betamethasone dipropionate</i>	88	<i>cyclosporine</i>	75	DENTAGEL	92
<i>clotrimazole troc</i>	92	<i>cyclosporine modified</i>	75	DEPO-PROVERA	26
<i>clovique</i>	58	<i>cyproheptadine hcl</i>	84	DESCOVY	19
<i>clozapine</i>	47	<i>cyproheptadine hydrochloride</i>	84	<i>desipramine hcl</i>	44
<i>clozapine odt</i>	47	<i>cyred</i>	59	<i>desloratadine</i>	84
CLOZAPINE ODT	47	<i>cyred eq</i>	59	<i>desloratadine odt</i>	84
COARTEM	17	CYSTADANE	65	<i>desmopressin acetate</i>	66
CODEINE SULFATE	12	CYSTAGON	65	<i>desogestrel/ethinyl estradiol</i>	60
<i>colchicine</i>	10	CYSTARAN	83	<i>desonide</i>	89
<i>coleselam hydrochloride</i>	35	<i>cytarabine aqueous</i>	25	<i>desoximetasone</i>	89
<i>colestipol hcl</i>	35	<i>dacarbazine</i>	27	<i>desvenlafaxine er</i>	44
<i>colistimethate</i>	14	<i>dactinomycin</i>	25	DESVENLAFAXINE ER	44
				<i>dexamethasone</i>	64, 82



Drug name	Page	Drug name	Page	Drug name	Page
DEXAMETHASONE	64	DEXTROSE 10%/NACL	77	DIMENHYDRINATE	68
INTENSOL		0.45%		<i>diphenhydramine hcl</i>	84
<i>dexamethasone sodium phosphate</i>	64, 82	DEXTROSE 50%	80	<i>diphenoxylate/atropine</i>	70
DEXILANT	71	DEXTROSE 70%	80	DIPHThERIA/TETANUS	76
<i>dexmethylphenidate hcl</i>	50	DIACOMIT	40, 41	TOXOIDS ADSORBED	
<i>dexmethylphenidate hcl er</i>	50	<i>diazepam</i>	41	PEDIATRIC	
<i>dexmethylphenidate hydrochloride</i>	50	DIAZEPAM RECTAL	41	<i>dipyridamole</i>	73
<i>dexrazoxane</i>	31	GEL		<i>disopyramide phosphate</i>	34
<i>dextroamphetamine sulfate</i>	50	<i>diazoxide</i>	65	<i>disulfiram</i>	53
<i>dextroamphetamine sulfate er</i>	50	<i>diclofenac potassium</i>	10	<i>divalproex sodium</i>	41
DEXTROSE 2.5%/NACL	77	<i>diclofenac sodium</i>	82, 91	<i>divalproex sodium dr</i>	41
0.45%		<i>diclofenac sodium dr</i>	10	<i>divalproex sodium er</i>	41
<i>dextrose 5%</i>	77, 80	<i>diclofenac sodium er</i>	10	<i>docetaxel</i>	27
DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	77	<i>diclofenac sodium/ misoprostol</i>	10	DOCETAXEL	27
DEXTROSE 5%/ LACTATED RINGERS	77	<i>dicloxacillin</i>	23	<i>dofetilide</i>	34
DEXTROSE 5%/NACL	77	<i>dicyclomine hcl</i>	69	<i>donepezil hc</i>	43
0.2%		<i>dicyclomine hydrochloride</i>	69	<i>donepezil hcl</i>	43
DEXTROSE 5%/NACL	77	<i>didanosine</i>	17	<i>donepezil hydrochloride</i>	43
0.3%		DIFICID	22	DOPELET	73
DEXTROSE 5%/NACL	77	<i>diflorasone diacetate</i>	89	<i>dorzolamide hcl</i>	83
0.9%		<i>diflunisal</i>	10	<i>dorzolamide hcl/timolol maleate</i>	83
DEXTROSE 5%/NACL	77	<i>digitek</i>	38	<i>dorzolamide hydrochloride/timolol maleate</i>	83
0.33%		<i>digox</i>	38	<i>dotti</i>	64
DEXTROSE 5%/NACL	77	<i>digoxin</i>	38	DOVATO	19
0.45%		<i>dihydroergotamine mesylate</i>	51	<i>doxazosin mesylate</i>	33
DEXTROSE 5%/NACL	77	DILANTIN	41	DOXEPINE	91
0.225%		DILANTIN-125	41	HYDROCHLORIDE	
<i>dextrose 10%</i>	77, 80	DILANTIN INFATABS	41	<i>doxepin hcl</i>	44
DEXTROSE 10%/NACL	77	<i>diltiazem hcl</i>	37	<i>doxepin hydrochloride</i>	44, 51
0.2%		DILTIAZEM HCL	37	<i>doxercalciferol</i>	67
		<i>diltiazem hcl cd</i>	36	<i>doxorubicin hcl liposome</i>	25
		<i>diltiazem hcl er</i>	36	<i>doxorubicin hydrochloride liposomal</i>	25
		<i>diltiazem hcl inj</i>	37	<i>doxy 100</i>	23
		<i>diltiazem hydrochloride</i>	37		
		<i>dilt-xr</i>	36		

Drug name	Page	Drug name	Page	Drug name	Page
<i>doxycycline</i>	23	<i>eletriptan</i>	51	EPIDIOLEX	41
DOXYCYCLINE	91	<i>hydrobromide</i>		<i>epinastine hcl</i>	82
<i>doxycycline hyclate</i>	23	<i>elinest</i>	60	<i>epinephrine hcl</i>	38, 85
<i>doxycycline hyclate dr</i>	23	ELIQUIS	72	EPIPEN 2-PAK	85
<i>doxycycline monohydrate</i>	23	ELIQUIS STARTER PACK	72	EPIPEN-JR 2-PAK	85
DRIZALMA	44	ELITEK	31	<i>epirubicin hcl</i>	25
<i>dronabinol</i>	68	ELMIRON	71	<i>epitol</i>	41
<i>drospirenone/ethinyl estradiol</i>	60	<i>eluryng</i>	60	EPIVIR HBV	20
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	60	EMCYT	26	<i>eplerenone</i>	33
DROXIA	73	EMEND	68	<i>epoprostenol sodium</i>	39
<i>droxidopa</i>	38	<i>emoquette</i>	60	<i>eprosartan mesylate</i>	34
DUAVEE	64	EMSAM	44	<i>ergotamine tartrate/caffeine</i>	51
DUEXIS	10	<i>emtricitabine</i>	17, 19	ERIVEDGE	28
<i>duloxetine hydrochloride</i>	44	<i>emtricitabine/tenofovir disoproxil</i>	19	ERLEADA	26
DUREZOL	82	<i>emtricitabine/tenofovir disoproxil fumarate</i>	19	<i>erlotinib hydrochloride</i>	28
<i>dutasteride</i>	71	EMTRIVA	17	<i>errin</i>	60
<i>dutasteride/tamsulosin hcl</i>	71	EMVERM	14	ERTACZO	88
<i>dutasteride/tamsulosin hydrochloride</i>	71	<i>enalapril maleate</i>	32	<i>ertapenem</i>	14
<i>ec-naproxen</i>	10	<i>enalapril maleate/hydrochlorothiazide</i>	32	<i>ery</i>	87
<i>econazole nitrate</i>	88	ENBREL	74	ERYTHROCIN	22
EDARBI	34	ENBREL MINI	74	LACTOBIONATE	
EDARBYCLOR	33	ENBREL SURECLICK	74	<i>erythrocin stearate</i>	22
EDURANT	17	ENDARI	73	<i>erythromycin</i>	22, 81, 87
<i>efavirenz</i>	17	<i>endocet</i>	12	<i>erythromycin base</i>	22
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	19	ENGERIX-B	76	<i>erythromycin/benzoyl peroxide</i>	87
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	19	ENHERTU	28	<i>erythromycin dr</i>	22
EFFER-K	78	<i>enoxaparin sodium</i>	72	<i>erythromycin</i>	22
EFFERVESCENT POTASSIUM	78	<i>enpresse-28</i>	60	<i>ethylsuccinate</i>	
		<i>enskyce</i>	60	<i>erythromycin stearate</i>	22
		ENSTILAR	89	ESBRIET	85
		<i>entacapone</i>	46	<i>escitalopram oxalate</i>	44
		<i>entecavir</i>	20	<i>esomeprazole</i>	71
		ENTRESTO	33	<i>magnesium</i>	
		<i>enulose</i>	69	<i>esomeprazole sodium</i>	71
		EPCLUSA	20	<i>estarylla</i>	60

Drug name	Page	Drug name	Page	Drug name	Page
<i>estradiol</i>	64	<i>felbamate</i>	41	<i>fluocinolone acetonide</i>	89
<i>estradiol/norethindrone</i>	64	<i>felodipine er</i>	37	<i>body oil</i>	
<i>acetateng</i>		<i>femynor</i>	60	<i>fluocinolone acetonide</i>	93
<i>estradiol vaginal</i>	64	<i>fenofibrate</i>	35	<i>otic oil</i>	
<i>estradiol valerate</i>	64	<i>fenofibrate micronized</i>	35	<i>fluocinolone acetonide</i>	89
ESTRING	64	FENOFIBRIC ACID	35	<i>scalp oil</i>	
<i>eszopiclone</i>	51	<i>fenofibric acid dr</i>	35	<i>fluocinolone acetonide</i>	90
<i>ethambutol</i>	19	<i>fenoprofen calcium</i>	10	<i>topical</i>	
<i>hydrochloride</i>		FENOPROFEN	10	<i>fluocinonide</i>	90
<i>ethosuximide</i>	41	CALCIUM		<i>fluocinonide emulsified</i>	90
<i>ethosuximide soln</i>	41	<i>fentanyl citrate oral</i>	12	FLUORIDE	78
<i>ethynodiol diacetate/</i>	60	<i>transmucosal</i>		FLUORIDEX	92
<i>ethinyl estradiol</i>		<i>fentanyl transdermal</i>	11	FLUORIDEX	92
<i>etodolac</i>	10	<i>patch</i>		SENSITIVITY RELIEF/ SLS FREE	
<i>etodolac er</i>	10	FETZIMA	44	FLUORITAB	78
ETONOGESTREL/	60	FETZIMA TITRATION	44	FLUOROMETHOLONE	82
ETHINYL ESTRADIOL		PACK		FLUOROPLEX	91
<i>etoposide</i>	28	FIASP	55	<i>fluorouracil</i>	25, 91
<i>euthyrox</i>	67	FIASP FLEXTOUCH	55	FLUOROURACIL CREA	91
<i>everolimus</i>	29, 75	FIASP PENFILL	55	0.5%	
EVOTAZ	19	FINACEA	91	<i>fluorouracil external</i>	91
<i>exemestane</i>	26	<i>finasteride</i>	71	<i>fluoxetine dr</i>	44
<i>ezetimibe</i>	35	FINTEPLA	41	<i>fluoxetine hcl</i>	44
<i>ezetimibe/simvastatin</i>	35	<i>flac</i>	93	<i>fluoxetine hydrochloride</i>	44, 45
FABRAZYME	66	FLAREX	82	<i>fluphenazine decanoate</i>	47
<i>falmina</i>	60	<i>flavoxate hcl</i>	71	<i>fluphenazine hcl</i>	47
<i>famciclovir</i>	20	FLEBOGAMMA DIF	74, 75	<i>fluphenazine</i>	47
<i>famotidine</i>	69	<i>flecainide acetate</i>	34	<i>hydrochloride</i>	
<i>famotidine premixed</i>	69	FLOVENT DISKUS	86	<i>flurandrenolide crea</i>	90
FANAPT	47	FLOVENT HFA	86	<i>flurbiprofen</i>	10
FANAPT TITRATION	47	<i>fluconazole</i>	16	<i>flurbiprofen sodium</i>	82
PACK		<i>fluconazole in nacl</i>	16	<i>flutamide</i>	26
FARXIGA	56	<i>fluconazole in sodium</i>	16	<i>fluticasone propionate</i>	86, 90
FARYDAK	29	<i>chloride</i>		<i>fluvastatin</i>	35
FASENRA	85, 86	<i>flucytosine</i>	16	<i>fluvastatin sodium er</i>	35
FASENRA PEN	86	<i>fludarabine phosphate</i>	25	<i>fluvoxamine maleate</i>	40
<i>fayosim</i>	60	<i>fludrocortisone acetate</i>	64		
<i>febuxostat</i>	10	<i>flunisolide</i>	86		
		<i>fluocinolone acetonide</i>	90		

Drug name	Page	Drug name	Page	Drug name	Page
<i>fluvoxamine maleate er</i>	40	<i>gemcitabine</i>	25	<i>guanfacine er</i>	50
<i>fomepizole</i>	66	<i>gemcitabine hcl</i>	25	<i>guanfacine hcl</i>	38
<i>fondaparinux sodium</i>	72	<i>gemcitabine hydrochloride</i>	25	GUANIDINE HCL	52
FORTEO	58	GEMCITABINE	25	GVOKE HYPOPEN	65
<i>fosamprenavir calcium</i>	17	HYDROCHLORIDE		GVOKE PFS	65
<i>fosinopril sodium</i>	32	<i>gemfibrozil</i>	35	HAEGARDA	73
<i>fosinopril sodium/ hydrochlorothiazide</i>	32	<i>generlac</i>	70	<i>hailey 1.5/30</i>	60
<i>fosphenytoin sodium</i>	41	<i>gengraf</i>	75	<i>hailey fe 1.5/30</i>	60
FRAGMIN	72	GENOTROPIN	66	<i>hailey fe 1/20</i>	60
FREAMINE HBC	80	GENOTROPIN	66	<i>haily 24 fe</i>	60
FREAMINE III	80	MINIQUICK		<i>halobetasol propionate</i>	90
<i>frovatriptan succinate</i>	51	<i>gentak</i>	81	<i>haloperidol</i>	47
<i>fulvestrant</i>	26	<i>gentamicin sulfate</i>	14, 81, 87, 88	<i>haloperidol decanoate</i>	48
<i>furosemide</i>	37, 38	<i>gentamicin sulfate/0.9% sodium chloride</i>	14	<i>haloperidol lactate</i>	48
FUZEON	17	<i>gentamicin sulfate pediatric</i>	14	HARVONI	20
<i>fyavolv</i>	64	GENVOYA	19	HAVRIX	76
FYCOMPA	41	GEODON	47	<i>heather</i>	60
<i>gabapentin</i>	41	GIANVI	60	<i>heparin sodium</i>	72
<i>galantamine hydrobromide</i>	43	GILENYA	52	HEPARIN SODIUM	72
<i>galantamine hydrobromide er</i>	43	GILOTRIF	29	HEPARIN SODIUM/ D5W	72
GAMASTAN	75	GLEOSTINE	24	HEPARIN SODIUM/ DEXTROSE	72
GAMMAGARD LIQUID	75	<i>glimepiride</i>	56	HEPARIN SODIUM/ NACL 0.45%	72
GAMMAGARD S/D	75	<i>glipizide</i>	56	HEPARIN SODIUM/ SODIUM CHLORIDE	72
GAMMAKED	75	<i>glipizide er</i>	56	HEPATAMINE	80
GAMMAPLEX	75	<i>glipizide/metformin hydrochloride</i>	56	HERCEPTIN	29
GAMUNEX-C	75	<i>glipizide xl</i>	56	HERCEPTIN HYLECTA	29
<i>ganciclovir</i>	20	<i>glycopyrrolate</i>	69	HETLIOZ	51
GARDASIL 9	76	GLYXAMBI	56	HIBERIX	76
<i>gatifloxacin</i>	81	GOLYTELY	70	HUMIRA	74
GATTEX	70	<i>granisetron hcl</i>	68	HUMIRA PEDIATRIC	74
<i>gavilyte-c</i>	69	<i>griseofulvin microsize</i>	16	CROHNS DISEASE	
<i>gavilyte-g</i>	69	<i>griseofulvin ultramicronsize</i>	16	STARTER PACK	
<i>gavilyte-h</i>	69			HUMIRA PEN	74
<i>gavilyte-n/flavor pack</i>	70			HUMULIN R U-500 (CONCENTRATED)	55
GAVRETO	29				

Drug name	Page	Drug name	Page	Drug name	Page
HUMULIN R U-500	55	<i>iclevia</i>	60	<i>ipratropium bromide/</i>	84
KWIKPEN		ICLUSIG	29	<i>albuterol sulfate</i>	
<i>hydralazine hcl</i>	38	<i>idarubicin hcl</i>	25	<i>ipratropium bromide</i>	84
<i>hydralazine</i>	38	IDHIFA	29	<i>nasal</i>	
<i>hydrochloride</i>		IFEX	24	<i>irbesartan</i>	33,
<i>hydrochlorothiazide</i>	38	<i>ifosfamide</i>	24		34
<i>hydrocodone/</i>	12	IFOSFAMIDE	24	<i>irbesartan/</i>	33
<i>acetaminophen</i>		ILEVRO	82	<i>hydrochlorothiazide</i>	
<i>hydrocodone bitartrate/</i>	12	<i>imatinib mesylate</i>	29	IRESSA	29
<i>acetaminophen</i>		IMBRUVICA	29	<i>irinotecan</i>	27
<i>hydrocodone/ibuprofen</i>	12	<i>imipenem/cilastatin</i>	14	<i>irinotecan hcl</i>	27
<i>hydrocortisone</i>	65,	<i>imipramine hcl</i>	45	<i>irinotecan</i>	27
	69,	<i>imipramine</i>	45	<i>hydrochloride</i>	
	90,	<i>hydrochloride</i>		ISENTRESS	17
	91	<i>imipramine pamoate</i>	45	ISENTRESS HD	17
<i>hydrocortisone/acetic</i>	93	<i>imiquimod</i>	91	<i>isibloom</i>	60
<i>acid</i>		IMIQUIMOD PUMP	91	ISOLYTE-P/DEXTROSE	77
<i>hydrocortisone butyrate</i>	90	IMLYGIC	27	5%	
<i>hydrocortisone butyrate</i>	90	IMOVAX RABIES	76	ISOLYTE-S	77
<i>(lipophilic)</i>		(H.D.C.V.)		<i>isoniazid</i>	19
<i>hydrocortisone valerate</i>	90	<i>incassia</i>	60	<i>isosorbide dinitrate</i>	39
<i>hydromorphone hcl</i>	12	INCRELEX	66	<i>isosorbide mononitrate</i>	39
HYDROMORPHONE	12	INCRUSE ELLIPTA	84	<i>isosorbide mononitrate</i>	39
HCL		<i>indapamide</i>	38	<i>er</i>	
<i>hydromorphone</i>	12	INFANRIX	76	<i>isotonic gentamicin</i>	14
<i>hydrochloride</i>		INLYTA	29	<i>isotretinoin</i>	87
HYDROMORPHONE	12	INQOVI	27	<i>isradipine</i>	37
HYDROCHLORIDE		INREBIC	29	<i>itraconazole</i>	16
<i>hydroxychloroquine</i>	74	INTELENCE	17	<i>ivermectin</i>	14
<i>sulfate</i>		INTRON A	75	IXIARO	76
<i>hydroxyurea</i>	27	<i>introvale</i>	60	<i>jaimiess</i>	60
<i>hydroxyzine hcl</i>	84	INVEGA SUSTENNA	48	JAKAFI	29
<i>hydroxyzine</i>	84	INVEGA TRINZA	48	<i>jantoven</i>	72
<i>hydrochloride</i>		INVIRASE	17	JANUMET	56
<i>hydroxyzine pamoate</i>	84	IONOSOL-MB/	77	JANUMET XR	56
HYSINGLA ER	11	DEXTROSE 5%		JANUVIA	56
<i>ibandronate sodium</i>	58	IPOL INACTIVATED IPV	76	JARDIANCE	56
IBRANCE	29	<i>ipratropium bromide</i>	84	<i>jasmiel</i>	60
<i>ibu</i>	10			<i>jencycla</i>	60
<i>ibuprofen</i>	10			JENTADUETO	56
<i>icatibant acetate</i>	73				

Drug name	Page	Drug name	Page	Drug name	Page
JETNADUETO XR	56	<i>ketorolac tromethamine</i>	11,	<i>lamotrigine starter kit/</i>	41
<i>jinteli</i>	64		82	<i>green</i>	
JOLESSA	60	KEYTRUDA	29	<i>lamotrigine starter kit/</i>	42
JOLIVETTE	60	KHAPZORY	32	<i>orange</i>	
<i>juleber</i>	60	KINRIX	76	<i>lansoprazole</i>	71
JULUCA	19	<i>kionex</i>	58	<i>lansoprazole/</i>	70
<i>junel 1.5/30</i>	60	KISQALI	27,	<i>amoxicillin/</i>	
<i>junel 1/20</i>	61		29	<i>clarithromycin</i>	
<i>junel fe 1.5/30</i>	61	KISQALI FEMARA	27	<i>lansoprazole dr</i>	71
<i>junel fe 1/20</i>	61	200MG-2.5MG CO- PACK		<i>lapatinib ditosylate</i>	29
<i>junel fe 24</i>	61	KISQALI FEMARA	27	<i>larin 1.5/30</i>	61
JUXTAPID	35	400MG-2.5MG CO- PACK		<i>larin 1/20</i>	61
KADCYLA	29	KISQALI FEMARA	27	<i>larin 24 fe</i>	61
<i>kaitlib fe</i>	61	600MG-2.5MG CO- PACK		<i>larin fe 1.5/30</i>	61
KALETRA	19	KISQALI FEMARA	27	<i>larin fe 1/20</i>	61
<i>kalliga</i>	61	600MG-2.5MG CO- PACK		<i>larissia</i>	61
KALYDECO	86	<i>klor-con</i>	79	LASTACAFT	82
<i>kariva</i>	61	KLOR-CON 8	78	<i>latanoprost</i>	83
KCL 0.3%/D5W/NACL	77	KLOR-CON 10	78	LATUDA	48
0.9%		KLOR-CON/EF	79	LEENA	61
KCL 0.3%/D5W/NACL	77	<i>klor-con m10</i>	78	<i>leflunomide</i>	74
0.45%		<i>klor-con m15</i>	78	LENVIMA	29
KCL 0.15%/D5W/NACL	77	<i>klor-con m20</i>	78	LENVIMA 8 MG DAILY	29
0.2%		KORLYM	66	DOSE	
KCL 0.15%/D5W/NACL	77	<i>kurvelo</i>	61	LENVIMA 10 MG DAILY	29
0.9%		KUVAN	66	DOSE	
KCL 0.15%/D5W/NACL	77	KYNMOBI	46	LENVIMA 14 MG DAILY	29
0.45%		<i>labetalol hydrochloride</i>	36	DOSE	
KCL 0.15%/D5W/NACL	77	<i>lactated ringers viaflex</i>	77	LENVIMA 18 MG DAILY	29
0.225%		<i>lactulose</i>	70	DOSE	
KCL 0.075%/D5W/ NACL 0.45%	77	<i>lamivudine</i>	17,	LENVIMA 20 MG DAILY	29
<i>kelnor 1/35</i>	61		20	DOSE	
<i>kelnor 1/50</i>	61	<i>lamivudine/zidovudine</i>	19	LENVIMA 24 MG DAILY	29
<i>ketoconazole</i>	16,	<i>lamotrigine</i>	41,	DOSE	
	88,		42	<i>lessina</i>	61
	89	<i>lamotrigine er</i>	41	<i>letrozole</i>	26
<i>ketoprofen</i>	11	<i>lamotrigine odt</i>	41	<i>leucovorin calcium</i>	32
<i>ketoprofen er</i>	10	<i>lamotrigine starter kit/</i>	41	LEUKERAN	24
		<i>blue</i>		<i>leuprolide acetate</i>	26
				<i>levulbuterol hcl</i>	85



Drug name	Page	Drug name	Page	Drug name	Page
<i>levalbuterol hydrochloride</i>	85	<i>lidocaine viscous</i>	92	<i>low-ogestrel</i>	61
LEVALBUTEROL TARTRATE HFA	85	<i>lillow</i>	61	<i>loxapine</i>	48
LEVEMIR	55	<i>linezolid</i>	14	<i>loxapine succinate</i>	48
LEVEMIR FLEXTOUCH	55	LINEZOLID	14	<i>lo-zumandimine</i>	61
<i>levetiracetam</i>	42	LINZESS	70	LUDENT	79
<i>levetiracetam er</i>	42	<i>liothyronine sodium</i>	67	LUMIGAN	83
<i>levetiracetam/sodium chloride</i>	42	<i>lisinopril</i>	32	LUMIZYME	66
<i>levobunolol hcl</i>	83	<i>lisinopril/ hydrochlorothiazide</i>	32	LUMOXITI	29
<i>levocarnitine</i>	66	LITHIUM	52	LUPRON DEPOT	26
LEVOCARNITINE	66	<i>lithium carbonate</i>	52	LUPRON DEPOT-PED (1-MONTH)	66
<i>levocetirizine dihydrochloride</i>	84	<i>lithium carbonate er</i>	52	LUPRON DEPOT-PED (3-MONTH)	66
<i>levofloxacin</i>	22, 81	<i>loestrin 1.5/30-21</i>	61	<i>lutera</i>	61
<i>levofloxacin in d5w</i>	22	<i>loestrin 1/20-21</i>	61	<i>lyleq</i>	61
<i>levoleucovorin</i>	32	<i>loestrin fe 1.5/30</i>	61	<i>lyllana</i>	64
<i>levonest</i>	61	<i>loestrin fe 1/20</i>	61	LYNPARZA	29
<i>levonorgestrel/ethinyl estradiol</i>	61	<i>lojaimiess</i>	61	LYRICA CR	52
<i>levora</i>	61	LOKELMA	58	LYSODREN	26
LEVO-T	67	LONSURF	27	<i>lyza</i>	61
<i>levothyroxine sodium</i>	67	<i>loperamide hcl</i>	70	<i>mafenide acetate</i>	88
LEVOTHYROXINE SODIUM	67	<i>loperamide hydrochloride</i>	70	<i>magnesium sulfate</i>	77
LEVOXYL	67	<i>lopinavir/ritonavir</i>	19	MAGNESIUM SULFATE	77
LEXIVA	17	LOPREEZA	64	<i>malathion</i>	92
LIBTAYO	29	<i>lorazepam</i>	40	<i>maprotiline hcl</i>	45
<i>lidocaine</i>	91	<i>lorazepam intensol</i>	40	<i>marlissa</i>	61
<i>lidocaine hcl</i>	13, 34	LORBRENA	29	MARPLAN	45
LIDOCAINE HCL	34	<i>lorcet</i>	12, 13	MATULANE	27
<i>lidocaine hcl external</i>	91	<i>lorcet hd</i>	12	<i>matzim la</i>	37
LIDOCAINE HCL IN D5W	34	<i>lorcet plus</i>	13	MAVYRET	20
<i>lidocaine hydrochloride pf</i>	13	<i>loryna</i>	61	<i>meclizine hcl</i>	68
<i>lidocaine/prilocaine</i>	91	<i>losartan potassium</i>	34	<i>meclofenamate sodium</i>	11
		<i>losartan potassium/ hydrochlorothiazide</i>	33	<i>medroxyprogesterone acetate</i>	61, 67
		LOTEMAX	82	<i>mefloquine hcl</i>	17
		LOTEMAX SM	82	<i>megestrol acetate</i>	26, 67
		<i>loteprednol etabonate</i>	82	MEKINIST	29
		<i>lovastatin</i>	35	MEKTOVI	30

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>melodetta 24 fe</i>	61	<i>methscopolamine</i>	69	<i>microgestin 24 fe</i>	62
<i>meloxicam</i>	11	<i>bromide</i>		MICROGESTIN FE	62
<i>melphalan</i>	24	<i>methyldopa</i>	38	1.5/30	
<i>melphalan hydrochloride</i>	24	<i>methylergonovine</i>	66	MICROGESTIN FE 1/20	62
MEMANTINE HCL	43	<i>maleate</i>		<i>midodrine hcl</i>	38
TITRATION PAK		<i>methylphenidate</i>	51	<i>miglitol</i>	57
<i>memantine hydrochloride</i>	43	<i>hydrochloride</i>		<i>miglustat</i>	66
<i>memantine hydrochloride er</i>	43	<i>methylphenidate hydrochloride cd</i>	50	<i>mili</i>	62
MENACTRA	76	<i>methylphenidate hydrochloride cd er</i>	50	<i>mimvey</i>	64
MENQUADFI	76	<i>methylphenidate hydrochloride er</i>	50, 51	<i>minitran</i>	39
MENVEO	76	METHYLPHENIDATE HYDROCHLORIDE ER	50	<i>minocycline hcl</i>	23, 24
<i>meprobamate</i>	40	<i>methylprednisolone</i>	65	<i>minocycline hydrochloride</i>	24
<i>mercaptopurine</i>	25	<i>methylprednisolone acetate</i>	65	<i>minocycline hydrochloride er</i>	24
<i>meropenem</i>	14	<i>methylprednisolone sodium succinate</i>	65	<i>minoxidil</i>	38
<i>mesalamine</i>	69	<i>methylprednisolone hydrochloride</i>	65	<i>mirtazapine</i>	45
<i>mesalamine dr</i>	69	<i>metoclopramide hcl</i>	68	<i>mirtazapine odt</i>	45
<i>mesna</i>	32	<i>metoclopramide hydrochloride</i>	68	<i>misoprostol</i>	70
MESNEX	32	<i>metoclopramide odt</i>	68	MITIGARE	10
<i>metadate er</i>	50	METOCLOPRAMIDE ODT	68	<i>mitomycin</i>	25
<i>metaproterenol sulfate</i>	85	<i>metolazone</i>	38	<i>mitoxantrone hcl</i>	27
<i>metformin hydrochloride</i>	56, 57	<i>metoprolol/ hydrochlorothiazide</i>	36	M-M-R II	76
<i>metformin hydrochloride er</i>	56	<i>metoprolol succinate er</i>	36	M-NATAL PLUS	79
<i>methadone hcl</i>	11	<i>metoprolol tartrate</i>	36	<i>modafinil</i>	53
METHADONE HCL INJ	11	<i>metronidazole</i>	15, 72, 91	<i>moexipril hcl</i>	32
<i>methazolamide</i>	38	<i>metronidazole in nacl</i>	15	<i>molindone hydrochloride</i>	48
<i>methenamine hippurate</i>	15	<i>metyrosine</i>	38	<i>mometasone furoate</i>	86, 90
METHENAMINE MANDELATE	15	<i>mibelas 24 fe</i>	62	<i>mondoxyne nl</i>	24
<i>methergine</i>	66	<i>micafungin</i>	16	MONJUVI	30
<i>methimazole</i>	67	<i>miconazole 3</i>	72	<i>mono-lynyah</i>	62
<i>methotrexate</i>	26, 74	MICROGESTIN 1.5/30	62	<i>montelukast sodium</i>	85
<i>methotrexate sodium</i>	25, 26	MICROGESTIN 1/20	62	<i>morgidox 1x100mg</i>	24
<i>methoxsalen</i>	88			<i>morgidox 2x100mg</i>	24
				<i>morphine sulfate</i>	13
				MORPHINE SULFATE	13
				<i>morphine sulfate er</i>	11



Drug name	Page	Drug name	Page	Drug name	Page
MOVANTIK	70	NAPROXEN SODIUM	11	<i>nifedical xl</i>	37
<i>moxifloxacin</i>	22,	CR		<i>nifedipine er</i>	37
<i>hydrochloride</i>	23,	<i>naproxen sodium er</i>	11	<i>nikki</i>	62
	81	<i>naratriptan hcl</i>	51	<i>nilutamide</i>	26
<i>moxifloxacin</i>	22	NARCAN	54	<i>nimodipine</i>	37
<i>hydrochloride/sodium</i>		NATACYN	81	NINLARO	30
<i>hydrochloride</i>		<i>nateglinide</i>	57	NIPENT	27
MULTAQ	34	NATPARA	58	<i>nisoldipine er</i>	37
MULTI VITAMIN/ FLUORIDE	79	NAYZILAM	42	<i>nitazoxanide</i>	15
MULTIVITAMIN/ FLUORIDE	79	<i>necon 0.5/35-28</i>	62	<i>nitisinone</i>	66
MULTI-VITAMIN/ FLUORIDE DROPS	79	<i>nefazodone hcl</i>	45	NITRO-BID	39
MULTI-VITAMIN/ FLUORIDE/IRON	79	<i>nefazodone</i>	45	NITRO-DUR	39
<i>mupirocin</i>	88	<i>hydrochloride</i>		<i>nitrofurantoin</i>	15
<i>mutamycin</i>	25	<i>neomycin</i>	15	<i>nitrofurantoin</i>	15
MYCAMINE	16	<i>neomycin/bacitracin/ polymyxin</i>	81	<i>macrocrystals</i>	
<i>mycophenolate mofetil</i>	75	<i>neomycin/polymyxin/ bacitracin/ hydrocortisone</i>	80	<i>nitrofurantoin</i>	15
<i>mycophenolic acid dr</i>	75	<i>neomycin/polymyxin/ dexamethasone</i>	80	<i>monohydrate</i>	
MYLOTARG	30	<i>neomycin/polymyxin/ gramicidin</i>	81	<i>nitroglycerin</i>	39
<i>myorisan</i>	87	<i>neomycin/polymyxin/ hydrocortisone</i>	81,	NITROGLYCERIN INJ	39
MYRBETRIQ	71	<i>neomycin/polymyxin/ hydrocortisone</i>	93	<i>nitroglycerin lingual</i>	39
<i>nabumetone</i>	11	NEONATAL PLUS	79	<i>nitroglycerin subl</i>	39
<i>nadolol</i>	36	<i>neo-polycin</i>	81	NITYR	66
<i>nafcillin sodium</i>	23	NEPHRAMINE	80	NIVA-PLUS	79
<i>naftifine hcl</i>	88	NERLYNX	30	<i>nizatidine</i>	69
<i>naftifine hydrochloride</i>	88	<i>neuac</i>	87	<i>nolix</i>	90
NAGLAZYME	66	NEUPRO	46	NORA-BE	62
<i>nalbuphine hcl</i>	13	<i>nevirapine</i>	18	<i>norethindrone</i>	62
<i>naloxone hcl</i>	53	<i>nevirapine er</i>	17	<i>norethindrone acetate</i>	67
<i>naloxone hydrochloride</i>	53	NEXAVAR	30	<i>norethindrone acetate/ ethinyl estradiol</i>	62,
<i>naltrexone hcl</i>	53	<i>niacin</i>	35	<i>ethinyl estradiol/ferrous fumarate</i>	64
NAMZARIC	43	<i>niacin er</i>	35	<i>norethindrone acetate/ ethinyl estradiol/ferrous fumarate</i>	62
<i>naproxen</i>	11	<i>niacor</i>	35	<i>norgestimate/ethinyl estradiol</i>	62
<i>naproxen/esomeprazole</i>	11	<i>nicardipine hcl</i>	37	NORITATE	91
<i>magnesium</i>		NICOTROL	54	<i>norlyda</i>	62
<i>naproxen sodium</i>	11	NICOTROL INHALER	54		
NAPROXEN SODIUM	11				

Drug name	Page	Drug name	Page	Drug name	Page
NORMOSOL-M IN D5W	78	NYMALIZE	37	ORGOVYX	26
NORMOSOL-R PH 7.4	78	<i>nystatin</i>	16,	ORKAMBI	86
NORPACE CR	34		88,	<i>orsythia</i>	62
NORTHERA	38,		92	<i>oseltamivir phosphate</i>	20
	39	<i>nystop</i>	88	OSMOPREP	70
<i>nortrel 0.5/35 (28)</i>	62	OCELLA	62	<i>oxacillin sodium</i>	23
<i>nortrel 1/35</i>	62	OCTAGAM	75	<i>oxaliplatin</i>	24
<i>nortrel 7/7/7</i>	62	<i>octreotide acetate</i>	66	<i>oxandrolone</i>	54
<i>nortriptyline hcl</i>	45	ODEFSEY	19	<i>oxaprozin</i>	11
<i>nortriptyline</i>	45	ODOMZO	30	<i>oxazepam</i>	40
<i>hydrochloride</i>		OFEV	86	<i>oxcarbazepine</i>	42
NORVIR	18	<i>ofloxacin</i>	81,	<i>oxiconazole nitrate</i>	88
NOVO/BD/ULTIMED/	54		93	<i>oxybutynin chloride</i>	71,
OWEN/TRIVIDIA PEN		<i>okebo</i>	24		72
NEEDLE/ORIGINAL/		<i>olanzapine</i>	48	<i>oxybutynin chloride er</i>	71
ULTRA-FINE		<i>olanzapine odt</i>	48	<i>oxycodone/</i>	13
NOVOLIN 70/30	55	<i>olmesartan medoxomil</i>	33,	<i>acetaminophen</i>	
NOVOLIN 70/30	55		34	<i>oxycodone/aspirin</i>	13
FLEXPEN		<i>olmesartan medoxomil/</i>	33	<i>oxycodone hcl</i>	13
NOVOLIN N	55	<i>amlodipine/</i>		<i>oxycodone</i>	13
NOVOLIN N FLEXPEN	55	<i>hydrochlorothiazide</i>		<i>hydrochloride</i>	
NOVOLIN R	55	<i>olmesartan medoxomil/</i>	33	<i>oxymorphone</i>	13
NOVOLIN R FLEXPEN	55	<i>hydrochlorothiazide</i>		<i>hydrochloride</i>	
NOVOLOG	55	<i>olopatadine hcl</i>	82,	OZEMPIC	57
NOVOLOG FLEXPEN	55		83,	<i>pacerone</i>	34
NOVOLOG MIX 70/30	55		85	<i>paclitaxel</i>	28
NOVOLOG MIX 70/30	55	<i>omega-3-acid ethyl</i>	35	PADCEV	30
PREFILLED FLEXPEN		<i>esters</i>		<i>paliperidone er</i>	48
NOVOLOG PENFILL	55	<i>omeprazole</i>	71	<i>pamidronate disodium</i>	58
NOXAFIL	16	<i>omeprazole dr</i>	71	PAMIDRONATE	58
NUBEQA	26	ONCASPAR	27	DISODIUM	
NUDEXTA	52	<i>ondansetron hcl</i>	68	PANRETIN	91
NULOJIX	75	<i>ondansetron</i>	68	<i>pantoprazole sodium</i>	71
NULYTELY	70	<i>hydrochloride</i>		<i>pantoprazole sodium dr</i>	71
NULYTELY/FLAVOR	70	<i>ondansetron odt</i>	68	PANZYGA	75
PACKS		ONUREG	26	<i>paraplatin</i>	24
NUPLAZID	48	OPSUMIT	39	<i>paricalcitol</i>	67
NUTRILIPID	80	ORACEA	91	<i>paroex</i>	92
<i>nyamyc</i>	88	<i>oralone dental paste</i>	92	<i>paromomycin</i>	15
<i>nylia 7/7/7</i>	62	ORFADIN	66		

Drug name	Page	Drug name	Page	Drug name	Page
<i>paroxetine hcl</i>	45	PHENOBARBITAL	42	PNV PRENATAL PLUS	79
<i>paroxetine hcl er</i>	45	SODIUM		MULTIVITAMIN	
<i>paroxetine hydrochloride</i>	45	PHENOBARBITAL TABS	42	<i>podofilox</i>	92
PASER	19	PHENYTEK	42	POLIVY	30
PAXIL	45	<i>phenytoin</i>	42	<i>polycin</i>	81
PAZEO	83	<i>phenytoin sodium</i>	42	<i>polymyxin b sulfate/</i>	81
PEDIARIX	76	<i>phenytoin sodium</i>	42	<i>trimethoprim sulfate</i>	
PEDVAX HIB	76	<i>extended</i>		POLY-VITAMIN/	79
<i>peg-3350/electrolytes</i>	70	PHESGO	30	FLUORIDE	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	70	<i>philith</i>	62	POMALYST	26
PEGANONE	42	PHOSPHOLINE IODIDE	83	<i>portia-28</i>	62
PEGASYS	20	PICATO	92	<i>posaconazole dr</i>	16
PEMAZYRE	30	PIFELTRO	18	<i>potassium chloride</i>	78,
<i>penicillamine</i>	58	<i>pilocarpine hcl</i>	83		79
<i>penicillin g potassium</i>	23	<i>pilocarpine hydrochloride</i>	93	POTASSIUM CHLORIDE	78
PENICILLIN G	23	<i>pimozide</i>	48	<i>potassium chloride cr</i>	79
POTASSIUM IN ISO-OSMOTIC DEXTROSE		<i>pimtree</i>	62	POTASSIUM	78
PENICILLIN G	23	<i>pindolol</i>	36	CHLORIDE/DEXTROSE	
PROCAINE		<i>pioglitazone hcl</i>	57	POTASSIUM	78
<i>penicillin g sodium</i>	23	<i>pioglitazone hcl-glimepiride</i>	57	CHLORIDE/DEXTROSE/	
<i>penicillin v potassium</i>	23	<i>pioglitazone hcl/metformin hcl</i>	57	SODIUM CHLORIDE	
PENNSAID	91	<i>pioglitazone hydrochloride</i>	57	<i>potassium chloride er</i>	79
PENTACEL	76	<i>piperacillin sodium/tazobactam sodium</i>	23	<i>potassium chloride/ sodium chloride</i>	78
<i>pentamidine isethionate</i>	15	<i>piperacillin/tazobactam</i>	23	POTASSIUM	78
<i>pentoxifylline er</i>	73	PIQRAY	30	CHLORIDE/SODIUM	
<i>perindopril erbumine</i>	32	<i>pirmella 1/35</i>	62	CHLORIDE	
<i>perio gard</i>	93	<i>pirmella 7/7/7</i>	62	<i>potassium chloride sr</i>	79
<i>permethrin</i>	92	<i>piroxicam</i>	11	<i>potassium citrate er</i>	71
<i>perphenazine</i>	45,	PLASMA-LYTE-148	78	POTELIGEO	30
	48	PLASMA-LYTE A	78	PRADAXA	73
<i>perphenazine/ amitriptyline</i>	45	<i>plenamine</i>	80	PRALUENT	35
PERSERIS	48	PLENVU	70	<i>pramipexole</i>	46
<i>phenadoz</i>	68	PN FOLIC ACID + IRON	79	<i>dihydrochloride</i>	
<i>phenelzine sulfate</i>	45	MULTIVITAMIN		<i>pramipexole</i>	46
PHENOBARBITAL ELIX	42			<i>dihydrochloride er</i>	
				<i>prasugrel</i>	73
				<i>pravastatin sodium</i>	35
				<i>praziquantel</i>	15
				<i>prazosin hcl</i>	33

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>prazosin hydrochloride</i>	33	<i>prochlorperazine</i>	68	<i>pyridostigmine bromide</i>	52
<i>prednicarbate</i>	90	<i>maleate</i>		<i>er</i>	
PREDNICARBATE	90	PROCRIT	73	QINLOCK	30
<i>prednisolone</i>	65	<i>procto-med hc</i>	92	QUADRACEL	76
<i>prednisolone acetate</i>	82	<i>procto-pak</i>	92	<i>quetiapine fumarate</i>	48,
<i>prednisolone sodium</i>	65	<i>proctosol hc</i>	92		49
<i>phosphate</i>		<i>proctozone-hc</i>	92	<i>quetiapine fumarate er</i>	48
PREDNISOLONE	82	<i>progesterone</i>	67	<i>quinapril hcl</i>	32
SODIUM PHOSPHATE		PROGRAF	75	<i>quinapril hydrochloride</i>	32
OPHTHALMIC SOLN		PROLASTIN-C	86	<i>quinapril/</i>	32
1%		PROLENSA	82	<i>hydrochlorothiazide</i>	
<i>prednisone</i>	65	PROLIA	58	<i>quinidine sulfate</i>	34
PREDNISONE	65	PROMACTA	73	<i>quinine sulfate</i>	17
INTENSOL		<i>promethazine hcl</i>	68	RABAVERT	76
<i>pregabalin</i>	42	<i>promethazine</i>	68	<i>rabeprazole sodium dr</i>	71
PREMARIN	64	<i>hydrochloride</i>		<i>raloxifene hydrochloride</i>	66
PREMASOL	80	<i>promethegan</i>	68	<i>ramipril</i>	32
PREMPRO	64	<i>propafenone hcl</i>	34	<i>ranolazine er</i>	39
PRENATAL	79	<i>propafenone</i>	34	<i>rasagiline mesylate</i>	46
PRENATAL PLUS	79	<i>hydrochloride er</i>		REBIF	52
PRENATAL PLUS LOW	79	<i>proparacaine hcl</i>	83	REBIF REBIDOSE	52
IRON		<i>propranolol hcl</i>	36	REBIF REBIDOSE	52
PREPLUS	79	<i>propranolol hcl er</i>	36	TITRATION PACK	
PRETOMANID	19	<i>propranolol</i>	36	REBIF TITRATION PACK	52
<i>prevalite</i>	35	<i>hydrochloride</i>		<i>reclipsen</i>	62
<i>previfem</i>	62	<i>propranolol</i>	36	RECOMBIVAX HB	76
PREVYMIS	20	<i>hydrochloride er</i>		RECTIV	92
PREZCOBIX	19	<i>propranolol/</i>	36	REGANEX	92
PREZISTA	18	<i>hydrochlorothiazide</i>		<i>relafen</i>	11
PRIFTIN	19	<i>propylthiouracil</i>	67	RELENZA DISKHALER	20
<i>primaquine phosphate</i>	17	PROQUAD	76	RELISTOR	70
<i>primidone</i>	42	PROSOL	80	RENFLEXIS	74
PRIVIGEN	75	<i>protriptyline hcl</i>	45	<i>repaglinide</i>	57
<i>probenecid</i>	10	PULMICORT	86	RESCRIPTOR	18
<i>probenecid/colchicine</i>	10	FLEXHALER		RESTASIS	83
PROCALAMINE	80	PULMOZYME	86	RESTASIS MULTIDOSE	83
<i>prochlorperazine</i>	68	PURIXAN	26	RETEVMO	30
<i>prochlorperazine</i>	68	<i>pyrazinamide</i>	19	REVLIMID	27
<i>edisylate</i>		<i>pyridostigmine bromide</i>	52	REXULTI	49

Drug name	Page	Drug name	Page	Drug name	Page
REYATAZ	18	RYBELSUS	57	SODIUM CHLORIDE	92
RHOPRESSA	83	RYDAPT	30	0.9% IRRIGATION	
<i>ribavirin</i>	20	SANCUSO	68	SOLN	
<i>rifabutin</i>	20	SANDIMMUNE	75	<i>sodium chloride 0.45%</i>	78
<i>rifampin</i>	20	SANTYL	92	<i>sodium chloride inj</i>	78
RIFATER	20	SAPHRIS	49	SODIUM CHLORIDE INJ	78
<i>riluzole</i>	52	<i>sapropterin</i>	66	SODIUM FLUORIDE	79, 93
<i>rimantadine hydrochloride</i>	20	<i>dihydrochloride</i>		<i>sodium fluoride 5000 ppm</i>	93
RINGERS INJECTION	78	SARCLISA	30	<i>sodium fluoride 5000 ppm sensitive</i>	93
RINVOQ	74	<i>scopolamine</i>	68	<i>sodium phenylbutyrate</i>	66
<i>risedronate sodium</i>	58	SECUADO	49	<i>sodium polystyrene sulfonate</i>	58
<i>risedronate sodium dr</i>	58	<i>selegiline hcl</i>	47	<i>sodium sulfacetamide</i>	81
RISPERDAL CONSTA	49	<i>selenium sulfide</i>	89	<i>solifenacin succinate</i>	72
<i>risperidone</i>	49	SELZENTRY	18	SOLIQUA 100/33	55
<i>risperidone odt</i>	49	SEREVENT DISKUS	85	SOLTAMOX	26
<i>ritonavir</i>	18	<i>sertraline hcl</i>	45	SOLU-CORTEF	65
RITUXAN	30	<i>sertraline hydrochloride</i>	45	SOMATULINE DEPOT	66
RITUXAN HYCELA	30	<i>setlakin</i>	62	SOMAVERT	66
<i>rivastigmine patch</i>	43	SF	93	<i>sorine</i>	34
<i>rivastigmine tartrate</i>	43	<i>sharobel</i>	63	<i>sotalol hcl</i>	34
RIVELSA	62	SHINGRIX	76	<i>sotalol hcl af</i>	34
<i>rizatriptan benzoate</i>	51	SIGNIFOR	66	<i>spironolactone</i>	33, 38
<i>rizatriptan benzoate odt</i>	51	<i>sildenafil</i>	39	<i>spironolactone/ hydrochlorothiazide</i>	38
<i>romidepsin</i>	30	<i>silodosin</i>	71	<i>sprintec 28</i>	63
ROMIDEPSIN	30	SILVER SULFADIAZINE	88	SPRITAM	42
<i>ropinirole er</i>	46	SIMBRINZA	83	SPRYCEL	30
<i>ropinirole hcl</i>	47	<i>simliya</i>	63	<i>sps susp 15gm/60ml</i>	58
<i>ropinirole hydrochloride</i>	47	<i>simpesse</i>	63	<i>sronyx</i>	63
<i>rosadan</i>	92	<i>simvastatin</i>	35	SSD	88
<i>rosuvastatin calcium</i>	35	<i>sirolimus</i>	75, 76	<i>stavudine</i>	18
ROTARIX	76	SIRTURO	20	STELARA	74
ROTATEQ	76	SIVEXTRO	15	STERILE WATER	92
<i>roweepra</i>	42	SKYRIZI	74	IRRIGATION PLASTIC	
<i>roweepra xr</i>	42	<i>sodium bicarbonate</i>	78	BOTTLE	
ROZLYTREK	30	SODIUM BICARBONATE	78		
RUBRACA	30	<i>sodium chloride</i>	78		
<i>rufinamide</i>	42				
RUKOBIA	18				

Drug name	Page	Drug name	Page	Drug name	Page
STIMATE	66	SYMLINPEN 60	57	<i>telmisartan</i>	33,
STIVARGA	30	SYMLINPEN 120	57		34
<i>streptomycin sulfate</i>	15	SYMPAZAN	42	<i>telmisartan/amlodipine</i>	33
STRIBILD	19	SYMTUZA	19	<i>telmisartan/</i>	33,
<i>subvenite</i>	42	SYNAREL	64	<i>hydrochlorothiazide</i>	34
<i>subvenite starter kit</i>	42	SYNERCID	15	<i>temazepam</i>	51
<i>sucralfate</i>	70	SYNJARDY	57	TEMIXYS	19
SUCRALFATE SUSP	70	SYNJARDY XR	57	<i>temsirolimus</i>	31
<i>sulfacetamide sodium</i>	82,	SYNRIBO	27	TENIVAC	76
	87	SYNTHROID	67	<i>tenofovir</i>	18
<i>sulfacetamide sodium/</i>	81	TABLOID	26	TEPMETKO	31
<i>prednisolone sodium</i>		TABRECTA	30	<i>terazosin hcl</i>	33
<i>phosphate</i>		<i>tacrolimus</i>	76,	<i>terazosin hydrochloride</i>	33
SULFADIAZINE	15		92	<i>terbinafine hcl</i>	16
<i>sulfamethoxazole/</i>	15	<i>tadalafil</i>	39	<i>terbutaline sulfate</i>	85
<i>trimethoprim</i>		TAFINLAR	30	<i>terconazole</i>	72
<i>sulfamethoxazole/</i>	15	TAGRISSE	30	<i>testosterone</i>	54
<i>trimethoprim ds</i>		TALTZ	74	<i>testosterone cypionate</i>	54
SULFAMYLON	88	TALZENNA	30	<i>testosterone enanthate</i>	54
<i>sulfasalazine</i>	69	<i>tamoxifen citrate</i>	26	<i>testosterone gel</i>	54
SULFASALAZINE	69	<i>tamsulosin</i>	71	<i>testosterone pump</i>	54
<i>sulindac</i>	11	<i>hydrochloride</i>		<i>testosterone topical</i>	54
<i>sumatriptan</i>	51	TARGRETIN	92	<i>tetrabenazine</i>	52
<i>sumatriptan/naproxen</i>	52	<i>tarina fe 1/20</i>	63	<i>tetracycline</i>	24
<i>sodium</i>		<i>tarina fe 1/20 eq</i>	63	<i>hydrochloride</i>	
<i>sumatriptan succinate</i>	51,	TASIGNA	30	TEXACORT	90
	52	<i>tazarotene</i>	88	THALOMID	27
<i>sumatriptan succinate</i>	51	<i>tazicef</i>	22	THEO-24	86
<i>refill</i>		TAZORAC	88	<i>theophylline</i>	86
SUPRAX	21,	<i>taztia xt</i>	37	<i>theophylline er</i>	86
	22	TAZVERIK	30	<i>thioridazine hcl</i>	49
SUPREP BOWEL PREP	70	TDVAX	76	<i>thiotepa</i>	24
SUTAB	70	TECENTRIQ	30,	<i>thiothixene</i>	49
SUTENT	30		31	<i>tiadylt er</i>	37
<i>syeda</i>	63	TECFIDERA	52,	<i>tiagabine hydrochloride</i>	42
SYLATRON	27		53	TIBSOVO	31
SYMBICORT	86	TECFIDERA STARTER	52	<i>tigecycline</i>	24
SYMDEKO	86	PACK		TILIA FE	63
SYMFI	19	TEFLARO	22		
SYMFI LO	19				



Drug name	Page	Drug name	Page	Drug name	Page
<i>timolol maleate</i>	36, 83	<i>tranexamic acid</i>	73	<i>tri-lo-marzia</i>	63
TIMOLOL MALEATE	83	<i>tranylcypromine sulfate</i>	45	<i>tri-lo-mili</i>	63
OPHTHALMIC		TRAVASOL	80	<i>tri-lo-sprintec</i>	63
<i>tinidazole</i>	15	<i>travoprost</i>	83	<i>trilyte</i>	70
TIVICAY	18	<i>trazodone</i>	45	<i>trimethobenzamide</i>	68
TIVICAY PD	18	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>tizanidine hcl</i>	53	TRECTOR	20	<i>trimethoprim</i>	15
<i>tizanidine hydrochloride</i>	53	TRELEGY ELLIPTA	84	<i>trimethoprim sulfate/ polymyxin b sulfate</i>	82
TOBRADEX	81	TRELSTAR MIXJECT	26	<i>tri-mili</i>	63
TOBRADEX ST	81	<i>treprostinil</i>	39	<i>trimipramine maleate</i>	45
<i>tobramycin/ dexamethasone</i>	81	TRESIBA	55	TRINTELLIX	45
<i>tobramycin nebu</i>	15	TRESIBA FLEXTOUCH	55	<i>tri-nymyo</i>	63
<i>tobramycin sulfate</i>	15, 82	<i>tretinoin</i>	27, 87	<i>tri-previfem</i>	63
<i>tolterodine tartrate</i>	72	TRETINOIN	87	<i>tri-sprintec</i>	63
<i>tolterodine tartrate er</i>	72	MICROSPHERE		TRIUMEQ	19
<i>topiramate</i>	42	<i>triamcinolone acetonide</i>	65, 90, 91	TRI-VITE/FLUORIDE	79
TOPIRAMATE ER	42	<i>triamcinolone acetonide dental paste</i>	93	<i>trivora-28</i>	63
<i>toposar</i>	28	<i>triamterene/ hydrochlorothiazide</i>	38	<i>tri-vylibra</i>	63
<i>topotecan hcl</i>	27	<i>triazolam</i>	51	<i>tri-vylibra lo</i>	63
TOPOTECAN HCL	27	TRICARE PRENATAL	79	TRODELVY	31
<i>toremifene citrate</i>	26	<i>triderm</i>	91	TROGARZO	18
<i>toremide</i>	38	<i>trientine hydrochloride</i>	58	TROPHAMINE	80
<i>tovet</i>	90	<i>tri-estarylla</i>	63	<i>trospium chloride</i>	72
TOVIAZ	72	<i>tri femynor</i>	63	<i>trospium chloride er</i>	72
TPN ELECTROLYTES	78	<i>trifluoperazine hcl</i>	49	TRULICITY	57
TRACLEER	39	<i>trifluoperazine hydrochloride</i>	49	TRUMENBA	77
TRADJENTA	57	<i>trifluridine</i>	82	TRUVADA	19
TRAMADOL ER CAPS	12	<i>trihexyphenidyl hcl</i>	47	TUKYSA	31
<i>tramadol hcl</i>	13	<i>trihexyphenidyl hydrochloride</i>	47	<i>tulana</i>	63
<i>tramadol hcl er tabs</i>	12	TRIJARDY XR	57	TURALIO	31
<i>tramadol hydrochloride</i>	13	<i>tri-legest fe</i>	63	TWINRIX	77
<i>tramadol hydrochloride/ acetaminophen</i>	13	<i>tri-linyah</i>	63	TYBOST	18
<i>trandolapril</i>	32	<i>tri-lo-estarylla</i>	63	<i>tydemy</i>	63
<i>trandolapril/verapamil hcl er</i>	32			TYKERB	31
				TYMLOS	58
				TYPHIM VI	77
				UBRELVY	52
				UKONIQ	31

Drug name	Page	Drug name	Page	Drug name	Page
UNITHROID	67	<i>verapamil hcl er</i>	37	<i>vyfemla</i>	63
<i>ursodiol</i>	70	<i>verapamil hcl sr</i>	37	<i>vylibra</i>	63
<i>valacyclovir hcl</i>	20	VERAPAMIL HCL SR	37	VYVANSE	51
<i>valacyclovir hydrochloride</i>	20	CP24 360MG		VYZULTA	83
VALCHLOR	92	<i>verapamil hydrochloride</i>	37	<i>warfarin sodium</i>	73
<i>valganciclovir</i>	21	<i>verapamil hydrochloride er</i>	37	<i>wera</i>	63
<i>valganciclovir hydrochloride</i>	20	VERSACLOZ	49	WESTAB PLUS	80
<i>valproate sodium</i>	42	VERZENIO	31	<i>wymzya fe</i>	63
<i>valproic acid</i>	42	VICTOZA	57	XALKORI	31
<i>valsartan</i>	34	VIDEX EC	18	XARELTO	73
<i>valsartan/ hydrochlorothiazide</i>	34	VIDEX PEDIATRIC	18	XARELTO STARTER PACK	73
VALTOCO	43	<i>vienna</i>	63	XATMEP	74
VANCOMYCIN	15	<i>vigabatrin</i>	43	XCOPRI	31, 43
<i>vancomycin hcl</i>	15	<i>vigadrone</i>	43	XCOPRI MAINTENACE PACK	43
VANCOMYCIN HCL	15	VIIBRYD	46	XCOPRI TITRATION PACK	43
<i>vancomycin hydrochloride</i>	15, 16	VIIBRYD STARTER PACK	46	XELJANZ	74
VANCOMYCIN HYDROCHLORIDE	16	VIMOVO	11	XELJANZ XR	74
VAQTA	77	VIMPAT	43	XGEVA	58
VARIVAX	77	<i>vinblastine sulfate</i>	28	XIFAXAN	70
VASCEPA	35	<i>vincristine sulfate</i>	28	XIGDUO XR	57
VELCADE	31	<i>vinorelbine tartrate</i>	28	XOLAIR	86
<i>velivet</i>	63	<i>viorele</i>	63	XOSPATA	31
VELTASSA	58	VIRACEP	18	XPOVIO	31
VEMLIDY	21	VIREAD	18	XTANDI	26
VENCLEXTA	31	VITRAKVI	31	XULTOPHY	55
VENCLEXTA STARTING PACK	31	VIVITROL	54	XYREM	53
<i>venlafaxine hcl</i>	46	VIZIMPRO	31	YERVOY	31
<i>venlafaxine hcl er</i>	45, 46	<i>volnea</i>	63	YF-VAX	77
<i>venlafaxine hydrochloride er</i>	46	VOL-PLUS	79	<i>yuvafem</i>	64
VENTAVIS	39	<i>voriconazole</i>	16	<i>zafirlukast</i>	85
VENTOLIN HFA	85	VOSEVI	21	<i>zaleplon</i>	51
<i>verapamil hcl</i>	37	VOTRIENT	31	<i>zarah</i>	63
		VP-PNV-DHA	79	ZARXIO	73
		VRAYLAR	49	ZEJULA	31
		VRAYLAR CAP THERAPY PACK	49	ZELBORAF	31



<b>Drug name</b>	<b>Page</b>
ZEMAIRA	86
<i>zenatane</i>	87
ZENPEP	70
<i>zenzedi</i>	51
ZEPZELCA	24
ZERVIATE	83
<i>zidovudine</i>	18
<i>ziprasidone hcl</i>	49
<i>ziprasidone mesylate</i>	49
ZIRABEV	31
ZIRGAN	82
<i>zoledronic acid</i>	58
ZOLEDRONIC ACID	58
ZOLINZA	31
<i>zolmitriptan</i>	52
<i>zolmitriptan odt</i>	52
ZOLOFT	46
<i>zolpidem tartrate</i>	51
<i>zonisamide</i>	43
ZORTRESS	76
ZOSTAVAX	77
<i>zovia 1/35e</i>	63
<i>zumandimine</i>	63
ZYCLARA PUMP	92
ZYDELIG	31
ZYKADIA	31
ZYLET	81
ZYPREXA RELPREVV	49
ZYTIGA	26

This formulary was updated on 05/01/2021. For more recent information or other questions, please contact Aetna Better Health of Virginia (HMO 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](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)**

**Contract/PBP: H1610-001**



[AetnaMedicare.com](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

©2021 Aetna Inc.  
21111AETVA.1 G (05/21)  
Updated 05/01/2021