Aetna® Medicare

2024 Formulary (List of Covered Drugs)

3 Tier Classic Plus

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

Formulary ID Number: 24029 Version Number 9

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** and choose "Manage your prescription drugs."

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2023. 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, 2024, and from time to time during the year.

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-800-594-9390 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Table of contents

Mail-order pharmacy	2
What is the Aetna Medicare 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?	6
What if my drug is not on the formulary?	6
How do I request an exception to the Aetna® Medicare formulary?	6
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	7
For more information	8
Aetna® Medicare formulary	**8**
Drug tier copay levels	9
Formulary key	11
Drug list	**11**
Index of Drugs	**108**

What is the Aetna Medicare formulary?

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

Can the formulary (drug list) change?

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

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

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

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the mandatory Aetna Medicare's formulary?"

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 10/01/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

The formulary begins on page 11. 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 11. 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 108. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for atorvastatin . This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Aetna® Medicare formulary?

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Aetna® Medicare formulary

The formulary that begins on page 11 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 108.

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

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

QL **Quantity limits**

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

PA **Prior authorization**

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

ST **Step therapy**

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

LA	**Limited access** These prescriptions may be available only at certain pharmacies. *
MO	**Mail order** For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as "MO" in our Drug List. *
B/D	**Part B versus Part D** This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ACS	**Available from CVS Specialty Pharmacy** These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. **
HRM	**High Risk Medication** According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-241-0357 (TTY: 711)**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com**

**Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

Drug tier copay levels

This 2024 formulary is a listing of brand-name and generic drugs. The Aetna® Medicare 2024 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2024 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs

You may have drug coverage in the coverage gap stage

There are four “drug payment stages” of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the coverage gap stage of the plan. Look in the 2024 Prescription Drug Schedule of Cost-Sharing that was included in your EOC packet. The Prescription Drug Schedule of Cost-Sharing will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs *Lowercase italics* = Generic medications	1, 2, 3 = Copay tier level	QL = Quantity Limits PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D ACS = Available from CVS Specialty Pharmacy HRM = High Risk Medication

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tablet 100mg, 300mg	1	MO
colchicine tablet 0.6mg	1	QL (120 EA per 30 days) MO
febuxostat	1	ST MO
MITIGARE	2	QL (60 EA per 30 days) MO
probenecid	1	MO
probenecid/colchicine	1	MO
NSAIDS		
celecoxib capsule 400mg	1	QL (30 EA per 30 days) MO
celecoxib capsule 100mg, 200mg, 50mg	1	QL (60 EA per 30 days) MO
diclofenac potassium tablet 50mg	1	QL (120 EA per 30 days) MO
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	1	MO
diclofenac sodium er tablet extended relesae 24 hour 100mg	1	QL (60 EA per 30 days) MO
diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg	1	QL (120 EA per 30 days) MO
diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg	1	QL (90 EA per 30 days) MO
diflunisal	1	QL (90 EA per 30 days) MO
ec-naproxen tablet delayed release 375mg	1	QL (120 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
ec-naproxen tablet delayed release 500mg	1	QL (90 EA per 30 days) MO
etodolac er tablet extended release 24 hour 600mg	1	QL (30 EA per 30 days) MO
etodolac er tablet extended release 24 hour 400mg, 500mg	1	QL (60 EA per 30 days) MO
etodolac capsule 300mg	1	QL (120 EA per 30 days) MO
etodolac capsule 200mg	1	QL (90 EA per 30 days) MO
etodolac tablet 500mg	1	QL (60 EA per 30 days) MO
etodolac tablet 400mg	1	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
fenoprofen calcium tablet	1	QL (150 EA per 30 days) MO
flurbiprofen tablet 100mg	1	QL (90 EA per 30 days) MO
ibu tablet 400mg, 600mg, 800mg	1	MO
ibuprofen tablet 400mg, 600mg, 800mg	1	MO
ketoprofen er	1	QL (30 EA per 30 days) MO
ketorolac tromethamine tablet 10mg	1	QL (20 EA per 30 days) PA MO
meclofenamate sodium	1	QL (120 EA per 30 days) MO
meloxicam tablet	1	MO
nabumetone	1	MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
naproxen sodium er tablet extended release 24 hour 500mg	1	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TABLET EXTENDED RELEASE 24 HOUR	3	QL (60 EA per 30 days) MO
naproxen sodium tablet 275mg, 550mg	1	MO
naproxen suspension, tablet	1	MO
naproxen tablet delayed release 375mg	1	QL (120 EA per 30 days) MO
naproxen tablet delayed release 500mg	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
oxaprozin	1	QL (90 EA per 30 days) MO
piroxicam capsule 20mg	1	QL (30 EA per 30 days) MO
piroxicam capsule 10mg	1	QL (60 EA per 30 days) MO
sulindac	1	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch	1	QL (4 EA per 28 days) PA MO
fentanyl transdermal patch	1	QL (10 EA per 30 days) PA MO
hydrocodone bitartrate er tablet extended release	1	QL (30 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
methadone hcl oral concentrate 10mg/ml	1	QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION	3	PA
methadone hcl oral solution	1	QL (450 ML per 30 days) PA MO
methadone hcl tablet 10mg, 5mg	1	QL (90 EA per 30 days) PA MO
morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	1	QL (30 EA per 30 days) MO
morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	1	QL (60 EA per 30 days) MO
morphine sulfate er tablet extended release 30mg, 60mg	1	QL (60 EA per 30 days) MO
morphine sulfate er tablet extended release 100mg, 200mg	1	QL (60 EA per 30 days) PA MO
morphine sulfate er tablet extended release 15mg	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
tramadol hcl er	1	QL (30 EA per 30 days) MO; HRM
tramadol hydrochloride er	1	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/codeine tablet	1	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
acetaminophen/codeine solution	1	QL (2700 ML per 30 days) MO
butorphanol tartrate nasal solution	1	QL (5 ML per 30 days) MO
butorphanol tartrate injection 1mg/ml	1	
butorphanol tartrate injection 2mg/ml	1	MO
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg	1	QL (180 EA per 30 days)
fentanyl citrate oral transmucosal	1	QL (120 EA per 30 days) PA MO
hydrocodone bitartrate/ acetaminophen tablet	1	QL (180 EA per 30 days) MO
hydrocodone bitartrate/ acetaminophen solution	1	QL (2700 ML per 30 days) MO
hydrocodone/acetaminophen tablet 7.5mg; 325mg	1	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	1	QL (150 EA per 30 days) MO
hydromorphone hcl tablet	1	QL (180 EA per 30 days) MO
hydromorphone hcl oral liquid	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO
hydromorphone hcl pf injection 10mg/ml	1	B/D
HYDROMORPHONE HYDRO-CHLORIDE PF INJECTION 1MG/ML, 2MG/ML	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJECTION 4MG/ML	3	B/D MO
hydromorphone hydrochloride pf injection 50mg/5ml	1	B/D
hydromorphone hydrochloride injection 2mg/ml	1	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
morphine sulfate tablet 15mg, 30mg	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	3	B/D
morphine sulfate injection 0.5mg/ml, 10mg/ml, 4mg/ml, 50mg/ml, 8mg/ml	1	B/D
morphine sulfate injection 1mg/ml	1	B/D MO
morphine sulfate oral solution 20mg/ml	1	QL (180 ML per 30 days) MO
morphine sulfate oral solution 10mg/5ml, 20mg/5ml	1	QL (900 ML per 30 days) MO
oxycodone hydrochloride capsule	1	QL (180 EA per 30 days) MO
oxycodone hydrochloride concentrate	1	QL (180 ML per 30 days) MO
oxycodone hydrochloride solution	1	QL (900 ML per 30 days) MO
oxycodone hydrochloride tablet 30mg	1	QL (120 EA per 30 days) MO
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg	1	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg	1	QL (180 EA per 30 days) MO
oxymorphone hydrochloride tablet 10mg, 5mg	1	QL (180 EA per 30 days) MO
tramadol hcl tablet 50mg	1	QL (240 EA per 30 days) MO; HRM
tramadol hydrochloride tablet 100mg	1	QL (120 EA per 30 days) MO; HRM
tramadol hydrochloride/acetaminophen tablet 37.5mg; 325mg	1	QL (240 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf, 4% pf	1	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole	1	MO
amikacin sulfate injection 1gm/4ml, 500mg/2ml	1	MO
atovaquone oral suspension	1	PA MO
aztreonam	1	MO
CAYSTON	3	PA LA; ACS
chloramphenical sodium succinate iv solution injection	1	
clindamycin hcl capsule 300mg	1	MO
clindamycin hydrochloride capsule 150mg, 75mg	1	MO
clindamycin palmitate hcl	1	MO
clindamycin phosphate/dextrose	1	
clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml	1	
clindamycin phosphate injection 600mg/4ml	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
colistimethate sodium	1	PA MO
dapsone tablet 100mg, 25mg	1	MO
DAPTOMYCIN INJECTION 350MG	3	
daptomycin injection 500mg	1	
EMVERM	3	QL (12 EA per 365 days) MO
ertapenem	1	MO
gentamicin sulfate pediatric	1	MO
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	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
gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%	1	MO
gentamicin sulfate injection 40mg/ml	1	MO
imipenem/cilastatin	1	MO
gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml	1	
ivermectin tablet 3mg	1	QL (12 EA per 90 days) PA MO
linezolid oral suspension reconstituted 100mg/5ml	1	QL (1800 ML per 30 days) PA MO
linezolid tablet	1	QL (56 EA per 28 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	3	PA
linezolid injection 600mg/300ml	1	PA
meropenem	1	MO
methenamine hippurate	1	MO
methenamine mandelate tablet	1	MO
metronidazole capsule 375mg	1	MO
metronidazole injection 500mg/100ml	1	
metronidazole tablet 250mg, 500mg	1	MO
neomycin sulfate	1	MO
nitazoxanide	1	QL (6 EA per 30 days) MO
nitrofurantoin monohydrate macrocrystals capsule 100mg	1	MO
nitrofurantoin monohydrate/ macrocrystals	1	MO
paromomycin sulfate	1	
pentamidine isethionate inhalation solution reconstituted	1	B/D MO
pentamidine isethionate injection	1	MO
praziquantel	1	MO
SIVEXTRO TABLET	2	MO
SIVEXTRO INJECTION	3	
streptomycin sulfate	1	MO
sulfadiazine	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
sulfamethoxazole/trimethoprim	1	MO
sulfamethoxazole/trimethoprim ds	1	MO
tinidazole	1	MO
tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml	1	
tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml	1	MO
tobramycin nebulization solution 300mg/5ml	1	QL (280 ML per 56 days) PA; ACS
trimethoprim	1	MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
vancomycin hcl injection 100gm, 10gm	1	
vancomycin hydrochloride capsule 125mg	1	QL (120 EA per 30 days) MO
vancomycin hydrochloride capsule 250mg	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 5gm, 750mg	1	
vancomycin hydrochloride injection 500mg	1	MO
ANTIFUNGALS		
ABELCET	3	B/D
amphotericin b	1	B/D MO
amphotericin b liposome	1	B/D MO
caspofungin acetate	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
fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml	1	
fluconazole tablet, oral suspension reconstituted	1	MO
fluconazole/sodium chloride injection 100mg/50ml	1	
flucytosine	1	PA MO
griseofulvin microsize tablet 500mg, oral suspension 125mg/5ml	1	MO
griseofulvin ultramicrosize tablet 125mg, 250mg	1	MO
itraconazole capsule 200mg	1	PA MO
ketoconazole tablet 200mg	1	PA MO
micafungin	1	
mycamine	1	MO
nystatin tablet 500000unit	1	MO
posaconazole oral suspension	1	QL (630 ML per 30 days) MO
posaconazole dr tablet delayed release 100mg	1	QL (93 EA per 30 days) PA MO
terbinafine hcl tablet 250mg	1	QL (90 EA per 365 days) MO
voriconazole injection	1	PA
voriconazole suspension reconstituted	1	PA MO
voriconazole tablet 200mg	1	QL (120 EA per 30 days) MO
voriconazole tablet 50mg	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
atovaquone/proguanil hcl	1	MO
chloroquine phosphate	1	MO
COARTEM	3	MO
mefloquine hcl	1	MO
primaquine phosphate	1	
quinine sulfate	1	PA MO
ANTIRETROVIRAL AGENTS		
abacavir	1	MO
APTIVUS	3	MO
atazanavir sulfate	1	MO
darunavir tablet 800mg	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
darunavir tablet 600mg	1	QL (60 EA per 30 days) MO
EDURANT	3	MO
efavirenz	1	MO
emtricitabine	1	MO
EMTRIVA ORAL SOLUTION	3	MO
etravirine	1	MO
fosamprenavir calcium	1	MO
FUZEON	3	LA MO
INTELENCE TABLET 25MG	3	
ISENTRESS	3	MO
ISENTRESS HD	3	MO
lamivudine solution 10mg/ml	1	MO
lamivudine tablet 150mg, 300mg	1	MO
LEXIVA ORAL SUSPENSION	3	MO
maraviroc	1	MO
nevirapine	1	MO
nevirapine er tablet extended release 24 hour 100mg	1	
nevirapine er tablet extended release 24 hour 400mg	1	MO
NORVIR ORAL POWDER PACKET, ORAL SOLUTION	3	MO
PIFELTRO	3	MO
PREZISTA SUSPENSION	3	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
REYATAZ ORAL POWDER PACKET	3	MO
ritonavir	1	MO
RUKOBIA	3	MO
SELZENTRY SOLUTION	3	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	3	
stavudine	1	MO
SUNLENCA INJECTION	3	QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	3	QL (10 EA per 365 days) LA 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
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	3	QL (8 EA per 365 days) LA MO
tenofovir disoproxil fumarate	1	MO
TIVICAY PD	3	MO
TIVICAY TABLET 10MG	2	MO
TIVICAY TABLET 25MG, 50MG	3	MO
TROGARZO	3	LA MO
TYBOST	3	MO
VIRACEPT	3	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	3	MO
zidovudine	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate/lamivudine	1	MO
BIKTARVY	3	MO
CIMDUO	2	MO
COMPLERA	3	MO
DELSTRIGO	3	MO
DESCOVY	3	MO
DOVATO	3	MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate	1	MO
efavirenz/lamivudine/tenofovir disoproxil fumarate	1	MO
emtricitabine/tenofovir disoproxil fumarate	1	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	1	QL (30 EA per 30 days) MO
EVOTAZ	2	MO
GENVOYA	3	MO
JULUCA	3	MO
lamivudine/zidovudine	1	MO
lopinavir/ritonavir	1	MO
ODEFSEY	3	MO
PREZCOBIX	3	MO
STRIBILD	3	MO
SYMTUZA	3	MO
TRIUMEQ	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
TRIUMEQ PD	3	MO
TRIZIVIR	3	MO
ANTITUBERCULAR AGENTS		
cycloserine	1	MO
ethambutol hydrochloride	1	MO
isoniazid injection	1	
isoniazid syrup, tablet	1	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
pyrazinamide	1	MO
rifabutin	1	MO
rifampin injection	1	
rifampin capsule	1	MO
SIRTURO	3	PA LA; ACS
TRECATOR	3	MO
ANTIVIRALS		
acyclovir sodium	1	B/D
acyclovir capsule 200mg	1	MO
acyclovir suspension 200mg/5ml	1	MO
acyclovir tablet 400mg, 800mg	1	MO
adefovir dipivoxil	1	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	3	QL (630 ML per 30 days) MO
entecavir	1	QL (30 EA per 30 days) MO
EPCLUSA PACKET 200MG; 50MG	2	PA; ACS
EPCLUSA PACKET 150MG; 37.5MG	3	PA; ACS
EPCLUSA TABLET 400MG; 100MG	2	PA; ACS
EPCLUSA TABLET 200MG; 50MG	3	PA; ACS
EPIVIR HBV ORAL SOLUTION	3	MO
famciclovir tablet 500mg	1	QL (21 EA per 30 days) MO
famciclovir tablet 125mg, 250mg	1	QL (60 EA per 30 days) MO
ganciclovir	1	B/D
HARVONI TABLET	2	PA; ACS
HARVONI PACKET 33.75MG; 150MG	2	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
HARVONI PACKET 45MG; 200MG	3	PA; ACS
lamivudine tablet 100mg	1	MO
MAVYRET	2	PA; ACS
oseltamivir phosphate capsule 30mg	1	QL (168 EA per 365 days) MO
oseltamivir phosphate capsule 45mg, 75mg	1	QL (84 EA per 365 days) MO
oseltamivir phosphate suspension reconstituted	1	QL (1080 ML per 365 days) MO
PEGASYS	3	PA; ACS
PREVYMIS TABLET	3	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
ribavirin	1	ACS
rimantadine hydrochloride	1	MO
valacyclovir hcl tablet 1gm	1	MO
valacyclovir hydrochloride tablet 500mg	1	MO
valganciclovir hydrochloride oral solution	1	MO
valganciclovir tablet 450mg	1	MO
VOSEVI	2	PA; ACS
CEPHALOSPORINS		
CEFACLOR ER	3	MO
cefaclor capsule	1	MO
cefaclor suspension reconstituted 250mg/5ml	1	
cefaclor suspension reconstituted 125mg/5ml, 375mg/5ml	1	MO
cefadroxil	1	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
cefazolin sodium injection 1gm	1	
cefazolin sodium injection 10gm, 1gm, 500mg	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
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN INJECTION 2GM, 3GM	3	
cefazolin injection 2gm	1	
cefdinir capsule, oral suspension	1	MO
cefepime injection iv	1	MO
cefixime capsule, oral suspension	1	MO
cefotetan	1	
cefoxitin sodium injection 10gm, 1gm, 2gm	1	
cefpodoxime proxetil	1	MO
cefprozil	1	MO
CEFTAZIDIME/DEXTROSE	3	
ceftazidime injection 6gm	1	
ceftazidime injection 1gm, 2gm	1	MO
ceftriaxone in iso-osmotic dextrose	1	
CEFTRIAXONE SODIUM INJECTION 100GM	3	
ceftriaxone sodium injection 1gm	1	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	1	MO
cefuroxime axetil	1	MO
cefuroxime sodium injection 1.5gm	1	
cefuroxime sodium injection 750mg	1	MO
cephalexin oral suspension reconstituted, tablet, capsule	1	MO
SUPRAX ORAL SUSPENSION 500MG/5ML	2	
tazicef	1	
TEFLARO	3	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	2	MO
azithromycin injection, suspension reconstituted, tablet	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
clarithromycin er tablet extended release 24 hour 500mg	1	MO
clarithromycin immediate release tablet, oral susp	1	MO
DIFICID SUSPENSION RECONSTITUTED	2	
DIFICID TABLET	2	MO
erythrocin stearate	1	MO
erythromycin base	1	MO
erythromycin dr	1	MO
erythromycin ethylsuccinate tablet	1	MO
erythromycin lactobionate	1	
erythromycin capsule delayed release particles 250mg	1	MO
FLUOROQUINOLONES		
ciprofloxacin hcl tablet 100mg, 750mg	1	MO
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	MO
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%	1	
ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%	1	MO
levofloxacin in d5w	1	
levofloxacin injection 25mg/ml	1	
levofloxacin oral solution 25mg/ml	1	MO
levofloxacin tablet 250mg, 500mg, 750mg	1	MO
moxifloxacin hydrochloride/ sodium hydrochloride	1	
moxifloxacin hydrochloride injection 400mg/250ml	1	
moxifloxacin hydrochloride tablet 400mg	1	MO
PENICILLINS		
amoxicillin	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
amoxicillin/clavulanate potassium	1	MO
amoxicillin/clavulanate potassium er	1	MO
ampicillin capsule	1	MO
ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm	1	
ampicillin sodium injection 1gm, 2gm, 500mg	1	MO
ampicillin-sulbactam	1	
BICILLIN L-A	3	MO
dicloxacillin sodium	1	MO
nafcillin sodium injection 10gm, 1gm, 2gm	1	
nafcillin sodium injection 2gm	1	MO
oxacillin sodium injection 10gm, 1gm, 2gm	1	
penicillin g potassium	1	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
PENICILLIN G PROCAINE	3	MO
penicillin g sodium	1	
penicillin v potassium	1	MO
piperacillin sodium/tazobactam sodium	1	
TETRACYCLINES		
doxy 100 injection	1	MO
doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg, injection 100mg	1	MO
doxycycline monohydrate	1	MO
doxycycline suspension reconstituted 25mg/5ml	1	MO
minocycline hcl capsule	1	MO
minocycline hcl tablet	1	ST MO
minocycline hydrochloride capsule 50mg, 100mg	1	MO
mondoxyne nl	1	
NUZYRA TABLET	2	LA MO; ACS

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

Drug name	Drug tier	Requirements/Limits
NUZYRA INJECTION	3	LA MO; ACS
tetracycline hydrochloride	1	MO
tigecycline	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	2	PA
cyclophosphamide capsule	1	PA MO
GLEOSTINE	3	ACS
LEUKERAN	3	MO
melphalan tablet 2mg	1	B/D MO
ANTIMETABOLITES		
INQOVI	3	QL (5 EA per 28 days) PA LA; ACS
LONSURF	3	PA LA; ACS
mercaptopurine	1	MO
methotrexate	1	MO
methotrexate sodium injection 1gm	1	
methotrexate sodium injection 250mg/10ml, 50mg/2ml	1	MO
ONUREG	3	QL (14 EA per 28 days) PA LA; ACS
PURIXAN	3	LA; ACS
TABLOID	3	MO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	1	PA; ACS
anastrozole	1	MO
bicalutamide	1	MO
ELIGARD	3	PA; ACS
EMCYT	3	MO
ERLEADA	2	PA LA; ACS
exemestane	1	MO
FIRMAGON INJECTION 120MG/ VIAL	2	PA; ACS
FIRMAGON INJECTION 80MG	3	PA; ACS
letrozole	1	MO
leuprolide acetate injection kit 1mg/0.2ml	1	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	3	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION11.25MG	3	PA; ACS
LYSODREN	3	LA MO
megestrol acetate tablet 20mg, 40mg	1	MO
nilutamide	1	MO
NUBEQA	2	PA LA; ACS
ORGOVYX	2	PA LA MO
ORSERDU TABLET 345MG	3	QL (30 EA per 30 days) PA LA MO
ORSERDU TABLET 86MG	3	QL (90 EA per 30 days) PA LA MO
SOLTAMOX	3	MO
tamoxifen citrate	1	MO
toremifene citrate	1	PA MO
XTANDI	2	PA LA; ACS
ZYTIGA TABLET 500MG	2	PA LA; ACS
IMMUNOMODULATORS		
lenalidomide capsule 20mg, 25mg	1	QL (21 EA per 28 days) PA LA; ACS
lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg	1	QL (28 EA per 28 days) PA LA; ACS
POMALYST	3	QL (21 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG	3	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	3	QL (56 EA per 28 days) PA LA; ACS
MISCELLANEOUS		
arsenic trioxide	1	
ASPARLAS	3	PA LA; ACS
BESREMI	3	QL (2 ML per 28 days) PA LA
bexarotene capsule 75mg	1	PA; ACS
hydroxyurea	1	MO
KISQALI FEMARA 200 DOSE	3	PA; ACS
KISQALI FEMARA 400 DOSE	3	PA; ACS
KISQALI FEMARA 600 DOSE	3	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
MATULANE	3	LA MO
ONCASPAR	3	PA LA
SYNRIBO	3	PA; ACS
tretinoin capsule 10mg	1	MO
WELIREG	3	QL (90 EA per 30 days) PA LA MO
MOLECULAR TARGET AGENTS		
ALECENSA	2	QL (240 EA per 30 days) PA LA; ACS
ALUNBRIG TABLET THERAPY PACK	3	PA LA MO
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA LA MO
AYVAKIT	3	QL (30 EA per 30 days) PA LA MO
BALVERSA TABLET 5MG	3	QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG	3	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	3	QL (84 EA per 28 days) PA LA; ACS
BOSULIF TABLET 100MG	3	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	3	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	3	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	2	QL (120 EA per 30 days) PA LA MO
CABOMETYX	2	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	3	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABLET 300MG	3	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA LA 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
COMETRIQ KIT 140MG/DAY	3	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	3	QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 20MG	3	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	3	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	3	QL (63 EA per 28 days) PA LA; ACS
DAURISMO TABLET 100MG	3	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	3	QL (60 EA per 30 days) PA LA; ACS
ERIVEDGE	3	PA LA; ACS
erlotinib hydrochloride tablet 100mg, 150mg	1	QL (30 EA per 30 days) PA; ACS
erlotinib hydrochloride tablet 25mg	1	QL (90 EA per 30 days) PA; ACS
everolimus tablet soluble 2mg	1	QL (150 EA per 30 days) PA; ACS
everolimus tablet soluble 5mg	1	QL (60 EA per 30 days) PA; ACS
everolimus tablet soluble 3mg	1	QL (90 EA per 30 days) PA; ACS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	1	QL (30 EA per 30 days) PA; ACS
EXKIVITY	3	QL (120 EA per 30 days) PA LA MO
FOTIVDA	3	QL (21 EA per 28 days) PA LA MO
GAVRETO	3	QL (120 EA per 30 days) PA LA; ACS
gefitinib	1	QL (30 EA per 30 days) PA; ACS
GILOTRIF	3	QL (30 EA per 30 days) PA LA MO
IBRANCE	2	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	3	PA LA 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
ICLUSIG TABLET 15MG, 45MG	3	QL (30 EA per 30 days) PA LA MO
IDHIFA	3	QL (30 EA per 30 days) PA LA; ACS
imatinib mesylate tablet 400mg	1	QL (60 EA per 30 days) PA; ACS
imatinib mesylate tablet 100mg	1	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	2	QL (216 ML per 27 days) PA LA MO
IMBRUVICA TABLET	2	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPSULE 70MG	2	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPSULE 140MG	2	QL (90 EA per 30 days) PA LA MO
INLYTA TABLET 5MG	3	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	3	QL (180 EA per 30 days) PA LA; ACS
INREBIC	3	QL (120 EA per 30 days) PA LA; ACS
JAKAFI	3	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	3	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	3	QL (60 EA per 30 days) PA LA; ACS
KISQALI TABLET THERAPY PACK 200MG, 400MG, 600MG	3	PA; ACS
KOSELUGO	3	PA LA MO
KRAZATI	3	QL (180 EA per 30 days) PA LA MO
lapatinib ditosylate	1	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 12MG DAILY DOSE	3	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 20 MG DAILY DOSE	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 4 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	3	PA LA; ACS
LORBRENA TABLET 100MG	3	QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG	3	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	3	QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG	3	QL (90 EA per 30 days) PA LA; ACS
LYNPARZA	3	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG	3	QL (112 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 20MG	3	QL (140 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 12MG	3	QL (84 EA per 28 days) PA LA MO
MEKINIST SOLUTION RECONSTITUTED	3	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	3	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	3	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	3	QL (180 EA per 30 days) PA LA; ACS
NERLYNX	3	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	2	QL (120 EA per 30 days) PA LA; ACS
NINLARO	3	PA; ACS
ODOMZO	3	PA LA; ACS
PEMAZYRE	3	QL (14 EA per 21 days) PA LA MO
PIQRAY 200MG DAILY DOSE	3	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS
QINLOCK	3	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPSULE 80MG	3	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	3	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	3	QL (60 EA per 30 days) PA LA MO
romidepsin	1	ACS
ROZLYTREK CAPSULE 100MG	3	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	3	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	3	PA LA; ACS
RYDAPT	3	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 40MG	3	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA; ACS
sorafenib tosylate	1	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	3	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	3	QL (90 EA per 30 days) PA; ACS
STIVARGA	3	QL (84 EA per 28 days) PA LA; ACS
sunitinib malate	1	QL (30 EA per 30 days) PA; ACS
TABRECTA	3	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	3	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	3	QL (900 EA per 30 days) PA LA; ACS
TAGRISSO	3	QL (30 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG	3	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	3	QL (120 EA per 30 days) PA; ACS
TAZVERIK	3	QL (240 EA per 30 days) PA LA MO
TECVAYLI	3	PA LA
TEPMETKO	3	QL (60 EA per 30 days) PA LA MO
TIBSOVO	3	PA LA MO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	3	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	3	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	3	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	2	PA; ACS
TUKYSA TABLET 150MG	3	QL (120 EA per 30 days) PA LA MO
TUKYSA TABLET 50MG	3	QL (240 EA per 30 days) PA LA MO
TURALIO	3	QL (120 EA per 30 days) PA LA MO
VANFLYTA	3	QL (56 EA per 28 days) PA LA
VENCLEXTA STARTING PACK	3	QL (42 EA per 28 days) PA LA MO
VENCLEXTA TABLET 10MG, 50MG	3	QL (120 EA per 30 days) PA LA MO
VENCLEXTA TABLET 100MG	3	QL (180 EA per 30 days) PA LA MO
VERZENIO	2	PA LA; ACS
VITRAKVI SOLUTION	3	QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG	2	QL (180 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
VITRAKVI CAPSULE 100MG	2	QL (60 EA per 30 days) PA LA; ACS
VIZIMPRO	3	QL (30 EA per 30 days) PA LA; ACS
VONJO	3	QL (120 EA per 30 days) PA LA MO
VOTRIENT	3	QL (120 EA per 30 days) PA LA; ACS
XALKORI	3	QL (120 EA per 30 days) PA LA; ACS
XOSPATA	3	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY	3	QL (24 EA per 28 days) PA LA MO
XPOVIO 80 MG TWICE WEEKLY	3	QL (32 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 40MG, 60MG	3	QL (4 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 40MG, 50MG	3	QL (8 EA per 28 days) PA LA MO
ZEJULA CAPSULE	3	PA LA; ACS
ZEJULA TABLET	3	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	3	QL (240 EA per 30 days) PA LA; ACS
ZIRABEV	2	PA LA; ACS
ZOLINZA	3	PA; ACS
ZYDELIG	3	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA	3	QL (84 EA per 28 days) PA LA; ACS
PROTECTIVE AGENTS		
leucovorin calcium tablet	1	MO
MESNEX TABLET 400MG	3	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride	1	QL (30 EA per 30 days) MO
benazepril hcl/ hydrochlorothiazide	1	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
telmisartan	1	QL (30 EA per 30 days) MO
valsartan tablet 320mg	1	QL (30 EA per 30 days) MO
valsartan tablet 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hcl injection 50mg/ml	1	
amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml	1	
amiodarone hydrochloride tablet	1	MO
disopyramide phosphate	1	PA MO
dofetilide	1	ACS
flecainide acetate	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
lidocaine hcl injection 100mg/5ml, 50mg/5ml	1	
MULTAQ	3	MO
NORPACE CR	3	MO
pacerone	1	
propafenone hcl tablet	1	MO
propafenone hydrochloride er capsule extended release 12 hour	1	MO
quinidine sulfate	1	MO
sorine tablet 160mg, 240mg, 80mg	1	
sorine tablet 120mg	1	MO
sotalol hcl	1	MO
sotalol hydrochloride (af)	1	MO
ANTILIPEMICS, FIBRATES		
fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg	1	MO
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	1	MO
fenofibric acid dr capsule delayed release 135mg, 45mg	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
gemfibrozil	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium	1	QL (30 EA per 30 days) MO
fluvastatin capsule 20mg, 40mg	1	QL (60 EA per 30 days) MO
fluvastatin sodium er tablet extended release 24 hour 80mg	1	QL (30 EA per 30 days) MO
lovastatin	1	MO
pravastatin sodium	1	QL (30 EA per 30 days) MO
rosuvastatin calcium	1	QL (30 EA per 30 days) MO
simvastatin	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	1	MO
cholestyramine light	1	MO
colesevelam hydrochloride	1	MO
colestipol hcl	1	MO
ezetimibe	1	MO
ezetimibe/simvastatin	1	QL (30 EA per 30 days) MO
niacin er tablet extended release 1000mg, 750mg	1	MO
niacin er tablet extended release 500mg	1	QL (60 EA per 30 days) MO
niacin immediate release tablet 500mg	1	MO
niacor	1	MO
omega-3-acid ethyl esters	3	QL (120 EA per 30 days) PA MO
prevalite	1	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone	1	MO
bisoprolol fumarate/hydrochlorothiazide	1	MO
metoprolol/hydrochlorothiazide	1	MO
BETA-BLOCKERS		
acebutolol hydrochloride	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
atenolol	1	MO
betaxolol hcl tablet 10mg, 20mg	1	MO
bisoprolol fumarate	1	MO
carvedilol phosphate er capsule extended release 24 hour	1	QL (30 EA per 30 days) MO
carvedilol tablet	1	MO
labetalol hydrochloride tablet, injection 5mg/ml	1	MO
metoprolol succinate er	1	MO
metoprolol tartrate injection	1	
metoprolol tartrate tablet	1	MO
nadolol	1	MO
nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg	1	QL (30 EA per 30 days) MO
nebivolol hydrochloride tablet 20mg	1	QL (60 EA per 30 days) MO
pindolol	1	MO
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	1	MO
propranolol hcl er capsule extended release 24 hour 60mg, 80mg	1	MO
propranolol hcl tablet 10mg, 20mg, 80mg, 60mg	1	MO
propranolol hcl injection	1	
propranolol hcl oral solution 20mg/5ml, 40mg/5ml, tablet 40mg	1	MO
timolol maleate tablet 10mg, 20mg, 5mg	1	MO
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	1	MO
cartia xt	1	
dilt-xr	1	MO
diltiazem hcl cd	1	MO
diltiazem hcl immediate release tablet	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
DILTIAZEM HCL INJECTION 100MG	3	
diltiazem hcl injection 125mg/25ml, 50mg/10ml	1	
diltiazem hydrochloride er	1	MO
diltiazem hydrochloride injection solution 25mg/5ml	1	
diltiazem hydrochloride tablet	1	MO
felodipine er	1	MO
isradipine	1	MO
matzim la	1	
nicardipine hcl capsule 20mg, 30mg	1	MO
nifedipine er tablet extended release 24 hour	1	MO
nimodipine	1	MO
nisoldipine er	1	MO
taztia xt	1	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
tiadylt er capsule extended release 24 hour 420mg	1	MO
verapamil hcl er capsule extended release 24 hour	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg	1	MO
verapamil hcl sr tablet extended release	1	MO
verapamil hcl tablet 40mg, 80mg	1	MO
verapamil hydrochloride tablet 120mg	1	MO
verapamil hydrochloride er tablet extended release	1	MO
DIURETICS		
acetazolamide tablet	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
acetazolamide er capsule extended release	1	MO
amiloride hcl	1	MO
amiloride/hydrochlorothiazide	1	MO
bumetanide injection, tablet	1	MO
chlorthalidone	1	MO
furosemide	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
methazolamide	1	MO
metolazone	1	MO
spironolactone/hydrochlorothiazide	1	MO
torsemide	1	MO
triamterene/hydrochlorothiazide	1	MO
MISCELLANEOUS		
aliskiren	1	MO
amlodipine besylate/atorvastatin calcium	1	MO
clonidine hcl patch weekly	1	QL (8 EA per 28 days) MO
clonidine hydrochloride tablet	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
digox	1	QL (30 EA per 30 days)
digoxin injection, oral solution	1	MO
digoxin tablet 125mcg, 250mcg	1	QL (30 EA per 30 days) MO
digoxin tablet 62.5mcg	1	QL (90 EA per 30 days) MO
droxidopa capsule 200mg, 300mg	1	QL (180 EA per 30 days) PA; ACS
droxidopa capsule 100mg	1	QL (90 EA per 30 days) PA; ACS
epinephrine injection 30mg/30ml	1	
guanfacine hydrochloride tablet 1mg, 2mg	1	PA MO
hydralazine hcl tablet 10mg	1	MO
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	1	MO
isosorbide dinitrate/hydralazine hydrochloride	1	MO
metyrosine	1	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
midodrine hcl	1	MO
minoxidil tablet 10mg, 2.5mg	1	MO
ranolazine er	1	MO
VERQUVO	2	PA MO
NITRATES		
isosorbide dinitrate	1	MO
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
NITRO-BID OINTMENT 2%	2	MO
nitroglycerin lingual spray	1	MO
nitroglycerin transdermal	1	MO
NITROGLYCERIN INJECTION	3	
nitroglycerin tablet sublingual	1	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	2	QL (90 EA per 30 days) PA LA; ACS
alyq	1	PA; ACS
ambrisentan	1	QL (30 EA per 30 days) PA LA; ACS
bosentan tablet 62.5mg	1	QL (120 EA per 30 days) PA LA; ACS
bosentan tablet 125mg	1	QL (60 EA per 30 days) PA LA; ACS
epoprostenol sodium	1	B/D LA; ACS
OPSUMIT	2	QL (30 EA per 30 days) PA LA; ACS
sildenafil injection	1	QL (1125 ML per 30 days) PA; ACS
sildenafil citrate (generic Revatio) tablet 20mg	1	QL (360 EA per 30 days) PA; ACS
tadalafil tablet (generic Adcirca) 20mg	1	PA; ACS
TRACLEER	3	QL (120 EA per 30 days) PA LA; ACS
treprostinil	1	PA LA; ACS
VENTAVIS	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam er tablet extended release 24 hour 1mg	1	QL (30 EA per 30 days) MO; HRM
alprazolam er tablet extended release 24 hour 3mg	1	QL (60 EA per 30 days) MO; HRM
alprazolam er tablet extended release 24 hour 0.5mg	1	QL (600 EA per 30 days) MO; HRM
alprazolam er tablet extended release 24 hour 2mg	1	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
alprazolam tablet 0.25mg, 0.5mg	1	QL (120 EA per 30 days) MO; HRM
alprazolam tablet 1mg, 2mg	1	QL (150 EA per 30 days) MO; HRM
buspirone hcl tablet 15mg, 30mg	1	MO
buspirone hydrochloride tablet 5mg, 7.5mg, 10mg	1	MO
chlordiazepoxide hcl capsule 5mg, 10mg	1	QL (120 EA per 30 days) PA MO; HRM
chlordiazepoxide hydrochloride capsule 25mg	1	QL (120 EA per 30 days) PA MO; HRM
fluvoxamine maleate er capsule extended release 24 hour	1	QL (60 EA per 30 days) MO; HRM
fluvoxamine maleate tablet 100mg, 25mg, 50mg	1	MO; HRM
lorazepam intensol	1	QL (150 ML per 30 days) MO; HRM
lorazepam injection	1	QL (150 ML per 30 days) MO; HRM
lorazepam tablet 0.5mg	1	QL (120 EA per 30 days) MO; HRM
lorazepam tablet 1mg, 2mg	1	QL (150 EA per 30 days) MO; HRM
meprobamate	1	PA MO
oxazepam	1	QL (120 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
ANTIDEMENTIA		
donepezil hcl tablet disintegrating 10mg, 5mg	1	QL (30 EA per 30 days) MO
donepezil hydrochloride tablet 10mg, 23mg, 5mg	1	QL (30 EA per 30 days) MO
galantamine hydrobromide er capsule extended release 24 hour	1	QL (30 EA per 30 days) MO
galantamine hydrobromide solution	1	QL (200 ML per 30 days) MO
galantamine hydrobromide tablet	1	QL (60 EA per 30 days) MO
memantine hcl titration pak	1	QL (98 EA per 365 days) PA MO
memantine hydrochloride er capsule extended release 24 hour	1	PA MO
memantine hydrochloride solution	1	QL (360 ML per 30 days) PA MO
memantine hydrochloride tablet	1	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO
rivastigmine tartrate capsule	1	QL (60 EA per 30 days) MO
rivastigmine transdermal system	1	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg	1	PA MO; HRM
amitriptyline hydrochloride tablet 10mg, 50mg	1	PA MO; HRM
amoxapine	1	MO; HRM
bupropion hcl tablet 100mg	1	QL (120 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	1	QL (60 EA per 30 days) MO
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg	1	QL (30 EA per 30 days) MO
bupropion hydrochloride tablet 75mg	1	QL (180 EA per 30 days) MO
chlordiazepoxide/amitriptyline	1	PA MO; HRM
citalopram hydrobromide solution	1	QL (600 ML per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
citalopram hydrobromide tablet 10mg	1	QL (120 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 40mg	1	QL (30 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 20mg	1	QL (60 EA per 30 days) MO; HRM
clomipramine hydrochloride capsule	1	PA MO; HRM
desipramine hydrochloride tablet	1	PA MO; HRM
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	2	QL (30 EA per 30 days); HRM
desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg	1	QL (30 EA per 30 days) PA MO; HRM
doxepin hcl capsule 75mg, oral concentrate 10mg/ml	1	PA MO; HRM
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO; HRM
duloxetine hydrochloride capsule 20mg, 30mg, 60mg	1	QL (60 EA per 30 days) MO; HRM
EMSAM	3	QL (30 EA per 30 days) PA MO
escitalopram oxalate solution	1	QL (600 ML per 30 days) MO; HRM
escitalopram oxalate tablet 20mg	1	QL (30 EA per 30 days) MO; HRM
escitalopram oxalate tablet 10mg, 5mg	1	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
fluoxetine dr capsule delayed release 90mg	1	QL (4 EA per 28 days) MO; HRM
fluoxetine hcl capsule 20mg	1	QL (120 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 10mg	1	QL (30 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 40mg	1	QL (60 EA per 30 days) MO; HRM
fluoxetine hydrochloride oral solution, tablet (generic Prozac) 10mg, 20mg	1	MO; HRM
imipramine hcl tablet 25mg, 50mg	1	PA MO; HRM
imipramine hydrochloride tablet 10mg	1	PA MO; HRM
imipramine pamoate	1	PA MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
mirtazapine odt	1	QL (30 EA per 30 days) MO
mirtazapine tablet	1	QL (30 EA per 30 days) MO
nefazodone hydrochloride	1	MO
nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml	1	MO; HRM
nortriptyline hydrochloride capsule 10mg, 50mg	1	MO; HRM
paroxetine hcl er tablet extended release 24 hour 37.5mg	1	QL (60 EA per 30 days) MO; HRM
paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg	1	QL (90 EA per 30 days) MO; HRM
paroxetine hcl tablet 40mg	1	QL (30 EA per 30 days) MO; HRM
paroxetine hcl tablet 30mg	1	QL (60 EA per 30 days) MO; HRM
paroxetine hcl tablet 10mg, 20mg	1	QL (30 EA per 30 days) MO; HRM
paroxetine hydrochloride suspension	1	QL (900 ML per 30 days) MO; HRM
perphenazine/amitriptyline	1	PA MO; HRM
phenelzine sulfate	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
protriptyline hcl	1	PA MO; HRM
sertraline hcl concentrate	1	QL (300 ML per 30 days) MO; HRM
sertraline hcl tablet 25mg	1	QL (30 EA per 30 days) MO; HRM
sertraline hcl tablet 50mg	1	QL (60 EA per 30 days) MO; HRM
sertraline hydrochloride tablet 100mg	1	QL (60 EA per 30 days) MO; HRM
tranylcypromine sulfate	1	MO
trazodone hydrochloride tablet	1	MO
trimipramine maleate capsule 50mg	1	QL (120 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 25mg	1	QL (240 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 100mg	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
venlafaxine hcl er capsule extended release 24 hour 37.5mg	1	QL (30 EA per 30 days) MO; HRM
venlafaxine hcl er capsule extended release 24 hour 150mg	1	QL (60 EA per 30 days) MO; HRM
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO; HRM
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	1	QL (30 EA per 30 days) MO; HRM
venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg	1	QL (30 EA per 30 days) MO; HRM
venlafaxine hydrochloride er tablet extended release 24 hour 150mg	1	QL (60 EA per 30 days) MO; HRM
VIIBRYD STARTER PACK	3	MO
vilazodone hydrochloride	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
ANTIPARKINSONIAN AGENTS		
amantadine hcl solution, tablet	1	MO
amantadine hcl capsule	1	QL (120 EA per 30 days) MO
benztropine mesylate injection	1	MO
benztropine mesylate tablet	1	PA MO; HRM
bromocriptine mesylate capsule, tablet	1	MO
carbidopa tablet	1	MO
carbidopa/levodopa	1	MO
carbidopa/levodopa er	1	MO
carbidopa/levodopa odt	1	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	3	MO
entacapone	1	MO
INBRIJA	2	QL (300 EA per 30 days) PA LA MO
NEUPRO	3	MO
pramipexole dihydrochloride er	1	QL (30 EA per 30 days) MO
pramipexole dihydrochloride immediate release tablet	1	MO
rasagiline mesylate	1	MO
ropinirole er tablet extended release 24 hour 6mg	1	QL (120 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 4mg	1	QL (150 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 2mg	1	QL (30 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 12mg	1	QL (60 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 8mg	1	QL (90 EA per 30 days) MO
ropinirole hcl immediate release tablet 0.25mg, 3mg	1	MO
ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	MO
selegiline hcl capsule, tablet	1	MO
trihexyphenidyl hcl oral solution	1	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
trihexyphenidyl hydrochloride tablet	1	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY MAINTENA	2	QL (1 EA per 28 days) MO; HRM
aripiprazole odt	1	QL (60 EA per 30 days) MO; HRM
aripiprazole tablet	1	QL (30 EA per 30 days) MO; HRM
aripiprazole solution	1	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	2	HRM
ARISTADA INJECTION 441MG/1.6ML	2	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	2	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	2	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	2	QL (3.9 ML per 56 days); HRM
asenapine maleate sl	1	QL (60 EA per 30 days) MO; HRM
CAPLYTA	3	QL (30 EA per 30 days) MO; HRM
chlorpromazine hcl tablet	1	MO; HRM
chlorpromazine hcl injection 50mg/2ml	1	HRM
chlorpromazine hcl injection 25mg/ml	1	MO; HRM
chlorpromazine hydrochloride oral concentrate	1	HRM
chlorpromazine hydrochloride tablet	1	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
clozapine odt tablet disintegrating 12.5mg, 25mg	1	PA; HRM

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

Drug name	Drug tier	Requirements/Limits
clozapine odt tablet disintegrating 100mg	1	QL (270 EA per 30 days) PA; HRM
clozapine tablet 25mg, 50mg	1	HRM
clozapine tablet 200mg	1	QL (120 EA per 30 days); HRM
clozapine tablet 100mg	1	QL (270 EA per 30 days); HRM
FANAPT	3	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
fluphenazine decanoate injection	1	MO; HRM
fluphenazine hcl oral concentrate, tablet, injection	1	MO; HRM
fluphenazine hydrochloride oral elixir	1	MO; HRM
haloperidol tablet, oral concentrate	1	MO; HRM
haloperidol decanoate	1	MO; HRM
haloperidol lactate injection	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	2	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	2	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	2	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	2	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	2	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	2	QL (1.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	2	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	2	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	2	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	2	QL (2.63 ML per 90 days); HRM
loxapine	1	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	1	QL (30 EA per 30 days) MO; HRM
lurasidone hydrochloride tablet 80mg	1	QL (60 EA per 30 days) MO; HRM
molindone hydrochloride	1	HRM
NUPLAZID	3	QL (30 EA per 30 days) PA LA; ACS HRM
olanzapine odt	1	QL (30 EA per 30 days) MO; HRM
olanzapine injection	1	QL (3 EA per 1 days) MO; HRM
olanzapine tablet 10mg, 15mg, 20mg, 7.5mg	1	QL (30 EA per 30 days) MO; HRM
olanzapine tablet 2.5mg, 5mg	1	QL (60 EA per 30 days) MO; HRM
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	1	QL (30 EA per 30 days) MO; HRM
paliperidone er tablet extended release 24 hour 6mg	1	QL (60 EA per 30 days) MO; HRM
perphenazine	1	MO; HRM
PERSERIS	2	QL (1 EA per 30 days); HRM
pimozide	1	MO
quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg	1	QL (30 EA per 30 days) PA MO; HRM
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg	1	QL (60 EA per 30 days) PA MO; HRM
quetiapine fumarate tablet 200mg	1	QL (120 EA per 30 days) MO; HRM
quetiapine fumarate tablet 25mg	1	QL (180 EA per 30 days) MO; HRM
quetiapine fumarate tablet 300mg, 400mg	1	QL (60 EA per 30 days) MO; HRM
quetiapine fumarate tablet 100mg, 150mg, 50mg	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	2	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	2	QL (60 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	2	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days) MO; HRM
risperidone odt tablet disintegrating 4mg	1	QL (120 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 1mg, 2mg, 3mg	1	QL (60 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 0.25mg, 0.5mg	1	QL (90 EA per 30 days) MO; HRM
risperidone solution	1	QL (480 ML per 30 days) MO; HRM
risperidone tablet 4mg	1	QL (120 EA per 30 days) MO; HRM
risperidone tablet 1mg, 2mg	1	QL (60 EA per 30 days) MO; HRM
risperidone tablet 0.25mg, 0.5mg, 3mg	1	QL (90 EA per 30 days) MO; HRM
SECUADO	2	QL (30 EA per 30 days) MO; HRM
thioridazine hcl tablet	1	PA MO; HRM
thiothixene	1	MO; HRM
trifluoperazine hcl tablet 2mg, 5mg, 10mg	1	MO; HRM
trifluoperazine hydrochloride tablet 1mg	1	MO; HRM
VERSACLOZ	3	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	2	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	2	QL (60 EA per 30 days) MO; HRM
ziprasidone hcl capsule	1	QL (60 EA per 30 days) MO; HRM
ziprasidone mesylate injection	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	3	QL (1 EA per 28 days) PA MO; ACS HRM

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

Drug name	Drug tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 210MG, 300MG	3	QL (2 EA per 28 days) PA MO; ACS HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	2	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	2	QL (60 EA per 30 days) MO
BRIVIACT TABLET	3	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	3	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	3	QL (600 ML per 30 days) PA MO
carbamazepine	1	MO; HRM
carbamazepine er	1	MO; HRM
clobazam suspension	1	QL (480 ML per 30 days) PA MO; HRM
clobazam tablet	1	QL (60 EA per 30 days) PA MO; HRM
clonazepam odt tablet disintegrating 2mg	1	QL (300 EA per 30 days) MO
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL (90 EA per 30 days) MO
clonazepam tablet 2mg	1	QL (300 EA per 30 days) MO
clonazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days) MO
clorazepate dipotassium tablet 15mg	1	QL (180 EA per 30 days) PA MO; HRM
clorazepate dipotassium tablet 3.75mg, 7.5mg	1	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	3	QL (180 EA per 30 days) PA LA MO
DIACOMIT CAPSULE 250MG	3	QL (360 EA per 30 days) PA LA MO
DIACOMIT PACKET 500MG	3	QL (180 EA per 30 days) PA LA MO
DIACOMIT PACKET 250MG	3	QL (360 EA per 30 days) PA LA MO
diazepam intensol	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
diazepam tablet	1	QL (120 EA per 30 days) PA MO; HRM
diazepam oral solution	1	QL (1200 ML per 30 days) PA MO; HRM
diazepam concentrate, injection	1	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
divalproex sodium dr tablet delayed release	1	MO
divalproex sodium er tablet extended release 24 hour	1	MO
divalproex sodium sprinkle capsule	1	MO
EPIDIOLEX	2	QL (600 ML per 30 days) PA LA; ACS
epitol	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
ethosuximide capsule, oral solution	1	MO
felbamate	1	MO
FINTEPLA	3	QL (360 ML per 30 days) PA LA MO
fosphenytoin sodium injection 100mg pe/2ml	1	
fosphenytoin sodium injection 500mg pe/10ml	1	MO
FYCOMPA SUSPENSION	3	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
gabapentin capsule 100mg	1	QL (180 EA per 30 days) MO
gabapentin capsule 400mg	1	QL (270 EA per 30 days) MO
gabapentin capsule 300mg	1	QL (360 EA per 30 days) MO
gabapentin solution	1	QL (2160 ML per 30 days) MO
gabapentin tablet 600mg	1	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
gabapentin tablet 800mg	1	QL (90 EA per 30 days) MO
lacosamide injection	1	
lacosamide oral solution	1	QL (1200 ML per 30 days) MO
lacosamide tablet 50mg	1	QL (120 EA per 30 days) MO
lacosamide tablet 100mg, 150mg, 200mg	1	QL (60 EA per 30 days) MO
lamotrigine er	1	MO
lamotrigine immediate release tablet, chewable tablet	1	MO
lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg	1	MO
lamotrigine starter kit/blue	1	MO
lamotrigine starter kit/green	1	MO
lamotrigine starter kit/orange	1	MO
levetiracetam er	1	MO
levetiracetam/sodium chloride injection	1	
levetiracetam oral solution, tablet	1	MO
methsuximide	1	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
oxcarbazepine	1	MO; HRM
phenobarbital sodium injection	1	PA; HRM
phenobarbital tablet	1	QL (120 EA per 30 days) PA MO; HRM
phenobarbital elixir	1	QL (1500 ML per 30 days) PA MO; HRM
PHENYTEK	3	MO
phenytoin oral suspension, tablet chewable	1	MO
phenytoin sodium extended release capsule	1	MO
phenytoin sodium injection	1	
pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg	1	QL (120 EA per 30 days) PA MO
pregabalin capsule 225mg, 300mg	1	QL (60 EA per 30 days) PA MO
pregabalin capsule 200mg	1	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
pregabalin solution	1	QL (900 ML per 30 days) PA MO
primidone	1	MO
roweepra	1	
rufinamide suspension	1	QL (2760 ML per 30 days) PA MO
rufinamide tablet 400mg	1	QL (240 EA per 30 days) PA MO
rufinamide tablet 200mg	1	QL (480 EA per 30 days) PA MO
SPRITAM	3	PA MO
subvenite	1	
subvenite starter kit/blue	1	
subvenite starter kit/green	1	
subvenite starter kit/orange	1	
SYMPAZAN	3	QL (60 EA per 30 days) PA MO; HRM
tiagabine hydrochloride	1	MO
topiramate er	1	MO
topiramate immediate release capsule sprinkle	1	MO
topiramate tablet 100mg	1	QL (120 EA per 30 days) MO
topiramate tablet 200mg	1	QL (60 EA per 30 days) MO
topiramate tablet 25mg, 50mg	1	QL (90 EA per 30 days) MO
valproate sodium injection	1	
valproic acid capsule, oral solution	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	2	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	2	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
vigabatrin	1	QL (180 EA per 30 days) PA LA; ACS
vigadrone	1	QL (180 EA per 30 days) PA LA
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	2	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	2	QL (56 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
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	2	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	2	QL (60 EA per 30 days) MO
ZONISADE	3	QL (900 ML per 30 days) PA MO
zonisamide capsule 100mg, 25mg	1	MO
zonisamide capsule 50mg	1	MO; HRM
ZTALMY	3	QL (1100 ML per 30 days) PA LA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine/dextroamphetamine capsule extended release 24 hour	1	QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	1	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 20mg	1	QL (90 EA per 30 days) MO
atomoxetine hydrochloride capsule 10mg, 25mg	1	QL (120 EA per 30 days) MO
atomoxetine capsule 18mg	1	QL (120 EA per 30 days) MO
atomoxetine capsule 100mg, 60mg, 80mg	1	QL (30 EA per 30 days) MO
atomoxetine capsule 40mg	1	QL (60 EA per 30 days) MO
dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg	1	QL (30 EA per 30 days) MO
dexmethylphenidate hcl tablet 5mg, 10mg	1	QL (60 EA per 30 days) MO
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg	1	QL (30 EA per 30 days) MO
dexmethylphenidate hydrochloride tablet 2.5mg	1	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er	1	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
dextroamphetamine sulfate immediate release tablet 10mg, 5mg	1	QL (180 EA per 30 days) MO
dextroamphetamine sulfate solution	1	QL (1800 ML per 30 days) MO
guanfacine er tablet extended release 24 hour 2mg	1	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg	1	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride tablet extended release 24 hour 3mg	1	QL (60 EA per 30 days) PA MO
lisdexamfetamine dimesylate	1	QL (30 EA per 30 days)
methylphenidate hydrochloride cd capsule extended release 20mg, 30mg, 50mg, 60mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg	1	QL (60 EA per 30 days) MO
methylphenidate hydrochloride cd capsule extended release 10mg, 40mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 36mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg	1	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tablet extended release 10mg, 20mg	1	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tablet chewable	1	QL (180 EA per 30 days) MO
methylphenidate hydrochloride tablet	1	QL (90 EA per 30 days) MO
methylphenidate hydrochloride solution 5mg/5ml	1	QL (1800 ML per 30 days) MO
methylphenidate hydrochloride solution 10mg/5ml	1	QL (900 ML per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
zenzedi tablet 10mg, 5mg	1	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	2	QL (30 EA per 30 days) MO
doxepin hydrochloride tablet 3mg, 6mg	1	QL (30 EA per 30 days) MO; HRM
eszopiclone	1	QL (30 EA per 30 days) PA MO; HRM
HETLIOZ LQ ORAL SUSPENSION	3	QL (158 ML per 30 days) PA LA MO
tasimelteon	1	QL (30 EA per 30 days) PA; ACS
temazepam	1	QL (30 EA per 30 days) PA MO; HRM
triazolam	1	QL (60 EA per 30 days) PA MO; HRM
zaleplon capsule 5mg	1	QL (30 EA per 30 days) PA MO; HRM
zaleplon capsule 10mg	1	QL (60 EA per 30 days) PA MO; HRM
zolpidem tartrate immediate release tablet 10mg, 5mg	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA MO; ACS

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

Drug name	Drug tier	Requirements/Limits
almotriptan maleate tablet 6.25mg, 12.5mg	1	QL (8 EA per 30 days) MO
dihydroergotamine mesylate injection	1	PA MO
dihydroergotamine mesylate nasal solution	1	QL (8 ML per 30 days) PA MO
eletriptan hydrobromide	1	QL (12 EA per 30 days) MO
ergotamine tartrate/caffeine	1	QL (40 EA per 28 days) PA MO
frovatriptan succinate	1	QL (12 EA per 30 days) MO
naratriptan hcl	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
rizatriptan benzoate odt	1	QL (12 EA per 30 days) MO
rizatriptan benzoate tablet	1	QL (12 EA per 30 days) MO
sumatriptan nasal spray	1	QL (12 EA per 30 days) MO
sumatriptan succinate refill injection	1	QL (4 ML per 30 days) MO
sumatriptan succinate injection	1	QL (4 ML per 30 days) MO
sumatriptan succinate tablet 100mg	1	QL (12 EA per 30 days) MO
sumatriptan succinate tablet 25mg, 50mg	1	QL (9 EA per 30 days) MO
sumatriptan/naproxen sodium	1	QL (9 EA per 30 days) MO
zolmitriptan tablet	1	QL (6 EA per 30 days) MO
zolmitriptan odt	1	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT	2	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	2	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	2	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	2	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	2	QL (120 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
AUSTEDO TABLET 6MG	2	QL (60 EA per 30 days) PA LA; ACS
lithium carbonate capsule, tablet	1	MO
lithium carbonate er	1	MO
NUEDEXTA	2	QL (60 EA per 30 days) PA MO
pregabalin er tablet extended release 24 hour 330mg	1	QL (60 EA per 30 days) PA MO
pregabalin er tablet extended release 24 hour 165mg, 82.5mg	1	QL (90 EA per 30 days) PA MO
pyridostigmine bromide tablet 60mg, 30mg	1	MO
pyridostigmine bromide er	1	MO
riluzole	1	MO
tetrabenazine tablet 25mg	1	QL (120 EA per 30 days) PA LA; ACS
tetrabenazine tablet 12.5mg	1	QL (90 EA per 30 days) PA LA; ACS
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	2	QL (30 EA per 30 days) PA LA; ACS
AVONEX	2	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	2	QL (1 EA per 28 days) PA; ACS
BETASERON	2	QL (14 EA per 28 days) PA; ACS
COPAXONE INJECTION 40MG/ML	2	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	2	QL (30 ML per 30 days) PA; ACS
dalfampridine er	1	PA; ACS
fingolimod	1	QL (30 EA per 30 days) PA; ACS
KESIMPTA	2	QL (6.4 ML per 365 days) PA LA; ACS
TECFIDERA STARTER PACK	2	QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG	2	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	2	QL (60 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
VUMERITY	2	QL (120 EA per 30 days) PA LA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tablet	1	MO
chlorzoxazone tablet 500mg	1	QL (180 EA per 30 days) PA MO
cyclobenzaprine hydrochloride tablet 10mg, 5mg	1	QL (90 EA per 30 days) PA MO; HRM
dantrolene sodium capsule 25mg, 50mg, 100mg	1	MO
tizanidine hcl capsule 4mg, tablet 2mg	1	MO
tizanidine hydrochloride capsule 2mg, 6mg, tablet 4mg	1	MO
NARCOLEPSY/CATAPLEXY		
armodafinil tablet 150mg, 200mg, 250mg	1	QL (30 EA per 30 days) PA MO
armodafinil tablet 50mg	1	QL (60 EA per 30 days) PA MO
modafinil tablet 100mg	1	QL (30 EA per 30 days) PA MO
modafinil tablet 200mg	1	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	3	QL (540 ML per 30 days) PA LA MO
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr	1	MO
buprenorphine hcl sublingual tablet 2mg, 8mg	1	QL (90 EA per 30 days) PA MO
buprenorphine hcl/naloxone hcl sublingual tablet	1	QL (90 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg	1	QL (60 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg	1	QL (60 EA per 30 days) MO
disulfiram tablet	1	MO
naloxone hcl injection 2mg/2ml	1	
naloxone hcl injection 4mg/10ml	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
naloxone hydrochloride nasal spray	1	MO
naloxone hydrochloride cartridge inj 0.4mg/ml	1	
naloxone hydrochloride vial inj 0.4mg/ml	1	MO
naltrexone hcl tablet	1	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL SPRAY	3	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	3	PA MO
VARENICLINE TARTRATE	3	PA MO
VIVITROL	3	MO; ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
methyltestosterone capsule	1	PA MO
oxandrolone tablet 2.5mg	1	QL (120 EA per 30 days) PA MO
oxandrolone tablet 10mg	1	QL (60 EA per 30 days) PA MO
testosterone cypionate injection	1	MO
testosterone enanthate injection	1	PA MO
testosterone pump gel 1%	1	QL (300 GM per 30 days) MO
testosterone pump gel 2% (10mg/act)	1	QL (120 GM per 30 days) MO
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	1	QL (300 GM per 30 days) MO
testosterone topical solution	1	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
BD ALCOHOL SWABS	2	MO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16”	2	MO
BASAGLAR KWIKPEN	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2”	2	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2”	2	MO

You 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 INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16”	2	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	2	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64”	2	MO
CURITY GAUZE PADS 2”X2” 12 PLY	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	B/D MO
HUMULIN R U-500 KWIKPEN	2	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG (BRAND RELION NOT COVERED)	2	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL	2	MO
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO

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

Drug name	Drug tier	Requirements/Limits
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tablet	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA MO
FARXIGA	2	QL (30 EA per 30 days) MO
glimepiride tablet 4mg	1	QL (60 EA per 30 days) MO
glimepiride tablet 1mg, 2mg	1	QL (90 EA per 30 days) MO
glipizide er tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide xl tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide xl tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (240 EA per 30 days) MO
glipizide tablet 10mg	1	QL (120 EA per 30 days) MO
glipizide tablet 5mg	1	QL (240 EA per 30 days) MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	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
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg	1	QL (120 EA per 30 days) MO
metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg	1	QL (120 EA per 30 days) PA MO
metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg	1	QL (60 EA per 30 days) MO
metformin hydrochloride tablet 500mg	1	QL (150 EA per 30 days) MO
metformin hydrochloride tablet 1000mg	1	QL (75 EA per 30 days) MO
metformin hydrochloride tablet 850mg	1	QL (90 EA per 30 days) MO
miglitol	1	QL (90 EA per 30 days) MO
nateglinide	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL (3 ML per 28 days) PA MO
pioglitazone hcl tablet 45mg	1	QL (30 EA per 30 days) MO
pioglitazone hcl-glimepiride	1	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl	1	QL (90 EA per 30 days) MO
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL (30 EA per 30 days) MO
repaglinide tablet 0.5mg, 1mg	1	QL (120 EA per 30 days) MO
repaglinide tablet 2mg	1	QL (240 EA per 30 days) MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
SYMLINPEN 120	3	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	3	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
alendronate sodium solution	1	MO
alendronate sodium tablet 10mg	1	QL (120 EA per 30 days) MO
alendronate sodium tablet 35mg, 70mg	1	QL (4 EA per 28 days) MO
calcitonin-salmon nasal spray	1	MO
ibandronate sodium tablet	1	QL (1 EA per 30 days) MO
ibandronate sodium injection	1	QL (3 ML per 90 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
NATPARA	3	PA LA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
pamidronate disodium injection 30mg/10ml, 90mg/10ml	1	
PROLIA	3	QL (1 ML per 180 days); ACS
risedronate sodium dr tablet 35mg	1	QL (4 EA per 28 days) MO
risedronate sodium tablet 150mg	1	QL (1 EA per 28 days) MO
risedronate sodium tablet 30mg, 5mg	1	QL (30 EA per 30 days) MO
risedronate sodium tablet 35mg	1	QL (4 EA per 28 days) MO
TERIPARATIDE	2	PA; ACS
XGEVA	3	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
zoledronic acid injection 4mg/5ml, 5mg/100ml	1	ACS
CHELATING AGENTS		
CHEMET	3	MO
deferasirox	1	PA; ACS
penicillamine tablet	1	ACS
sodium polystyrene sulfonate oral powder	1	MO
sps oral suspension 15gm/60ml	1	MO
trientine hydrochloride	1	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	MO
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
apri	1	
aranelle	1	MO
ashlyna	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
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	MO
blisovi fe 1.5/30	1	MO
blisovi fe 1/20	1	
briellyn	1	
camila	1	MO
CAMRESE	2	
CAMRESE LO	2	
charlotte 24 fe	1	
chateal eq	1	
cryselle-28	1	MO
cyred	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane	1	
delyla	1	
DEPO-SUBQ PROVERA 104	3	MO
desogestrel/ethinyl estradiol	1	MO
dolishale	1	
drospirenone/ethinyl estradiol	1	MO
drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg	1	MO
elinest	1	
eluryng	1	
enpresse-28	1	
enskyce	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
errin	1	MO
estarylla	1	MO
ethynodiol diacetate/ethinyl estradiol	1	MO
falmina	1	
fayosim	1	
femynor	1	
finzala	1	
hailey 1.5/30	1	MO
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
heather	1	
iclevia	1	
incassia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jencycla	1	
JOLESSA	2	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	MO
junel fe 1/20	1	MO
junel fe 24	1	
kaitlib fe	1	MO
kalliga	1	
kariva	1	
kelnor 1/35	1	MO
kelnor 1/50	1	MO
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	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
larin fe 1/20	1	
LEENA	2	
lessina	1	
levonest	1	
levonorgestrel and ethinyl estradiol	1	MO
levonorgestrel/ethinyl estradiol	1	MO
levora 0.15/30-28	1	
lo-zumandimine	1	MO
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	MO
loryna	1	
low-ogestrel	1	
lutera	1	MO
lyleq	1	
lyza	1	
marlissa	1	MO
medroxyprogesterone acetate injection 150mg/ml	1	MO
mibelas 24 fe	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
microgestin 24 fe	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
mili	1	
mono-linyah	1	
necon 0.5/35-28	1	
nikki	1	
NORA-BE	2	
norethindrone tablet 0.35mg	1	MO
norethindrone & ethinyl estradiol ferrous fumarate	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
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet	1	MO
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	1	MO
norethindrone/ethinyl estradiol/ferrous fumarate	1	MO
norgestimate/ethinyl estradiol	1	MO
norlyda	1	
norlyroc	1	
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 28-day regimen	1	
nortrel 1/35 21-day regimen	1	MO
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	MO
nymyo	1	
OCELLA	2	
orsythia	1	
philith	1	
pimtrea	1	
pirmella 1/35	1	MO
pirmella 7/7/7	1	MO
portia-28	1	
reclipsen	1	
RIVELSA	2	
setlakin	1	
sharobel	1	
simliya	1	
simpesse	1	MO
sprintec 28	1	
sronyx	1	MO
syeda	1	
tarina fe 1/20 eq	1	
TILIA FE	2	
tri femynor	1	
tri-estarylla	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
tri-legest fe	1	MO
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	MO
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
trivora-28	1	MO
tydemy	1	
velivet	1	MO
vestura	1	
vienva	1	
viorele	1	MO
volnea	1	MO
vyfemla	1	MO
vylibra	1	
wera	1	
wymzya fe	1	
zovia 1/35	1	
zumandimine	1	
ENDOMETRIOSIS		
danazol capsule	1	MO
SYNAREL	3	MO
ESTROGENS		
amabelz	1	MO
dotti	1	QL (8 EA per 28 days)
DUAVEE	3	MO
estradiol valerate injection	1	MO
estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg	1	MO
estradiol vaginal cream, oral tablet, vaginal tablet	1	MO
estradiol patch weekly	1	QL (4 EA per 28 days) MO
estradiol patch twice weekly	1	QL (8 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
ESTRING	3	QL (1 EA per 90 days) MO
fyavolv	1	MO
jinteli	1	
lyllana	1	QL (8 EA per 28 days)
mimvey	1	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	1	MO
PREMARIN	3	MO
PREMPRO	3	MO
yuvafem	1	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	3	MO
dexamethasone sodium phosphate injection vial 10mg/ml	1	
dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml	1	MO
dexamethasone tablet, oral solution, oral elixir	1	MO
fludrocortisone acetate tablet	1	MO
hydrocortisone tablet 10mg, 20mg, 5mg	1	MO
methylprednisolone acetate injection	1	B/D MO
methylprednisolone dose pack	1	MO
methylprednisolone sodium succinate injection 500mg	1	B/D
methylprednisolone sodium succinate injection 1000mg	1	B/D MO
methylprednisolone sodium succinate injection 125mg, 40mg	1	B/D MO
methylprednisolone tablet	1	B/D MO
prednisolone oral solution 15mg/5ml	1	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
prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	B/D MO
PREDNISONE INTENSOL	3	B/D MO
prednisone solution, tablet	1	B/D MO
prednisone tablet therapy pack	1	MO
SOLU-CORTEF	3	MO
triamcinolone acetonide injection 40mg/ml	1	MO
GLUCOSE ELEVATING AGENTS		
diazoxide oral suspension	1	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE KIT	2	MO
GVOKE PFS	2	MO
MISCELLANEOUS		
acetylcysteine injection 200mg/ml	1	
betaine anhydrous	1	LA MO
cabergoline	1	MO
carglumic acid	1	PA LA MO
CERDELGA	3	PA LA; ACS
cinacalcet hydrochloride tablet 90mg	1	QL (120 EA per 30 days); ACS
cinacalcet hydrochloride tablet 30mg, 60mg	1	QL (60 EA per 30 days); ACS
CYSTAGON	3	PA LA; ACS
desmopressin acetate	1	MO
fomepizole	1	
GENOTROPIN	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG, 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 1.8MG	3	PA; ACS
INCRELEX	3	PA LA; ACS
javygtor	1	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
KORLYM	3	PA LA MO
LEVOCARNITINE TABLET	3	MO
levocarnitine injection	1	
levocarnitine oral solution	1	MO
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	PA; ACS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	3	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	3	PA; ACS
methergine	1	
methylergonovine maleate tablet	1	MO
nitisinone	1	PA; ACS
octreotide acetate	1	PA; ACS
raloxifene hydrochloride	1	MO
SANDOSTATIN LAR DEPOT KIT	3	PA; ACS
sapropterin dihydrochloride	1	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	PA LA MO
sodium phenylbutyrate tablet, oral powder	1	PA; ACS
SOMATULINE DEPOT	3	PA LA; ACS
SOMAVERT	3	PA LA; ACS
PHOSPHATE BINDER AGENTS		
calcium acetate capsule, tablet 667mg	1	QL (360 EA per 30 days) MO
lanthanum carbonate	1	MO
PROGESTINS		
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	MO
megestrol acetate suspension 40mg/ml, 625mg/5ml	1	MO
norethindrone acetate tablet 5mg	1	MO
progesterone capsule, injection	1	MO
THYROID AGENTS		
euthyrox	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
levo-t	1	
levothyroxine sodium tablet	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 100MCG/ML, 200MCG/5ML, 500MCG/5ML	3	
levothyroxine sodium injection powder 100mcg, 200mcg, 500mcg	1	MO
levoxyl	1	MO
liothyronine sodium injection	1	
liothyronine sodium tablet	1	MO
methimazole tablet	1	MO
propylthiouracil tablet	1	MO
SYNTHROID	3	MO
unithroid	1	
VITAMIN D ANALOGS		
calcitriol capsule 0.25mcg, 0.5mcg	1	MO
calcitriol oral solution 1mcg/ml	1	MO
doxercalciferol injection	1	
paricalcitol	1	MO
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant	1	B/D MO
compro	1	MO; HRM
DIMENHYDRINATE INJECTION	3	
dronabinol	1	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSPENSION	3	B/D
granisetron hydrochloride tablet	1	QL (60 EA per 30 days) B/D MO
meclizine hcl tablet 12.5mg, 25mg	1	MO; HRM
meclizine hydrochloride	1	
metoclopramide hcl oral solution	1	MO
metoclopramide hydrochloride tablet, injection	1	MO
metoclopramide odt	1	MO
ondansetron hcl tablet 24mg	1	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
ondansetron hcl oral solution	1	QL (900 ML per 30 days) B/D MO
ondansetron hydrochloride tablet 4mg, 8mg	1	B/D MO
ondansetron hydrochloride injection	1	MO
ondansetron odt	1	B/D MO
prochlorperazine edisylate injection	1	MO; HRM
prochlorperazine maleate tablet	1	MO; HRM
prochlorperazine rectal suppository	1	MO; HRM
promethazine hcl tablet 12.5mg, injection, suppository	1	PA MO; HRM
promethazine hcl plain oral syrup 6.25mg/5ml	1	PA MO; HRM
promethazine hydrochloride tablet 25mg, 50mg	1	PA MO; HRM
promethegan suppository 12.5mg, 50mg	1	PA MO; HRM
promethegan suppository 25mg	1	PA; HRM
SANCUSO	2	QL (4 EA per 28 days) MO
scopolamine patch	1	QL (10 EA per 30 days) PA MO; HRM
trimethobenzamide hydrochloride capsule	1	PA MO
ANTISPASMODICS		
dicyclomine hcl oral solution	1	PA MO; HRM
dicyclomine hydrochloride capsule, tablet, injection	1	PA MO; HRM
glycopyrrolate oral solution, tablet 1mg, 2mg	1	MO
glycopyrrolate injection 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml	1	
glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml	1	MO
methscopolamine bromide tablet	1	PA MO
H2-RECEPTOR ANTAGONISTS		
cimetidine tablet	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
famotidine premixed injection 20mg/50ml	1	
famotidine injection	1	
famotidine oral suspension reconstituted, tablet	1	MO
nizatidine	1	MO
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	1	MO
budesonide er tablet extended release 24 hour 9mg	1	MO
budesonide capsule delayed release particles 3mg	1	MO
hydrocortisone enema 100mg/60ml	1	MO
mesalamine kit, suppository, enema	1	MO
mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg	1	MO
sulfasalazine tablet, delayed release tablet	1	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
constulose	1	
enulose	1	MO
gavilyte-c	1	MO
gavilyte-g	1	MO
generlac	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
lactulose oral solution (constipation)	1	MO
peg-3350/electrolytes	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
peg-3350/nacl/na bicarbonate/ kcl	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
MISCELLANEOUS		
alosetron hydrochloride	1	QL (60 EA per 30 days) PA MO
cromolyn sodium oral concentrate 100mg/5ml	1	MO
diphenoxylate hydrochloride/ atropine sulfate tablet	1	MO; HRM
diphenoxylate/atropine oral solution	1	MO; HRM
GATTEX	3	PA LA; ACS
lansoprazole/amoxicillin/ clarithromycin	1	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
loperamide hcl capsule	1	MO
misoprostol tablet	1	MO
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	3	MO
sucralfate tablet	1	MO
ursodiol capsule 300mg, tablet 250mg, 500mg	1	MO
XERMELO	3	QL (84 EA per 28 days) PA LA MO
XIFAXAN TABLET 550MG	2	PA MO
PANCREATIC ENZYMES		
CREON	2	MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
dexlansoprazole	1	QL (30 EA per 30 days) MO
esomeprazole magnesium capsule delayed release	1	QL (30 EA per 30 days) MO
esomeprazole sodium injection	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
lansoprazole capsule delayed release 15mg	1	QL (30 EA per 30 days) MO
lansoprazole capsule delayed release 30mg	1	QL (42 EA per 30 days) MO
omeprazole dr capsule delayed release 20mg, 40mg	1	QL (60 EA per 30 days) MO
omeprazole dr capsule delayed release 10mg	1	QL (30 EA per 30 days) MO
pantoprazole sodium injection	1	
pantoprazole sodium tablet delayed release 20mg	1	QL (30 EA per 30 days) MO
pantoprazole sodium tablet delayed release 40mg	1	QL (60 EA per 30 days) MO
rabeprazole sodium delayed release tablet 20mg	1	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er	1	QL (30 EA per 30 days) MO
dutasteride	1	QL (30 EA per 30 days) MO
dutasteride/tamsulosin hydrochloride	1	QL (30 EA per 30 days) MO
finasteride tablet 5mg	1	QL (30 EA per 30 days) MO
silodosin	1	QL (30 EA per 30 days) MO
tamsulosin hydrochloride	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
acetic acid 0.25% irrigation soln	1	MO
bethanechol chloride tablet	1	MO
ELMIRON	3	QL (90 EA per 30 days) MO
potassium citrate er	1	MO
URINARY ANTISPASMODICS		
darifenacin hydrobromide er	1	QL (30 EA per 30 days) MO; HRM
fesoterodine fumarate er	1	QL (30 EA per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
oxybutynin chloride er tablet extended release 24 hour 5mg	1	QL (30 EA per 30 days) MO; HRM
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg	1	QL (60 EA per 30 days) MO; HRM
oxybutynin chloride tablet 5mg	1	QL (120 EA per 30 days) MO; HRM
oxybutynin chloride syrup	1	QL (600 ML per 30 days) MO; HRM
solifenacin succinate	1	QL (30 EA per 30 days) MO; HRM
tolterodine tartrate	1	QL (60 EA per 30 days) MO; HRM
tolterodine tartrate er	1	QL (30 EA per 30 days) MO; HRM
trospium chloride	1	QL (60 EA per 30 days) MO; HRM
trospium chloride er	1	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	1	MO
metronidazole vaginal gel 0.75%	1	MO
miconazole 3 vaginal suppository	1	MO
terconazole vaginal cream, suppository	1	MO
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
enoxaparin sodium	1	MO
fondaparinux sodium	1	MO
FRAGMIN INJECTION 10000UNIT/4ML	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
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/DEXTROSE 25000UNIT/250ML (100UNIT/ML)	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	MO
jantoven	1	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
warfarin sodium	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT	2	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ZARXIO	2	PA; ACS
MISCELLANEOUS		
anagrelide hydrochloride	1	MO
BERINERT	3	QL (24 EA per 30 days) PA LA; ACS
cilostazol	1	MO
DOPTELET	2	QL (60 EA per 30 days) PA LA; ACS
DROXIA	2	MO
ENDARI	3	PA LA; ACS
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	3	QL (30 EA per 30 days) PA LA; ACS
icatibant acetate	1	QL (27 ML per 30 days) PA; ACS
pentoxifylline er	1	MO
PROMACTA PACKET 25MG	3	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	3	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG	3	QL (60 EA per 30 days) PA LA; ACS
sajazir	1	QL (27 ML per 30 days) PA LA
tranexamic acid injection	1	
tranexamic acid tablet	1	MO
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er	1	QL (60 EA per 30 days) MO
BRILINTA	2	MO
clopidogrel tablet 300mg	1	QL (2 EA per 365 days) MO
clopidogrel tablet 75mg	1	QL (30 EA per 30 days) MO
dipyridamole tablet	1	PA MO
prasugrel	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT INJECTION 100MG/0.67ML	2	QL (1.34 ML per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
DUPIXENT INJECTION 200MG/1.14ML	2	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	2	QL (8 ML per 28 days) PA; ACS
ENBREL	2	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	2	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	2	QL (8 ML per 28 days) PA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	2	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; ACS
HUMIRA PEN-PS/UV STARTER	2	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	2	PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	2	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA; ACS
KEVZARA	2	QL (2.28 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	2	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	2	QL (60 EA per 30 days) PA; ACS
RINVOQ	2	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	2	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	2	QL (2.4 ML per 56 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
SKYRIZI INJECTION 150MG/ML	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	2	QL (60 ML per 365 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	2	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	2	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	2	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA LA; ACS
TALTZ	2	QL (3 ML per 28 days) PA LA; ACS
XELJANZ XR	2	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	2	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	2	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tablet 200mg	1	MO
leflunomide	1	QL (30 EA per 30 days) MO
methotrexate sodium tablet 2.5mg	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
GAMASTAN	2	B/D LA; ACS
GAMMAKED	3	PA; ACS
GAMUNEX-C	3	PA; ACS
OCTAGAM	3	PA; ACS
PRIVIGEN	3	PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	3	PA LA; ACS
ARCALYST	3	PA LA; ACS
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	B/D MO
AZATHIOPRINE INJECTION	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
azathioprine tablet 50mg	1	B/D MO
BENLYSTA	3	PA LA; ACS
cyclosporine capsule, injection	1	B/D MO
cyclosporine modified capsule, oral solution	1	B/D MO
everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg	1	B/D MO
gengraf capsule	1	B/D
gengraf solution	1	B/D MO
mycophenolate mofetil	1	B/D MO
mycophenolic acid dr	1	B/D MO
NULOJIX	3	B/D
PROGRAF GRANULES	3	B/D MO
REZUROCK	3	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE ORAL SOLUTION	3	B/D MO
sirolimus	1	B/D MO
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	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
IPOL INACTIVATED IPV	1	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
PEDIARIX	1	
PEDVAX HIB	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 2.5%/NACL 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	

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

Drug name	Drug tier	Requirements/Limits
DEXTROSE 5%/NACL 0.2%	3	
dextrose 5%/nacl 0.3%	1	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
DEXTROSE 5%/NACL 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
hyperlyte-cr	1	B/D
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
lactated ringers	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%	1	
multiple electrolytes injection type 1	1	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM CHLORIDE/ DEXTROSE	3	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/ SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%	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
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
potassium chloride injection 2meq/ml	1	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJECTION 7.5%	3	
sodium bicarbonate injection 4.2%	1	
sodium bicarbonate injection 8.4%	1	MO
sodium chloride injection 0.45%	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
sodium chloride injection 0.9%, 3%, 4meq/ml	1	MO
TPN ELECTROLYTES	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
adc/fluoride drops	1	MO
effer-k tablet effervescent 25meq	1	MO
fluoride chewable tablet	1	MO
fluoritab drops	1	
klor-con 10	1	
klor-con 8	1	
klor-con effervescent tablet	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con powder packet 20meq	1	
M-NATAL PLUS	2	MO
multi vitamin/fluoride	1	MO
multi-vitamin/fluoride drops	1	MO
multi-vitamin/fluoride/iron drops	1	MO
multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg	1	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO

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

Drug name	Drug tier	Requirements/Limits
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
potassium chloride er capsule extended release	1	MO
potassium chloride er tablet extended release 15meq	1	
potassium chloride er tablet extended release 10meq, 20meq, 8meq	1	MO
potassium chloride packet 20meq	1	MO
potassium chloride oral solution 10%, 20%	1	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
sodium fluoride solution 0.5mg/ml	1	MO
sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	MO
tri-vite/fluoride	1	MO
TRICARE PRENATAL TABLET	2	MO
WESTAB PLUS	2	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
clinisol sf 15%	1	B/D MO
CLINOLIPID	2	B/D
dextrose 10%	1	
dextrose 5%	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
HEPATAMINE	3	B/D
NUTRILIPID	2	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
plenamine	1	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
neo-polycin hc ophthalmic ointment	1	
neomycin/polymyxin/bacitracin/ hydrocortisone	1	MO
neomycin/polymyxin/ dexamethasone ophthalmic suspension, ophthalmic ointment	1	MO
neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	1	MO
sulfacetamide sodium/ prednisolone sodium phosphate	1	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX ST	2	MO
tobramycin/dexamethasone	1	MO
ZYLET	2	MO
ANTI-INFECTIVES		
bacitracin ophthalmic ointment 500units/gm	1	MO
bacitracin/polymyxin b ophthalmic ointment	1	MO
BESIVANCE	2	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
ciprofloxacin hydrochloride ophthalmic solution 0.3%	1	QL (30 ML per 30 days) MO
erythromycin ointment 5mg/gm	1	QL (42 GM per 30 days) MO
gatifloxacin ophthalmic solution	1	QL (20 ML per 30 days) MO
gentamicin sulfate ophthalmic solution 0.3%	1	QL (30 ML per 30 days) MO
levofloxacin ophthalmic solution 1.5%	1	QL (20 ML per 30 days)

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

Drug name	Drug tier	Requirements/Limits
levofloxacin ophthalmic solution 0.5%	1	QL (30 ML per 30 days) MO
moxifloxacin hydrochloride ophthalmic solution 0.5%	1	QL (12 ML per 30 days) MO
NATACYN	3	MO
neo-polycin ophthalmic ointment	1	
neomycin/bacitracin/polymyxin ophthalmic ointment	1	MO
neomycin/polymyxin/gramicidin	1	MO
ofloxacin ophthalmic solution 0.3%	1	QL (60 ML per 30 days) MO
polycin	1	
polymyxin b sulfate/trimethoprim sulfate	1	MO
sulfacetamide sodium ointment 10%	1	MO
sulfacetamide sodium ophthalmic solution 10%	1	QL (90 ML per 30 days) MO
tobramycin solution 0.3%	1	QL (30 ML per 30 days) MO
trifluridine	1	MO
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ALREX	2	MO
bromfenac ophthalmic solution	1	MO
BROMSITE	3	MO
dexamethasone sodium phosphate ophthalmic solution 0.1%	1	MO
diclofenac sodium ophthalmic solution 0.1%	1	QL (10 ML per 30 days) MO
difluprednate	1	MO
EYSUVIS	3	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
flurbiprofen sodium ophthalmic solution 0.03%	1	MO
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	MO
LOTEMAX OINTMENT	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
LOTEMAX SM	2	MO
loteprednol etabonate	1	MO
prednisolone acetate ophthalmic suspension 1%	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
azelastine hcl ophthalmic solution 0.05%	1	MO
cromolyn sodium ophthalmic solution 4%	1	MO
epinastine hcl	1	MO
olopatadine hcl ophthalmic solution 0.1%	1	MO
olopatadine hydrochloride ophthalmic solution 0.2%	1	MO
ZERVIATE	3	MO
ANTIGLAUCOMA		
betaxolol hcl solution 0.5%	1	MO
BETOPTIC-S	2	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
brimonidine tartrate solution 0.2%	1	MO
brinzolamide	1	MO
carteolol hcl	1	MO
COMBIGAN	2	MO
dorzolamide hcl/timolol maleate	1	MO
dorzolamide hydrochloride	1	MO
dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free	1	MO
latanoprost ophthalmic solution	1	MO
levobunolol hcl	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	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
pilocarpine hcl ophthalmic solution	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
timolol maleate solution 0.25%, 0.5%	1	MO
travoprost	1	MO
VYZULTA	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
CYSTARAN	3	PA LA MO
ISOPTO ATROPINE	2	MO
proparacaine hcl	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
TYRVAYA	3	QL (8.4 ML per 30 days) MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
acetic acid otic solution 0.25%	1	MO
CIPRO HC	3	MO
CIPROFLOXACIN OTIC SOLUTION 0.2%	2	MO
ciprofloxacin/dexamethasone	1	MO
flac otic oil	1	
fluocinolone acetonide otic oil 0.01%	1	MO
hydrocortisone/acetic acid otic solution	1	MO
neomycin/polymyxin/hc otic solution 1%	1	MO
neomycin/polymyxin/ hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	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
ofloxacin otic solution 0.3%	1	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
ipratropium bromide/albuterol sulfate nebulized solution	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
ipratropium bromide inhalation solution 0.02%	1	B/D MO
ipratropium bromide nasal solution 0.03%	1	QL (30 ML per 28 days) MO
ipratropium bromide nasal solution 0.06%	1	QL (45 ML per 30 days) MO
ANTIHISTAMINES		
azelastine hcl nasal solution 0.1%	1	QL (30 ML per 25 days) MO
azelastine hcl nasal solution 0.15%	1	QL (30 ML per 25 days) MO
carbinoxamine maleate solution	1	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	3	PA MO
carbinoxamine maleate tablet 4mg	1	PA MO
cetirizine hydrochloride oral solution 1mg/ml	1	QL (300 ML per 30 days) MO
clemastine fumarate tablet 2.68mg	1	PA MO
cyproheptadine hcl syrup	1	PA MO; HRM
cyproheptadine hydrochloride tablet	1	PA MO; HRM
desloratadine	1	QL (30 EA per 30 days) MO
desloratadine odt	1	QL (30 EA per 30 days) MO
diphenhydramine hcl injection	1	MO; HRM
hydroxyzine hcl tablet	1	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
hydroxyzine hydrochloride injection, syrup 10mg/5ml	1	PA MO; HRM
hydroxyzine pamoate capsule	1	PA MO; HRM
levocetirizine dihydrochloride solution	1	MO
levocetirizine dihydrochloride tablet	1	QL (30 EA per 30 days) MO
olopatadine hcl nasal solution 0.6%	1	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act	1	QL (13.4 GM per 30 days) MO
albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act	1	QL (17 GM per 30 days) MO
albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act	1	QL (36 GM per 30 days) MO
albuterol sulfate nebulization solution	1	B/D MO
albuterol sulfate syrup, tablet	1	MO
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 0.125mg/3ml	1	B/D MO
levalbuterol nebulization solution 1.25mg/0.5ml	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
terbutaline sulfate injection, tablet	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
montelukast sodium tablet chewable, tablet, packet	1	QL (30 EA per 30 days) MO
zafirlukast	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation solution 10%, 20%	1	B/D MO
aminophylline	1	
BRONCHITOL	3	QL (560 EA per 28 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
BRONCHITOL TOLERANCE TEST	3	QL (560 EA per 28 days) PA LA; ACS
cromolyn sodium nebulization solution 20mg/2ml	1	B/D MO
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL (2 EA per 30 days) MO
FASENRA	2	QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN	2	QL (1 ML per 28 days) PA LA; ACS
KALYDECO PACKET	3	QL (56 EA per 28 days) PA LA MO
KALYDECO TABLET	3	QL (60 EA per 30 days) PA LA MO
OFEV	2	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	3	QL (112 EA per 28 days) PA LA MO
ORKAMBI PACKET	3	QL (56 EA per 28 days) PA LA MO
pirfenidone capsule	1	QL (270 EA per 30 days) PA; ACS
pirfenidone tablet 267mg	1	QL (270 EA per 30 days) PA; ACS
pirfenidone tablet 534mg, 801mg	1	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	2	PA LA MO
PULMOZYME	3	PA; ACS
roflumilast	1	MO
theophylline oral solution	1	MO
theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 24 hour	1	MO
theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 100mg, 200mg	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
theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 300mg, 450mg	1	MO
TRIKAFTA THERAPY PACK	3	QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK	3	QL (84 EA per 28 days) PA LA MO
XOLAIR	2	PA LA; ACS
NASAL STEROIDS		
flunisolide nasal spray 0.025%	1	QL (75 ML per 30 days) MO
fluticasone propionate suspension 50mcg/act	1	QL (16 GM per 30 days) MO
mometasone furoate suspension 50mcg/act	1	QL (34 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
breyna	1	QL (10.3 GM per 30 days)
budesonide/formoterol fumarate dihydrate	1	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
fluticasone propionate/ salmeterol diskus	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
wixela inhub	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
accutane	1	PA
amnesteem	1	PA
claravis	1	PA
clindacin foam	1	QL (100 GM per 30 days)
clindamycin phosphate/benzoyl peroxide gel 1.2;2.5%, 1.2%;5%	1	MO
clindamycin phosphate foam 1%	1	QL (100 GM per 30 days) MO
clindamycin phosphate gel 1%	1	QL (75 GM per 30 days) MO
clindamycin phosphate lotion 1%	1	QL (60 ML per 30 days) MO
clindamycin phosphate external solution 1%	1	QL (60 ML per 30 days) MO
clindamycin/benzoyl peroxide gel 5%; 1%	1	MO
dapsone gel 5%, 7.5%	1	QL (90 GM per 30 days) MO
ery pad 2%	1	MO
erythromycin/benzoyl peroxide gel 5%; 3%	1	MO
erythromycin gel 2%	1	QL (60 GM per 30 days) MO
erythromycin solution 2%	1	QL (60 ML per 30 days) MO
isotretinoin	1	PA
neuac	1	
sulfacetamide sodium lotion 10%	1	MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
tretinoin cream 0.025%, 0.05%, 0.1%	1	QL (45 GM per 30 days) PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	1	QL (45 GM per 30 days) PA MO
zenatane	1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	1	QL (30 GM per 30 days) MO
gentamicin sulfate ointment 0.1%	1	QL (30 GM per 30 days) MO
mafenide acetate packet	1	MO
mupirocin ointment, cream	1	QL (30 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
silver sulfadiazine cream	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream 0.77%	1	QL (90 GM per 30 days) MO
ciclopirox gel	1	QL (100 GM per 30 days) MO
ciclopirox shampoo	1	QL (120 ML per 30 days) MO
ciclopirox olamine suspension	1	QL (60 ML per 30 days) MO
clotrimazole/betamethasone dipropionate cream	1	QL (45 GM per 30 days) MO
clotrimazole cream 1%	1	QL (45 GM per 30 days) MO
clotrimazole solution 1%	1	QL (30 ML per 30 days) MO
econazole nitrate cream	1	QL (85 GM per 30 days) MO
ERTACZO	3	QL (60 GM per 30 days) MO
ketoconazole cream 2%	1	QL (60 GM per 30 days) MO
ketoconazole foam 2%	1	QL (100 GM per 30 days) MO
ketodan foam 2%	1	QL (100 GM per 30 days)
naftifine hcl cream 1%	1	QL (90 GM per 30 days) MO
naftifine hydrochloride cream 2%	1	QL (60 GM per 30 days) MO
nyamyc powder	1	QL (60 GM per 30 days) MO
nystatin cream 100000unit/gm	1	QL (30 GM per 30 days) MO
nystatin ointment 100000unit/gm	1	QL (30 GM per 30 days) MO
nystatin powder 100000unit/gm	1	QL (60 GM per 30 days) MO
nystop powder	1	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin	1	PA MO
calcipotriene cream, ointment	1	QL (120 GM per 30 days) PA MO
calcipotriene solution	1	QL (60 ML per 30 days) PA MO
calcitrene	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
methoxsalen capsule	1	MO
tazarotene gel	1	QL (100 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
tazarotene cream	1	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	1	MO
selenium sulfide lotion 2.5%	1	MO
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cream 1%	1	
ala-cort cream 2.5%	1	QL (30 GM per 30 days)
alclometasone dipropionate	1	MO
betamethasone dipropionate cream, ointment, lotion	1	MO
betamethasone dipropionate augmented cream, gel, ointment	1	MO
betamethasone dipropionate augmented lotion	1	QL (120 ML per 30 days) MO
betamethasone valerate cream, lotion, ointment	1	MO
betamethasone valerate foam	1	QL (120 GM per 30 days) MO
calcipotriene/betamethasone dipropionate ointment	1	QL (400 GM per 28 days) PA MO
clobetasol propionate emollient cream 0.05%	1	QL (60 GM per 30 days) MO
clobetasol propionate emollient foam 0.05%	1	QL (100 GM per 30 days) MO
clobetasol propionate foam	1	QL (100 GM per 30 days) MO
clobetasol propionate shampoo	1	QL (118 ML per 30 days) MO
clobetasol propionate spray liquid	1	QL (125 ML per 30 days) MO
clobetasol propionate solution	1	QL (50 ML per 30 days) MO
clobetasol propionate cream, gel, ointment	1	QL (60 GM per 30 days) MO
clodan shampoo 0.05%	1	QL (118 ML per 30 days)
desonide lotion	1	QL (118 ML per 30 days) MO
desonide cream, gel, ointment	1	QL (60 GM per 30 days) MO
desoximetasone cream, ointment	1	QL (100 GM per 30 days) MO
desrx	1	QL (60 GM per 30 days)
diflorasone diacetate	1	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
ENSTILAR	2	QL (120 GM per 30 days) PA MO
fluocinolone acetonide body	1	QL (118.28 ML per 30 days) MO
fluocinolone acetonide scalp	1	QL (118.28 ML per 30 days) MO
fluocinolone acetonide cream 0.025%	1	QL (120 GM per 30 days) MO
fluocinolone acetonide cream 0.01%	1	QL (60 GM per 30 days) MO
fluocinolone acetonide ointment 0.025%	1	QL (120 GM per 30 days) MO
fluocinolone acetonide solution 0.01%	1	QL (90 ML per 30 days) MO
fluocinonide emulsified base cream 0.05%	1	QL (120 GM per 30 days) MO
fluocinonide cream 0.05%	1	QL (120 GM per 30 days) MO
fluocinonide gel, ointment	1	QL (60 GM per 30 days) MO
fluocinonide solution	1	QL (60 ML per 30 days) MO
fluticasone propionate cream 0.05%	1	MO
fluticasone propionate lotion 0.05%	1	QL (120 ML per 30 days) MO
fluticasone propionate ointment 0.005%	1	MO
halobetasol propionate cream, ointment	1	QL (50 GM per 30 days) MO
hydrocortisone butyrate (lipophilic)	1	QL (60 GM per 30 days) MO
hydrocortisone butyrate lotion	1	QL (118 ML per 30 days) MO
hydrocortisone butyrate cream, ointment	1	QL (45 GM per 30 days) MO
hydrocortisone butyrate solution	1	QL (60 ML per 30 days) MO
hydrocortisone valerate cream, ointment	1	QL (60 GM per 30 days) MO
hydrocortisone cream 1%	1	MO
hydrocortisone cream 2.5%	1	QL (30 GM per 30 days) MO
hydrocortisone lotion 2.5%	1	MO
hydrocortisone ointment 1%, 2.5%	1	QL (30 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
mometasone furoate cream 0.1%	1	MO
mometasone furoate ointment 0.1%	1	MO
mometasone furoate solution 0.1%	1	MO
prednicarbate ointment	1	QL (60 GM per 30 days) MO
proctosol hc cream 2.5%	1	
TEXACORT	3	MO
tovet	1	QL (100 GM per 30 days)
triamcinolone acetonide aerosol solution 0.147mg/gm	1	MO
triamcinolone acetonide cream 0.025%, 0.5%	1	MO
triamcinolone acetonide cream 0.1%	1	QL (454 GM per 30 days) MO
triamcinolone acetonide lotion 0.025%, 0.1%	1	MO
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl external solution 4%	1	QL (50 ML per 30 days) PA MO
lidocaine/prilocaine	1	QL (30 GM per 30 days) MO
lidocaine ointment	1	QL (35.44 GM per 30 days) PA MO
lidocaine patch	1	QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir ointment 5%	1	QL (30 GM per 30 days) MO
ammonium lactate cream, lotion	1	MO
azelaic acid gel	1	QL (50 GM per 30 days) MO
bexarotene gel 1%	1	QL (60 GM per 30 days) PA; ACS
diclofenac sodium gel 1%	1	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
FINACEA FOAM, GEL	3	QL (50 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
FLUOROURACIL CREAM 0.5%	3	QL (30 GM per 30 days) PA MO
fluorouracil cream 5%	1	QL (40 GM per 30 days) PA MO
fluorouracil topical solution 2%, 5%	1	QL (10 ML per 30 days) MO
hydrocortisone perianal cream 1%	1	MO
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
imiquimod cream 5%	1	QL (24 EA per 30 days) MO
imiquimod cream 3.75%	1	QL (28 EA per 28 days) MO
metronidazole cream 0.75%	1	MO
metronidazole gel 0.75%, 1%	1	MO
metronidazole lotion 0.75%	1	MO
NORITATE	3	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	3	QL (60 GM per 30 days) PA
podofilox	1	MO
procto-med hc	1	
proctozone-hc	1	
RECTIV	3	QL (30 GM per 30 days) MO
tacrolimus ointment 0.03%, 0.1%	1	QL (60 GM per 30 days) MO
VALCHLOR	3	QL (60 GM per 30 days) PA LA MO
ZYCLARA PUMP CREAM 2.5%	3	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	1	MO
permethrin cream 5%	1	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	2	QL (30 GM per 30 days) PA MO
SANTYL	3	MO
sodium chloride 0.9% irrigation soln	1	MO
sterile water for irrigation	1	MO
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hydrochloride	1	MO
chlorhexidine gluconate oral rinse 0.12%	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
clinpro 5000	1	MO
clotrimazole troche 10mg	1	MO
dentagel	1	MO
fluoridex daily defense	1	
fluoridex sensitivity relief/sls free	1	
fluorimax 5000	1	
fluorimax 5000 sensitive	1	
just right 5000	1	
lidocaine hydrochloride viscous solution 2%	1	MO
nystatin suspension 100000unit/ml	1	MO
oralone dental paste	1	
periogard	1	
pilocarpine hydrochloride tablet	1	MO
sf gel 1.1%	1	MO
sodium fluoride 5000 ppm dental paste	1	MO
sodium fluoride 5000 ppm dry mouth gel	1	MO
sodium fluoride 5000 ppm sensitive	1	MO
sodium fluoride gel 1.1%	1	MO
triamcinolone acetonide dental paste	1	MO

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

Index of Drugs

Drug name	Page
abacavir	19, 21
abacavir sulfate/ lamivudine	21
ABELCET	18
ABILIFY	50
ABILIFY MAINTENA	50
abiraterone acetate	27
ABRYSVO	88
acamprosate calcium dr	63
acarbose	66
accutane	101
acebutolol hydrochloride	39
acetaminophen/ codeine	13, 14
acetazolamide	41
acetazolamide er	42
acetic acid	82
acetic acid otic	96
acetylcysteine	76, 98
acitretin	102
ACTHIB	88
ACTIMMUNE	87
acyclovir	22, 105
acyclovir sodium	22
ADACEL	88
adc/fluoride	91
adefovir dipivoxil	22
ADEMPAS	43
ADMELOG	64
ADMELOG SOLOSTAR	64
ADVAIR HFA	100
afirmelle	69
AIMOVIG	60
ala-cort	103
albendazole	16
albuterol sulfate	98
albuterol sulfate hfa	98
alclometasone dipropionate	103
ALECENSA	29
alendronate sodium	68
alfuzosin hcl	82
aliskiren	42
allopurinol	11
almotriptan maleate	61
alosetron hydrochloride	81
alprazolam	44
alprazolam er	44
ALPRAZOLAM INTENSOL	44
ALREX	94
altavera	69
ALUNBRIG	29
alyacen 1/35	69
alyacen 7/7/7	69
alyq	43
amabelz	74
amantadine	49
ambrisentan	43
amethia	69
amethyst	69
amikacini sulfate	16
amikacin sulfate	16
amiloride hcl	42
amiloride/ hydrochlorothiazide	42
aminophylline	98
amiodarone hcl	38
amiodarone hydrochloride	38
amitriptyline hcl	45
amitriptyline hydrochloride	45
amlodipine besylate	35, 36, 40, 42
amlodipine besylate/ atorvastatin calcium	42
amlodipine besylate/benazepril hydrochloride	35
amlodipine besylate/ valsartan	36
amlodipine/ olmesartan medoxomil	36
amlodipine/ valsartan/ hydrochlorothiazide	37
ammonium lactate	105
amnesteem	101
amoxapine	45
amoxicillin	25, 26
amoxicillin/ clavulanate potassium	26

Drug name	Page
amoxicillin/clavulanate potassium er	26
amphetamine/dextroamphetamine	58
amphetamine/dextroamphetamine er	58
amphotericin b	18
amphotericin b liposome	18
ampicillin	26
ampicillin sodium	26
ampicillin-sulbactam	26
anagrelide hydrochloride	85
anastrozole	27
ANORO ELLIPTA	97
aprepitant	78
apri	69
APTIOM	54
APTIVUS	19
aranelle	69
ARCALYST	87
AREXVY	88
aripiprazole	50
aripiprazole odt	50
ARISTADA	50
ARISTADA INITIO	50
armodafinil	63
ARNUITY ELLIPTA	100
arsenic trioxide	28
asenapine maleate sl	50
ashlyna	69
ASPARLAS	28
aspirin/dipyridamole er	85
ASTAGRAF XL	87
atazanavir sulfate	19
atenolol	39, 40
atenolol/chlorthalidone	39
atomoxetine	58
atorvastatin calcium	39
atovaquone	16, 19
atovaquone/proguanil hcl	19
ATROPINE SULFATE	96
ATROVENT HFA	97
AUBAGIO	62
aubra eq	70
aurovela 1.5/30	70
aurovela 1/20	70
aurovela 24 fe	70
aurovela fe 1.5/30	70
aurovela fe 1/20	70
AUSTEDO	61, 62
AUSTEDO XR	61
aviane	70
AVONEX	62
ayuna	70
AYVAKIT	29
azathioprine	88
AZATHIOPRINE	87
azelaic acid	105
azelastine hcl	95, 97
azithromycin	24
AZITHROMYCIN	24
aztreonam	16
azurette	70
bacitracin	93
bacitracin/polymyxin b	93
baclofen	63
balsalazide disodium	80
BALVERSA	29
balziva	70
BARACLUDE	22
BASAGLAR KWIKPEN	64
BCG VACCINE	88
BD ALCOHOL SWABS	64
BD INSULIN SYRINGE	64, 65
B-D INSULIN SYRINGE ULTRAFINE	64
BD/NOVO PEN NEEDLE	65
benazepril hcl	36
benazepril hcl/hydrochlorothiazide	35
benazepril hydrochloride	36
BENLYSTA	88
benztropine mesylate	49
BERINERT	85
BESIVANCE	93
BESREMI	28
betaine anhydrous	76
betamethasone dipropionate	103
betamethasone dipropionate augmented	103
betamethasone valerate	103
BETASERON	62
betaxolol hcl	40, 95
bethanechol chloride	82
BETOPTIC-S	95

Drug name	Page
BEVESPI AEROSPHERE	97
bexarotene	28, 105
BEXSERO	88
bicalutamide	27
BICILLIN L-A	26
BIKTARVY	21
bisoprolol fumarate	39, 40
bisoprolol fumarate/ hydrochlorothiazide	39
blisovi 24 fe	70
blisovi fe 1.5/30	70
blisovi fe 1/20	70
BOOSTRIX	88
bosentan	43
BOSULIF	29
BRAFTOVI	29
BREO ELLIPTA	100
breyna	100
BREZTRI AEROSPHERE	97
briellyn	70
BRILINTA	85
brimonidine tartrate	95
BRIMONIDINE TARTRATE	95
brinzolamide	95
BRIVIACT	54
bromfenac	94
bromocriptine mesylate	49
BROMSITE	94
BRONCHITOL	98, 99
BRONCHITOL TOLERANCE TEST	99
BRUKINSA	29
budesonide	100
budesonide dr	80
budesonide er	80
budesonide/ formoterol fumarate dihydrate	100
bumetanide	42
buprenorphine	13
buprenorphine hcl	63
buprenorphine hcl/ naloxone hcl	63
buprenorphine hydrochloride/ naloxone hydrochloride	63
bupropion hcl	45
bupropion hydrochloride	45
bupropion hydrochloride er	45, 63
buspirone hcl	44
buspirone hydrochloride	44
butorphanol tartrate	14
BYDUREON BCISE	66
BYETTA	66
cabergoline	76
CABOMETYX	29
calcipotriene	102
calcipotriene/ betamethasone dipropionate	103
calcitonin-salmon	68
calcitrene	102
calcitriol	78
CALCITRIOL	102
calcium acetate	77
CALQUENCE	29
camila	70
CAMRESE	70
CAMRESE LO	70
candesartan cilexetil	37
candesartan cilexetil/ hydrochlorothiazide	37
CAPLYTA	50
CAPRELSA	29
captopril	36
captopril/ hydrochlorothiazide	36
carbamazepine	54
carbamazepine er	54
carbidopa	49
carbidopa/levodopa	49
CARBIDOPA/ LEVODOPA/ ENTACAPONE	49
carbidopa/levodopa er	49
carbidopa/levodopa odt	49
carbinoxamine maleate	97
CARBINOXAMINE MALEATE	97
carglumic acid	76
carteolol hcl	95
cartia xt	40
carvedilol	40
carvedilol phosphate er	40
caspofungin acetate	18
CAYSTON	16
cefaclor	23
CEFACLOR ER	23
cefadroxil	23
cefazolin	24
CEFAZOLIN	24
cefazolin sodium	23

Drug name	Page
CEFAZOLIN SODIUM	23
cefdinir	24
cefepime	24
cefixime	24
cefotetan	24
cefoxitin sodium	24
cefpodoxime proxetil	24
cefprozil	24
ceftazidime	24
CEFTAZIDIME/ DEXTROSE	24
ceftriaxone in iso-osmotic dextrose	24
ceftriaxone sodium	24
CEFTRIAXONE SODIUM	24
cefuroxime axetil	24
cefuroxime sodium	24
celecoxib	11
cephalexin	24
CERDELGA	76
cetirizine hydrochloride	97
cevimeline hydrochloride	106
charlotte 24 fe	70
chateal eq	70
CHEMET	69
chloramphenical sodium succinate	16
chlordiazepoxide/ amitriptyline	45
chlordiazepoxide hcl	44
chlordiazepoxide hydrochloride	44
chlorhexidine gluconate	106
chloroquine phosphate	19
chlorpromazine hcl	50
chlorpromazine hydrochloride	50
chlorthalidone	42
chlorzoxazone	63
cholestyramine	39
cholestyramine light	39
ciclopirox	102
ciclopirox olamine	102
cilostazol	85
CILOXAN	93
CIMDUO	21
cimetidine	79
cinacalcet hydrochloride	76
CIPROFLOXACIN	96
ciprofloxacin/ dexamethasone	96
ciprofloxacin hcl	25
ciprofloxacin hydrochloride	25, 93
ciprofloxacin i.v.-in d5w	25
CIPRO HC	96
citalopram hydrobromide	45, 46
claravis	101
clarithromycin	25
clarithromycin er	25
clemastine fumarate	97
CLENPIQ	80
clindacin	101
clindamycin/benzoyl peroxide	101
clindamycin hcl	16
clindamycin hydrochloride	16
clindamycin palmitate hcl	16
clindamycin phosphate	16, 83, 101
clindamycin phosphate/benzoyl peroxide	101
clindamycin phosphate/dextrose	16
CLINDAMYCIN/ SODIUM CHLORIDE	16
CLINIMIX 4.25%/ DEXTROSE 5%	92
CLINIMIX 4.25%/ DEXTROSE 10%	92
CLINIMIX 5%/ DEXTROSE 15%	92
CLINIMIX 5%/ DEXTROSE 20%	92
CLINIMIX 6/5	92
CLINIMIX 8/10	92
CLINIMIX 8/14	92
clinisol sf 15%	92
CLINOLIPID	92
clinpro 5000	107
clobazam	54
clobetasol propionate	103
clobetasol propionate emollient	103
clodan	103
clomipramine hydrochloride	46
clonazepam	54
clonazepam odt	54
clonidine hcl	42
clonidine hydrochloride	42
clopidogrel	85

Drug name	Page
clorazepate dipotassium	54
clotrimazole	102
clotrimazole/ betamethasone dipropionate	102
clotrimazole troche	107
clozapine	51
clozapine odt	50, 51
CLOZAPINE ODT	50
COARTEM	19
CODEINE SULFATE	14
colchicine	11
colesevelam hydrochloride	39
colestipol hcl	39
colistimethate sodium	16
COMBIGAN	95
COMBIVENT RESPIMAT	97
COMETRIQ	30
COMPLERA	21
compro	78
constulose	80
COPAXONE	62
COPIKTRA	30
CORLANOR	42
COTELLIC	30
CREON	81
cromolyn sodium	81, 95, 99
cryselle-28	70
cyclobenzaprine hydrochloride	63
cyclophosphamide	27
CYCLOPHOSPHAMIDE	27
cycloserine	22
cyclosporine	88
cyclosporine modified	88
cyproheptadine hcl	97
cyproheptadine hydrochloride	97
cyred	70
cyred eq	70
CYSTAGON	76
CYSTARAN	96
dabigatran etexilate	83
dalfampridine er	62
danazol	74
dantrolene	63
dapsone	16, 101
DAPTACEL	88
daptomycin	16
DAPTOMYCIN	16
darifenacin hydrobromide er	82
darunavir	19, 20
dasetta 1/35	70
dasetta 7/7/7	70
DAURISMO	30
daysee	70
DAYVIGO	60
deblitane	70
deferasirox	69
DELSTRIGO	21
delyla	70
DENGVAXIA	88
dentagel	107
DEPO-SUBQ PROVERA	70
DESCOVY	21
desipramine hydrochloride	46
desloratadine	97
desloratadine odt	97
desmopressin acetate	76
desogestrel/ethinyl estradiol	70
desonide	103
desoximetasone	103
desrx	103
desvenlafaxine er	46
DESVENLAFAXINE ER	46
dexamethasone	75
DEXAMETHASONE INTENSOL	75
dexamethasone sodium phosphate	75, 94
dexlansoprazole	81
dexmethylphenidate hcl	58
dexmethylphenidate hcl er	58
dexmethylphenidate hydrochloride	58
dexmethylphenidate hydrochloride er	58
dextroamphetamine sulfate	59
dextroamphetamine sulfate er	58
DEXTROSE 2.5%/ NACL 0.45%	89
dextrose 5%	89, 90, 92

Drug name	Page
DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	89
DEXTROSE 5%/ LACTATED RINGERS	89
DEXTROSE 5%/ NACL 0.2%	90
dextrose 5%/nacl 0.3%	90
DEXTROSE 5%/ NACL 0.9%	90
DEXTROSE 5%/ NACL 0.33%	90
DEXTROSE 5%/ NACL 0.45%	90
DEXTROSE 5%/ NACL 0.225%	90
dextrose 10%	89, 92
DEXTROSE 10%/ NACL 0.2%	89
DEXTROSE 10%/ NACL 0.45%	89
DEXTROSE 50%	92
DEXTROSE 70%	92
DIACOMIT	54
diazepam	54, 55
DIAZEPAM RECTAL GEL	54
diazoxide	76
diclofenac potassium	11
diclofenac sodium	94, 105
diclofenac sodium dr	11
diclofenac sodium er	11
diclofenac sodium/ misoprostol	11
dicloxacillin sodium	26
dicyclomine hcl	79
dicyclomine hydrochloride	79
DIFICID	25
diflorasone diacetate	103
diflunisal	11
difluprednate	94
digox	42
digoxin	42
dihydroergotamine mesylate	61
DILANTIN	55
DILANTIN-125	55
DILANTIN INFATABS	55
diltiazem hcl	40, 41
DILTIAZEM HCL	41
diltiazem hcl cd	40
diltiazem hydrochloride	41
diltiazem hydrochloride er	41
dilt-xr	40
DIMENHYDRINATE	78
diphenhydramine hcl	97
diphenoxylate/ atropine	81
diphenoxylate hydrochloride/ atropine sulfate	81
DIPHTHERIA/ TETANUS TOXOIDS ADSORBED PEDIATRIC	88
dipyridamole	85
disopyramide phosphate	38
disulfiram	63
divalproex sodium	55
divalproex sodium dr	55
divalproex sodium er	55
dofetilide	38
dolishale	70
donepezil hcl	45
donepezil hydrochloride	45
DOPTELET	85
dorzolamide hcl/ timolol maleate	95
dorzolamide hydrochloride	95
dorzolamide hydrochloride/timolol maleate	95
dotti	74
DOVATO	21
doxazosin mesylate	36
doxcycyline hyclate	26
doxepin hcl	46
doxepin hydrochloride	46, 60
DOXEPIN HYDROCHLORIDE	105
doxercalciferol	78
doxy 100	26
doxycycline	26, 105
DOXYCYCLINE	105
doxycycline monohydrate	26
DRIZALMA	46
dronabinol	78
drospirenone/ethinyl estradiol	70
drospirenone/ ethinyl estradiol/ levomefolate calcium	70
DROXIA	85
droxidopa	42

Drug name	Page
DUAVEE	74
DULERA	100
duloxetine hydrochloride	46
DUPIXENT	85, 86
dutasteride	82
dutasteride/ tamsulosin hydrochloride	82
ec-naproxen	11, 12
econazole nitrate	102
EDARBI	37
EDARBYCLOR	37
EDURANT	20
efavirenz	20, 21
efavirenz/ emtricitabine/ tenofovir disoproxil fumarate	21
efavirenz/ lamivudine/tenofovir disoproxil fumarate	21
effer-k	91
eletriptan hydrobromide	61
ELIGARD	27
elinest	70
ELIQUIS	83
ELIQUIS STARTER PACK	83
ELMIRON	82
eluryng	70
EMCYT	27
EMEND	78
EMSAM	46
emtricitabine	20, 21
emtricitabine/ tenofovir disoproxil	21
emtricitabine/ tenofovir disoproxil fumarate	21
EMTRIVA	20
EMVERM	16
enalapril maleate	36
enalapril maleate/ hydrochlorothiazide	36
ENBREL	86
ENBREL MINI	86
ENBREL SURECLICK	86
ENDARI	85
endocet	14
ENGERIX-B	88
enoxaparin sodium	83
enpresse-28	70
enskyce	70
ENSTILAR	104
entacapone	49
entecavir	22
ENTRESTO	37
enulose	80
EPCLUSA	22
EPIDIOLEX	55
epinastine hcl	95
epinephrine	42, 99
epitol	55
EPIVIR HBV	22
eplerenone	36
epoprostenol sodium	43
EPRONTIA	55
ergotamine tartrate/ caffeine	61
ERIVEDGE	30
ERLEADA	27
erlotinib hydrochloride	30
errin	71
ERTACZO	102
ertapenem	16
ery	101
erythrocin stearate	25
erythromycin	25, 93, 101
erythromycin base	25
erythromycin/ benzoyl peroxide	101
erythromycin dr	25
erythromycin ethylsuccinate	25
erythromycin lactobionate	25
escitalopram oxalate	46
esomeprazole magnesium	81
esomeprazole sodium	81
estarylla	71
estradiol	74
estradiol/ norethindrone acetate	74
ESTRING	75
eszopiclone	60
ethambutol hydrochloride	22
ethosuximide	55
ethynodiol diacetate/ ethinyl estradiol	71
etodolac	12
etodolac er	12
etravirine	20
euthyrox	77

Drug name	Page
everolimus	30, 88
EVOTAZ	21
exemestane	27
EXKIVITY	30
EYSUVIS	94
ezetimibe	39
ezetimibe/ simvastatin	39
falmina	71
famciclovir	22
famotidine	80
famotidine premixed	80
FANAPT	51
FANAPT TITRATION PACK	51
FARXIGA	66
FASENRA	99
FASENRA PEN	99
fayosim	71
febuxostat	11
felbamate	55
felodipine er	41
femynor	71
fenofibrate	38
fenofibrate micronized	38
fenofibric acid dr	38
fenoprofen calcium	12
FENOPROFEN CALCIUM	12
fentanyl	13
fentanyl citrate	14
fesoterodine fumarate er	82
FETZIMA	46, 47
FETZIMA TITRATION PACK	46
FIASP	65
FIASP FLEXTOUCH	65
FIASP PENFILL	65
FINACEA	105
finasteride	82
fingolimod	62
FINTEPLA	55
finzala	71
FIRMAGON	27
flac	96
FLAREX	94
flecainide acetate	38
FLOVENT DISKUS	100
FLOVENT HFA	100
fluconazole	19
fluconazole in sodium chloride	19
fluconazole/sodium chloride	19
flucytosine	19
fludrocortisone acetate	75
flunisolide	100
fluocinolone acetonide	96, 104
fluocinolone acetonide body	104
fluocinolone acetonide scalp	104
fluocinonide	104
fluocinonide emulsified	104
fluoride	91
fluoridex	107
fluoridex sensitivity relief/sls free	107
fluorimax 5000	107
fluorimax 5000 sensitive	107
fluoritab	91
FLUOROMETHOLONE	94
fluorouracil	106
FLUOROURACIL	106
fluoxetine dr	47
fluoxetine hcl	47
fluoxetine hydrochloride	47
fluphenazine decanoate	51
fluphenazine hcl	51
fluphenazine hydrochloride	51
flurbiprofen	12
flurbiprofen sodium	94
fluticasone propionate	100, 104
fluticasone propionate/ salmeterol	100
fluvastatin	39
fluvastatin sodium er	39
fluvoxamine maleate	44
fluvoxamine maleate er	44
fomepizole	76
fondaparinux sodium	83
fosamprenavir calcium	20
fosinopril sodium	36
fosinopril sodium/ hydrochlorothiazide	36
fosphenytoin sodium	55
FOTIVDA	30
FRAGMIN	83, 84
frovatriptan succinate	61
furosemide	42
FUZEON	20

Drug name	Page
fyavolv	75
FYCOMPA	55
gabapentin	55, 56
galantamine hydrobromide	45
galantamine hydrobromide er	45
GAMASTAN	87
GAMMAKED	87
GAMUNEX-C	87
ganciclovir	22
GARDASIL 9	88
gatifloxacin	93
GATTEX	81
GAUZE PADS	65
gavilyte-c	80
gavilyte-g	80
GAVRETO	30
gefitinib	30
gemfibrozil	39
GEMTESA	82
generlac	80
gengraf	88
GENOTROPIN	76
GENOTROPIN MINIQUICK	76
gentamicin isotonic/ sodium chloride	17
gentamicin sulfate	17, 93, 101
gentamicin sulfate pediatric	16
gentamicin sulfate/ sodium chloride	16, 17
GENVOYA	21
GILOTRIF	30
GLEOSTINE	27
glimepiride	66
glipizide	66
glipizide er	66
glipizide/metformin hydrochloride	66
glipizide xl	66
glycopyrrolate	79
glycopyrrolatle	79
GLYXAMBI	66
GOLYTELY	80
granisetron hydrochloride	78
griseofulvin microsize	19
griseofulvin ultramicrosize	19
guanfacine er	59
guanfacine hydrochloride	42
guanfacine hydrochloride er	59
GVOKE HYPOPEN	76
GVOKE KIT	76
GVOKE PFS	76
HAEGARDA	85
hailey 1.5/30	71
hailey 24 fe	71
hailey fe 1.5/30	71
hailey fe 1/20	71
halobetasol propionate	104
haloette	71
haloperidol	51
haloperidol decanoate	51
haloperidol lactate	51
HARVONI	22, 23
HAVRIX	88
heather	71
heparin sodium	84
HEPARIN SODIUM	84
HEPARIN SODIUM/ D5W	84
HEPARIN SODIUM/ DEXTROSE	84
HEPARIN SODIUM/ NACL 0.45%	84
HEPARIN SODIUM/ SODIUM CHLORIDE	84
HEPATAMINE	92
HEPLISAV-B	88
HETLIOZ LQ	60
HIBERIX	88
HUMIRA	86
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	86
HUMIRA PEN	86
HUMIRA PEN-PEDIATRIC UC STARTER PACK	86
HUMULIN R	65
HUMULIN R U-500 (CONCENTRATED)	65
HUMULIN R U-500 KWIKPEN	65
hydralazine hcl	42
hydralazine hydrochloride	42
hydrochlorothiazide	42
hydrocodone/ acetaminophen	14
hydrocodone bitartrate/ acetaminophen	14
hydrocodone bitartrate er	13

Drug name	Page
hydrocodone/ ibuprofen	14
hydrocodone/ ibuprofen tablet	14
hydrocortisone	75, 80, 104
hydrocortisone/ acetic acid	96
hydrocortisone butyrate	104
hydrocortisone butyrate (lipophilic)	104
hydrocortisone perianal	106
hydrocortisone valerate	104
hydromorphone hcl	14
HYDROMORPHONE HCL	14
hydromorphone hydrochloride	14
HYDROMORPHONE HYDROCHLORIDE	14
hydroxychloroquine sulfate	87
hydroxyurea	28
hydroxyzine hcl	97
hydroxyzine hydrochloride	98
hydroxyzine pamoate	98
hyperlyte-cr	90
HYSINGLA ER	13
ibandronate sodium	68
IBRANCE	30
ibu	12
ibuprofen	12
icatibant acetate	85
iclevia	71
ICLUSIG	30, 31
IDHIFA	31
imatinib mesylate	31
IMBRUVICA	31
imipenem/cilastatin	17
imipramine hcl	47
imipramine hydrochloride	47
imipramine pamoate	47
imiquimod	106
IMIQUIMOD PUMP	106
IMOVAX RABIES (H.D.C.V.)	88
INBRIJA	49
incassia	71
INCRELEX	76
INCRUSE ELLIPTA	97
indapamide	42
INFANRIX	88
INLYTA	31
INQOVI	27
INREBIC	31
INTELENCE	20
introvale	71
INVEGA HAFYERA	51
INVEGA SUSTENNA	51
INVEGA TRINZA	51
IPOL INACTIVATED IPV	89
ipratropium bromide	97
ipratropium bromide/ albuterol sulfaten	97
irbesartan	37
irbesartan/ hydrochlorothiazide	37
ISENTRESS	20
ISENTRESS HD	20
isibloom	71
ISOLYTE-P/ DEXTROSE 5%	90
ISOLYTE-S	90
ISOLYTE-S PH 7.4	90
isoniazid	22
isoniazid syrup	22
ISOPTO ATROPINE	96
isosorbide dinitrate	42, 43
isosorbide dinitrate/ hydralazine hydrochloride	42
isosorbide mononitrate	43
isosorbide mononitrate er	43
isotretinoin	101
isradipine	41
itraconazole	19
ivermectin	17
IXIARO	89
jaimiess	71
JAKAFI	31
jantoven	84
JANUMET	66
JANUMET XR	66
JANUVIA	67
JARDIANCE	67
jasmiel	71
javygtor	76
JAYPIRCA	31
jencycla	71
JENTADUETO	67
JENTADUETO XR	67
jinteli	75
JOLESSA	71
juleber	71

Drug name	Page
JULUCA	21
junel 1.5/30	71
junel 1/20	71
junel fe 1.5/30	71
junel fe 1/20	71
junel fe 24	71
just right 5000	107
JYNNEOS	89
kaitlib fe	71
kalliga	71
KALYDECO	99
kariva	71
KCL 0.3%/D5W/ NACL 0.9%	90
KCL 0.3%/D5W/ NACL 0.45%	90
KCL 0.15%/D5W/ NACL 0.2%	90
KCL 0.15%/D5W/ NACL 0.9%	90
KCL 0.15%/D5W/ NACL 0.45%	90
KCL 0.075%/D5W/ NACL 0.45%	90
kelnor 1/35	71
kelnor 1/50	71
KERENDIA	36
KESIMPTA	62
ketoconazole	19, 102, 103
ketodan	102
ketoprofen er	12
ketorolac tromethamine	12, 94
KEVZARA	86
KINRIX	89
KISQALI	31
KISQALI FEMARA 200 DOSE	28
KISQALI FEMARA 400 DOSE	28
KISQALI FEMARA 600 DOSE	28
klor-con	91
klor-con 8	91
klor-con 10	91
klor-con m10	91
klor-con m15	91
klor-con m20	91
KORLYM	77
KOSELUGO	31
KRAZATI	31
KRISTALOSE	80
kurvelo	71
labetalol hydrochloride	40
lacosamide	56
lactated ringers	90
lactulose	80
lamivudine	20, 23
lamivudine/ zidovudine	21
lamotrigine	56
lamotrigine er	56
lamotrigine odt	56
lamotrigine starter kit/blue	56
lamotrigine starter kit/green	56
lamotrigine starter kit/orange	56
lansoprazole	82
lansoprazole/ amoxicillin/ clarithromycin	81
lanthanum carbonate	77
LANTUS	65
LANTUS SOLOSTAR	65
lapatinib ditosylate	31
larin 1.5/30	71
larin 1/20	71
larin 24 fe	71
larin fe 1.5/30	71
larin fe 1/20	72
latanoprost	95
LEENA	72
leflunomide	87
lenalidomide	28
LENVIMA	31, 32
LENVIMA 8 MG DAILY DOSE	32
LENVIMA 10 MG DAILY DOSE	31
LENVIMA 14 MG DAILY DOSE	31
LENVIMA 18 MG DAILY DOSE	31
LENVIMA 20 MG DAILY DOSE	31
LENVIMA 24 MG DAILY DOSE	32
lessina	72
letrozole	27
leucovorin calcium	35
LEUKERAN	27
leuprolide acetate	27
levalbuterol	98
levalbuterol hcl	98
LEVALBUTEROL TARTRATE HFA	98
levetiracetam	56
levetiracetam er	56

Drug name	Page
levetiracetam/ sodium chloride	56
levobunolol hcl	95
levocarnitine	77
LEVOCARNITINE	77
levocetirizine dihydrochloride	98
levofloxacin	25, 93, 94
levofloxacin in d5w	25
levonest	72
levonorgestrel and ethinyl estradiol	72
levonorgestrel/ ethinyl estradiol	72
levora	72
levo-t	78
levothyroxine sodium	78
LEVOTHYROXINE SODIUM	78
levoxyl	78
LEXIVA	20
lidocaine	105
lidocaine hcl	16, 38, 105
LIDOCAINE HCL	38
LIDOCAINE HCL IN D5W	38
lidocaine hydrochloride viscous	107
lidocaine/prilocaine	105
linezolid	17
LINEZOLID	17
LINZESS	81
liothyronine sodium	78
lisdexamfetamine dimesylate	59
lisinopril	36
lisinopril/ hydrochlorothiazide	36
lithium carbonate	62
lithium carbonate er	62
loestrin 1.5/30-21	72
loestrin 1/20-21	72
loestrin fe 1.5/30	72
loestrin fe 1/20	72
lojaimiess	72
LONSURF	27
loperamide hcl	81
lopinavir/ritonavir	21
lorazepam	44
lorazepam intensol	44
LORBRENA	32
loryna	72
losartan potassium	37
losartan potassium/ hydrochlorothiazide	37
LOTEMAX	94
LOTEMAX SM	95
loteprednol etabonate	95
lovastatin	39
low-ogestrel	72
loxapine	51
lo-zumandimine	72
LUMAKRAS	32
LUMIGAN	95
LUPRON DEPOT (1-MONTH)	28
LUPRON DEPOT (3-MONTH)	28
LUPRON DEPOT-PED	77
lurasidone hydrochloride	52
lutera	72
lyleq	72
lyllana	75
LYNPARZA	32
LYSODREN	28
LYTGOBI	32
lyza	72
mafenide acetate	101
magnesium sulfate	90
MAGNESIUM SULFATE	90
malathion	106
maraviroc	20
marlissa	72
MARPLAN	47
MATULANE	29
matzim la	41
MAVYRET	23
meclizine hcl	78
meclizine hydrochloride	78
meclofenamate sodium	12
medroxyprogesterone acetate	72, 77
mefloquine hcl	19
megestrol acetate	28, 77
MEKINIST	32
MEKTOVI	32
meloxicam	12
melphalan	27
memantine hcl	45
memantine hydrochloride	45
memantine hydrochloride er	45
MENACTRA	89
MENQUADFI	89

Drug name	Page
MENVEO	89
meprobamate	44
mercaptopurine	27
meropenem	17
mesalamine	80
mesalamine dr	80
MESNEX	35
metformin hydrochloride	67
metformin hydrochloride er	67
methadone hcl	13
METHADONE HCL	13
methazolamide	42
methenamine hippurate	17
methenamine mandelate	17
methergine	77
methimazole	78
methotrexate	27, 87
methotrexate sodium	27, 87
methoxsalen	102
methscopolamine bromide	79
methsuximide	56
methylergonovine maleate	77
methylphenidate hydrochloride	60
methylphenidate hydrochloride cd	59
methylphenidate hydrochloride er	59, 60
METHYLPHENIDATE HYDROCHLORIDE ER	59
methylprednisolone	75
methylprednisolone acetate	75
methylprednisolone sodium succinate	75
methyltestosterone	64
metoclopramide hcl	78
metoclopramide hydrochloride	78
metoclopramide odt	78
metolazone	42
metoprolol/ hydrochlorothiazide	39
metoprolol succinate er	40
metoprolol tartrate	40
metronidazole	17, 83, 106
metyrosine	42
mibelas 24 fe	72
micafungin	19
miconazole 3	83
MICROGESTIN 1.5/30	72
MICROGESTIN 1/20	72
microgestin 24 fe	72
MICROGESTIN FE 1.5/30	72
MICROGESTIN FE 1/20	72
midodrine hcl	43
miglitol	67
mili	72
mimvey	75
minocycline hcl	26
minocycline hydrochloride	26
minoxidil	43
mirtazapine	47
mirtazapine odt	47
misoprostol	81
MITIGARE	11
M-M-R II	89
M-NATAL PLUS	91
modafinil	63
moexipril hcl	36
molindone hydrochloride	52
mometasone furoate	100, 105
mondoxyne nl	26
mono-linyah	72
montelukast sodium	98
morphine sulfate	15
MORPHINE SULFATE	15
morphine sulfate er	13
MORPHINE SULFATE/SODIUM CHLORIDE	13
MOVANTIK	81
moxifloxacin hydrochloride	25, 94
moxifloxacin hydrochloride/ sodium hydrochloride	25
MULTAQ	38
multiple electrolytes injection type 1	90
multi vitamin/fluoride	91
multi-vitamin/fluoride	91
multivitamin/fluoride	91
multi-vitamin/ fluoride/iron	91
mupirocin	101
mycamine	19

Drug name	Page
mycophenolate mofetil	88
mycophenolic acid dr	88
MYRBETRIQ	82
nabumetone	12
nadolol	40
NAFCILLIN	26
nafcillin sodium	26
naftifine hcl	102
naftifine hydrochloride	102
naloxone hcl	63
naloxone hydrochloride	64
naltrexone hcl	64
NAMZARIC	45
naproxen	12
naproxen sodium	12
NAPROXEN SODIUM	12
NAPROXEN SODIUM CR	12
naproxen sodium er	12
NAPROXEN SODIUM ER	12
naratriptan hcl	61
NATACYN	94
nateglinide	67
NATPARA	69
NAYZILAM	56
nebivolol hydrochloride	40
necon 0.5/35-28	72
nefazodone hydrochloride	47
neomycin/bacitracin/polymyxin	94
neomycin/polymyxin/bacitracin/hydrocortisone	93
neomycin/polymyxin/dexamethasone	93
neomycin/polymyxin/gramicidin	94
neomycin/polymyxin/hc	96
neomycin/polymyxin/hydrocortisone	93, 96
neomycin sulfate	17
NEONATAL PLUS	91
neo-polycin	94
neo-polycin hc	93
NERLYNX	32
neuac	101
NEUPRO	49
nevirapine	20
nevirapine er	20
NEXAVAR	32
niacin	39
niacin er	39
niacor	39
nicardipine hcl	41
NICOTROL	64
NICOTROL INHALER	64
nifedipine er	41
nikki	72
nilutamide	28
nimodipine	41
NINLARO	32
nisoldipine er	41
nitazoxanide	17
nitisinone	77
NITRO-BID	43
nitrofurantoin monohydrate macrocrystals	17
nitrofurantoin monohydrate/macrocrystals	17
NITROGLYCERIN	43
nitroglycerin lingual spray	43
nitroglycerin sublingual	43
nitroglycerin transdermal	43
NIVA-PLUS	91
nizatidine	80
NORA-BE	72
norethindrone	72
norethindrone acetate	77
norethindrone acetate/ethinyl estradiol	73, 75
norethindrone acetate/ethinyl estradiol/ferrous fumarate	73
norethindrone & ethinyl estradiol ferrous fumarate	72
norethindrone/ethinyl estradiol/ferrous fumarate	73
norgestimate/ethinyl estradiol	73
NORITATE	106
norlyda	73
norlyroc	73
NORPACE	38
NORPACE CR	38

Drug name	Page
nortrel 0.5/35 (28)	73
nortrel 1/35	73
nortrel 7/7/7	73
nortriptyline hcl	47
nortriptyline hydrochloride	47
NORVIR	20
NOVOLIN 70/30	65
NOVOLIN 70/30 FLEXPEN	65
NOVOLIN N	65
NOVOLIN N FLEXPEN	65
NOVOLIN R	65
NOVOLIN R FLEXPEN	65
NOVOLOG	65
NOVOLOG FLEXPEN	65
NOVOLOG MIX 70/30	65
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	65
NOVOLOG PENFILL	65
NUBEQA	28
NUEDEXTA	62
NULOJIX	88
NUPLAZID	52
NURTEC	61
NUTRILIPID	92
NUZYRA	26, 27
nyamyc	102
nylia 1/35	73
nylia 7/7/7	73
nymyo	73
nystatin	19, 102, 107
nystop	102
OCELLA	73
OCTAGAM	87
octreotide acetate	77
ODEFSEY	21
ODOMZO	32
OFEV	99
ofloxacin	94, 97
olanzapine	52
olanzapine odt	52
olmesartan medoxomil	37
olmesartan medoxomil/ amlodipine/ hydrochlorothiazide	37
olmesartan medoxomil/ hydrochlorothiazide	37
olopatadine hcl	95, 98
olopatadine hydrochloride	95
omega-3-acid ethyl esters	39
omeprazole dr	82
ONCASPAR	29
ondansetron hcl	78, 79
ondansetron hydrochloride	79
ondansetron odt	79
ONUREG	27
OPSUMIT	43
ORACEA	106
oralone dental paste	107
ORGOVYX	28
ORKAMBI	99
ORSERDU	28
orsythia	73
oseltamivir phosphate	23
OTEZLA	86
oxacillin sodium	26
oxandrolone	64
oxaprozin	13
oxazepam	44
oxcarbazepine	56
oxybutynin chloride	83
oxybutynin chloride er	83
oxycodone/ acetaminophen	15
oxycodone hydrochloride	15
oxymorphone hydrochloride	15
OZEMPIC	67
pacerone	38
paliperidone er	52
pamidronate disodium	69
PAMIDRONATE DISODIUM	69
PANRETIN	106
pantoprazole sodium	82
paricalcitol	78
paromomycin sulfate	17
paroxetine hcl	47
paroxetine hcl er	47
paroxetine hydrochloride	47
PEDIARIX	89
PEDVAX HIB	89
peg-3350/ electrolytes	80
peg-3350/nacl/na bicarbonate/kcl	81

Drug name	Page
PEGASYS	23
PEMAZYRE	32
penicillamine	69
penicillin g potassium	26
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	26
PENICILLIN G PROCAINE	26
penicillin g sodium	26
penicillin v potassium	26
PENTACEL	89
pentamidine isethionate	17
pentoxifylline er	85
perindopril erbumine	36
periogard	107
permethrin	106
perphenazine	47, 52
perphenazine/ amitriptyline	47
PERSERIS	52
phenelzine sulfate	47
phenobarbital	56
phenobarbital sodium	56
PHENYTEK	56
phenytoin	56
phenytoin sodium	56
phenytoin sodium er	56
philith	73
PHOSPHOLINE IODIDE	95
PIFELTRO	20
pilocarpine hcl	96
pilocarpine hydrochloride	107
pimozide	52
pimtrea	73
pindolol	40
pioglitazone hcl	67
pioglitazone hcl-glimepiride	67
pioglitazone hcl/ metformin hcl	67
pioglitazone hydrochloride	67
piperacillin sodium/ tazobactam sodium	26
PIQRAY	32, 33
pirfenidone	99
pirmella 1/35	73
pirmella 7/7/7	73
piroxicam	13
PLASMA-LYTE-148	90
PLASMA-LYTE A	90
plenamine	93
PLENVU	81
PNV PRENATAL PLUS MULTIVITAMIN	92
podofilox	106
polycin	94
polymyxin b sulfate	94
polymyxin b sulfate/ trimethoprim sulfate	94
POMALYST	28
portia-28	73
posaconazole	19
posaconazole dr	19
potassium chloride	91, 92
POTASSIUM CHLORIDE	91
POTASSIUM CHLORIDE/ DEXTROSE	90
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	90
potassium chloride er	92
potassium chloride/ sodium chloride	90
POTASSIUM CHLORIDE/SODIUM CHLORIDE	90
potassium citrate er	82
PRADAXA	84
pramipexole dihydrochloride	49
pramipexole dihydrochloride er	49
prasugrel	85
pravastatin sodium	39
praziquantel	17
prazosin hydrochloride	36
prednicarbate	105
prednisolone	75
prednisolone acetate	95
prednisolone sodium phosphate	76
PREDNISOLONE SODIUM PHOSPHATE	95
prednisone	76
PREDNISONE INTENSOL	76
pregabalin	56, 57
pregabalin er	62
PREHEVBRIO	89

Drug name	Page
PREMARIN	75
PREMASOL	93
PREMPRO	75
PRENATAL	92
PRENATAL PLUS	92
PRETOMANID	22
prevalite	39
PREVYMIS	23
PREZCOBIX	21
PREZISTA	20
PRIFTIN	22
primaquine phosphate	19
primidone	57
PRIORIX	89
PRIVIGEN	87
probenecid	11
probenecid/ colchicine	11
prochlorperazine	79
prochlorperazine edisylate	79
prochlorperazine maleate	79
PROCRIT	84
procto-med hc	106
proctosol hc	105
proctozone-hc	106
progesterone	77
PROGRAF	88
PROLASTIN-C	99
PROLENSA	95
PROLIA	69
PROMACTA	85
promethazine hcl	79
promethazine hydrochloride	79
promethegan	79
propafenone hcl	38
propafenone hydrochloride er	38
proparacaine hcl	96
propranolol hcl	40
propranolol hcl er	40
propylthiouracil	78
PROQUAD	89
PROSOL	93
protriptyline hcl	48
PULMOZYME	99
PURIXAN	27
pyrazinamide	22
pyridostigmine bromide	62
pyridostigmine bromide er	62
QINLOCK	33
QUADRACEL	89
quetiapine fumarate	52
quetiapine fumarate er	52
quinapril hcl	36
quinapril hydrochloride	36
quinapril/ hydrochlorothiazide	36
quinidine sulfate	38
quinine sulfate	19
RABAVERT	89
rabeprazole sodium dr	82
raloxifene hydrochloride	77
ramipril	36
ranolazine er	43
rasagiline mesylate	49
reclipsen	73
RECOMBIVAX HB	89
RECTIV	106
REGRANEX	106
RELENZA DISKHALER	23
repaglinide	67
REPATHA	39
REPATHA	39
PUSHTRONEX SYSTEM	
REPATHA SURECLICK	39
RESTASIS	96
RESTASIS MULTIDOSE	96
RETEVMO	33
REXULTI	52
REYATAZ	20
REZLIDHIA	33
REZUROCK	88
RHOPRESSA	96
ribavirin	23
rifabutin	22
rifampin	22
riluzole	62
rimantadine hydrochloride	23
RINGERS INJECTION	91
RINVOQ	86
risedronate sodium	69
risedronate sodium dr	69
RISPERDAL CONSTA	53
risperidone	53
risperidone odt	53
ritonavir	20
rivastigmine tartrate	45
rivastigmine transdermal system	45
RIVELSA	73

Drug name	Page
rizatriptan benzoate	61
rizatriptan benzoate odt	61
ROCKLATAN	96
roflumilast	99
romidepsin	33
ropinirole er	49
ropinirole hcl	49
rosuvastatin calcium	39
ROTARIX	89
ROTATEQ	89
roweepra	57
ROZLYTREK	33
RUBRACA	33
rufinamide	57
RUKOBIA	20
RYBELSUS	67
RYDAPT	33
sajazir	85
SANCUSO	79
SANDIMMUNE	88
SANDOSTATIN LAR	77
SANTYL	106
sapropterin dihydrochloride	77
SCEMBLIX	33
scopolamine	79
SECUADO	53
selegiline hcl	49
selenium sulfide	103
SELZENTRY	20
SEREVENT DISKUS	98
sertraline hcl	48
sertraline hydrochloride	48
setlakin	73
sf	107
sharobel	73
SHINGRIX	89
SIGNIFOR	77
sildenafil	43
sildenafil citrate	43
silodosin	82
silver sulfadiazine	102
SIMBRINZA	96
simliya	73
simpesse	73
simvastatin	39
sirolimus	88
SIRTURO	22
SIVEXTRO	17
SKYRIZI	86, 87
SKYRIZI PEN	86
sodium bicarbonate	91
SODIUM BICARBONATE	91
sodium chloride	91
SODIUM CHLORIDE	91
sodium chloride 0.9%	106
sodium chloride 0.45%	91
sodium fluoride	92, 107
sodium fluoride 5000	107
sodium fluoride 5000 ppm	107
sodium fluoride 5000 ppm sensitive	107
SODIUM OXYBATE	63
sodium phenylbutyrate	77
sodium polystyrene sulfonate	69
SODIUM SULFATE/ POTASSIUM SULFATE/ MAGNESIUM SULFATE	81
solifenacin succinate	83
SOLIQUA 100/33	65
SOLTAMOX	28
SOLU-CORTEF	76
SOMATULINE DEPOT	77
SOMAVERT	77
sorafenib tosylate	33
sorine	38
sotalol hcl	38
sotalol hydrochloride (af)	38
spironolactone	36, 42
spironolactone/ hydrochlorothiazide	42
sprintec 28	73
SPRITAM	57
SPRYCEL	33
sps	69
sronyx	73
SSD	102
stavudine	20
STELARA	87
sterile water for irrigation	106
STIVARGA	33
streptomycin sulfate	17
STRIBILD	21
subvenite	57
subvenite starter kit	57
sucralfate	81
SUCRALFATE	81
sulfacetamide sodium	94, 101

Drug name	Page
sulfacetamide sodium/prednisolone sodium phosphate	93
sulfadiazine	17
sulfamethoxazole/ trimethoprim	18
sulfamethoxazole/ trimethoprim ds	18
SULFAMYLON	102
sulfasalazine	80
sulindac	13
sumatriptan	61
sumatriptan/ naproxen sodium	61
sumatriptan succinate	61
sunitinib malate	33
SUNLENCA	20, 21
SUPRAX	24
SUPREP BOWEL PREP	81
SUTAB	81
syeda	73
SYMLINPEN 60	68
SYMLINPEN 120	68
SYMPAZAN	57
SYMTUZA	21
SYNAREL	74
SYNJARDY	68
SYNJARDY XR	68
SYNRIBO	29
SYNTHROID	78
TABLOID	27
TABRECTA	33
tacrolimus	88, 106
tadalafil	43
TAFINLAR	33
TAGRISSO	33
TALTZ	87
TALZENNA	34
tamoxifen citrate	28
tamsulosin hydrochloride	82
tarina fe 1/20 eq	73
TASIGNA	34
tasimelteon	60
tazarotene	102, 103
tazicef	24
TAZORAC	103
taztia xt	41
TAZVERIK	34
TDVAX	89
TECFIDERA	62
TECFIDERA STARTER PACK	62
TECVAYLI	34
TEFLARO	24
telmisartan	37, 38
telmisartan/ amlodipine	37
telmisartan/ hydrochlorothiazide	37
temazepam	60
TENIVAC	89
tenofovir disoproxil fumarate	21
TEPMETKO	34
terazosin hcl	36
terazosin hydrochloride	36
terbinafine hcl	19
terbutaline sulfate	98
terconazole	83
TERIPARATIDE	69
testosterone	64
testosterone cypionate	64
testosterone enanthate	64
testosterone pump	64
tetrabenazine	62
tetracycline hydrochloride	27
TEXACORT	105
THALOMID	28
theophylline	99
theophylline er	99, 100
thioridazine hcl	53
thiothixene	53
tiadylt er	41
tiagabine hydrochloride	57
TIBSOVO	34
TICOVAC	89
tigecycline	27
TILIA FE	73
timolol maleate	40, 96
TIMOLOL MALEATE	96
tinidazole	18
TIVICAY	21
TIVICAY PD	21
tizanidine hcl	63
tizanidine hydrochloride	63
TOBRADEX	93
TOBRADEX ST	93
tobramycin	18, 94
tobramycin/ dexamethasone	93
tobramycin sulfate	18

Drug name	Page
tolterodine tartrate	83
tolterodine tartrate er	83
topiramate	57
toremifene citrate	28
torsemide	42
TOUJEO MAX SOLOSTAR	65
TOUJEO SOLOSTAR	66
tovet	105
TPN ELECTROLYTES	91
TRACLEER	43
TRADJENTA	68
tramadol hcl	15
tramadol hcl er	13
tramadol hydrochloride	15
tramadol hydrochloride/ acetaminophen	15
tramadol hydrochloride er	13
trandolapril	36
trandolapril/ verapamil hcl er	36
tranexamic acid	85
tranylcypromine sulfate	48
TRAVASOL	93
travoprost	96
trazodone hydrochloride	48
TRECATOR	22
TRELEGY ELLIPTA	97
treprostinil	43
TRESIBA	66
TRESIBA FLEXTOUCH	66
tretinoin	29, 101
TRETINOIN MICROSPHERE	101
triamcinolone acetonide	76, 105
triamcinolone acetonide dental paste	107
triamterene	42
triamterene/ hydrochlorothiazide	42
triazolam	60
TRICARE PRENATAL	92
trientine hydrochloride	69
tri-estarylla	73
tri femynor	73
trifluoperazine hcl	53
trifluoperazine hydrochloride	53
trifluridine	94
trihexyphenidyl hcl	49
trihexyphenidyl hydrochloride	50
TRIJARDY XR	68
TRIKAFTA	100
tri-legest fe	74
tri-linyah	74
tri-lo-estarylla	74
tri-lo-marzia	74
tri-lo-mili	74
tri-lo-sprintec	74
trimethobenzamide hydrochloride	79
trimethoprim	18
tri-mili	74
trimipramine maleate	48
TRINTELLIX	48
tri-nymyo	74
tri-sprintec	74
TRIUMEQ	21, 22
TRIUMEQ PD	22
tri-vite/fluoride	92
trivora-28	74
tri-vylibra	74
tri-vylibra lo	74
TRIZIVIR	22
TROGARZO	21
TROPHAMINE	93
trospium chloride	83
trospium chloride er	83
TRULICITY	68
TRUMENBA	89
TRUSELTIQ	34
TRUXIMA	34
TUKYSA	34
TURALIO	34
TWINRIX	89
TYBOST	21
tydemy	74
TYPHIM VI	89
TYRVAYA	96
unithroid	78
ursodiol	81
valacyclovir hcl	23
valacyclovir hydrochloride	23
VALCHLOR	106
valganciclovir	23
valganciclovir hydrochloride	23
valproate sodium	57
valproic acid	57
valsartan	38
valsartan/ hydrochlorothiazide	37
VALTOCO	57

Drug name	Page
VANCOMYCIN	18
vancomycin hcl	18
VANCOMYCIN HCL	18
vancomycin hydrochloride	18
VANCOMYCIN HYDROCHLORIDE	18
VANFLYTA	34
VAQTA	89
VARENICLINE STARTING MONTH BOX	64
VARENICLINE TARTRATE	64
VARIVAX	89
VASCEPA	39
velivet	74
VELTASSA	69
VENCLEXTA	34
VENCLEXTA STARTING PACK	34
VENLAFAXINE BESYLATE ER	48
venlafaxine hcl er	48
venlafaxine hydrochloride	48
venlafaxine hydrochloride er	48
VENTAVIS	43
VENTOLIN HFA	98
verapamil hcl	41
verapamil hcl er	41
verapamil hcl sr	41
VERAPAMIL HCL SR	41
verapamil hydrochloride	41
verapamil hydrochloride er	41
VERQUVO	43
VERSACLOZ	53
VERZENIO	34
vestura	74
vienva	74
vigabatrin	57
vigadrone	57
VIIBRYD	48
VIIBRYD STARTER PACK	48
vilazodone hydrochloride	48
viorele	74
VIRACEPT	21
VIREAD	21
VITRAKVI	34, 35
VIVITROL	64
VIZIMPRO	35
volnea	74
VONJO	35
voriconazole	19
VOSEVI	23
VOTRIENT	35
VRAYLAR	53
VUMERITY	63
vyfemla	74
vylibra	74
VYVANSE	60
VYZULTA	96
warfarin sodium	84
WELIREG	29
wera	74
WESTAB PLUS	92
wixela	101
wymzya fe	74
XALKORI	35
XARELTO	84
XARELTO STARTER PACK	84
XATMEP	87
XCOPRI	57, 58
XELJANZ	87
XELJANZ XR	87
XERMELO	81
XGEVA	69
XHANCE	100
XIFAXAN	81
XIGDUO XR	68
XIIDRA	96
XOLAIR	100
XOSPATA	35
XPOVIO	35
XTANDI	28
XULTOPHY	66
YF-VAX	89
yuvafem	75
zafirlukast	98
zaleplon	60
ZARXIO	85
ZEJULA	35
ZELBORAF	35
zenatane	101
ZENPEP	81
zenzedi	60
ZERVIATE	95
zidovudine	21
ziprasidone hcl	53
ziprasidone mesylate	53
ZIRABEV	35
ZIRGAN	94
zoledronic acid	69
ZOLEDRONIC ACID	69
ZOLINZA	35
zolmitriptan	61

Drug name	Page
zolmitriptan odt	61
zolpidem tartrate	60
ZONISADE	58
zonisamide	58
zovia 1/35	74
ZTALMY	58
zumandimine	74
ZYDELIG	35
ZYKADIA	35
ZYLET	93
ZYPREXA RELPREVV	53, 54
ZYTIGA	28

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

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

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

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

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

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

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

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

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

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

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

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

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

Hawaiian: He kōkua māhele ōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea ōlelo Pelekānia/Ōlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** choose "Manage your prescription drugs."

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2024CLASSICPLUS3.1 B (10/23)
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2024CLASSICPLUS3
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