



Aetna Medicare Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS)

2025 Formulary (List of Covered Drugs or “Drug List”)

B2

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

Formulary ID Number: 25101 Version 19

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact Aetna Medicare Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS) Member Services at **1-833-570-6670** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

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. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drug List (formulary) for our plan which is current as of 09/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2025, and from time to time during the year. You will receive notice when necessary.

Table of contents

What is the Aetna Medicare Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS) formulary?	5
Can the formulary change?	5
How do I use the formulary?	7
What are generic drugs?	8
What are original biological products and how are they related to biosimilars?	8
Are there any restrictions on my coverage?	9
What if my drug is not on the Formulary?	10

How do I request an exception to the Aetna Medicare Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS) formulary?	11
What can I do if my drug is not on the formulary or has a restriction?	12
For more information	12
Mail-order pharmacy	12
Drug tier copay levels	13
Aetna Medicare Formulary	13
Formulary key	14
Drug list	14
Index of Drugs	109

What is the Aetna Medicare Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS) formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [**AetnaMedicare.com/formulary**](https://www.aetna.com/formulary)

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

- **Immediate substitutions of certain new versions of brand name drugs, and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Aetna Medicare Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS)’s Formulary?”

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

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the formulary?

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

Medical Condition

The formulary begins on page 14. The drugs on this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 14. 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 109. The Index provides an alphabetical list of all 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

PA Prior authorization. Our plan requires you or your prescriber 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.

QL Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.

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.

LD Limited Distribution. The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.*

MO Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. *

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

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 and may be available at 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 adverse 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 **1-833-570-6670 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday.

You can find out if your drug has requirements or limits by looking on the formulary that begins on page 14. 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 Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS)’s formulary?” on page 11 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your prescriber 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 Advantra (HMO-POS), Aetna Medicare Advantra Gold (HMO-POS), Aetna Medicare Advantra Philly Prime (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Select (HMO-POS), Aetna Medicare Advantra Silver (HMO-POS), Aetna Medicare Advantra Value (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Choice (HMO-POS), Aetna Medicare Choice Plus (HMO-POS), Aetna Medicare Classic Prime (HMO-POS), Aetna Medicare Connect Plus (HMO-POS), Aetna Medicare Core (HMO-POS), Aetna Medicare Discover Value Plus (HMO-POS), Aetna Medicare Explorer Premier (HMO-POS), Aetna Medicare Extra Value (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Gold Advantage (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Platinum (HMO-POS), Aetna Medicare Preferred Plus (HMO-POS), Aetna Medicare Plus (HMO-POS), Aetna Medicare Plus II (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Premier 1 (HMO-POS), Aetna Medicare Premier 2 (HMO-POS) 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.

You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative 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 has a coverage restriction, 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. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

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

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

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

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-833-570-6670 (TTY: 711)** 8 a.m. to 8 p.m., E.T., Monday to Friday, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Drug tier copay levels

This 2025 formulary is a listing of brand name and generic drugs. Aetna Medicare's 2025 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

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

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

Aetna Medicare Formulary

The formulary that begins on page 14 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 109.

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

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

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LD	Limited Distribution*
MO	Mail-order Delivery*
B/D	Part B vs. D Prior Authorization
ACS	Available from CVS Specialty Pharmacy
HRM	High Risk Medication

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

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limits
Lowercase <i>italics</i> = Generic medications		PA = Prior Authorization
		ST = Step Therapy
		LD = Limited Distribution
		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
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ANALGESICS**GOUT**

<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	4	QL (120 EA per 30 days) MO
<i>febuxostat</i>	4	ST MO
<i>probenecid</i>	4	MO
<i>probenecid/colchicine</i>	2	MO

MISCELLANEOUS

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

NSAIDS

<i>celecoxib capsule 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal</i>	2	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	2	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	2	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	2	QL (90 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	4	QL (150 EA per 30 days) MO
<i>fenoprofen calcium capsule 400mg</i>	4	QL (240 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibu</i>	1	MO
<i>ibuprofen tablet</i>	1	MO
<i>ibuprofen suspension</i>	2	MO
<i>ketoprofen er</i>	4	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	2	MO
<i>naproxen dr tablet delayed release 375mg</i>	2	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	2	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet</i>	2	MO
<i>naproxen tablet</i>	1	MO
<i>naproxen tablet delayed release</i>	2	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	5	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	2	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	2	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	2	QL (60 EA per 30 days) MO
<i>sulindac</i>	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	4	QL (10 EA per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	4	QL (30 EA per 30 days) PA MO
METHADONE HCL INJECTION	5	PA
<i>methadone hcl oral solution</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	3	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	4	QL (30 EA per 30 days); HRM
<i>tramadol hcl er tablet extended release 24 hour</i>	4	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine tablet</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate injection</i>	4	MO
<i>butorphanol tartrate nasal solution</i>	4	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET	4	QL (180 EA per 30 days) MO
endocet	4	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg, 400mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml</i>	4	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	3	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	4	B/D
<i>morphine sulfate tablet</i>	3	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	4	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 2mg/ml, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	4	B/D
<i>morphine sulfate injection 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate oral solution</i> <i>100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride</i> <i>concentrate</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet</i> <i>30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet</i> <i>10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet</i> <i>325mg; 10mg, 325mg; 2.5mg,</i> <i>325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride tablet 50mg</i>	2	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/</i> <i>acetaminophen</i>	2	QL (240 EA per 30 days) MO; HRM

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i>	5	MO
<i>amikacin sulfate</i>	4	MO
ARIKAYCE	5	PA; LD
<i>atovaquone</i>	4	MO
<i>aztreonam</i>	4	MO
CAYSTON	5	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	4	
<i>clindamycin hcl</i>	2	MO
<i>clindamycin hydrochloride</i>	2	MO
<i>clindamycin palmitate hcl solution</i> <i>75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate injection</i> <i>300mg/2ml, 9000mg/60ml,</i> <i>900mg/6ml</i>	4	
<i>clindamycin phosphate injection</i> <i>600mg/4ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	5	PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>dapsone tablet 100mg, 25mg</i>	3	MO
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJECTION 350MG	5	
<i>daptomycin injection 500mg</i>	5	
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem sodium</i>	3	MO
<i>fosfomycin tromethamine</i>	4	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate injection 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	3	MO
IMPAVIDO	5	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	4	
<i>ivermectin tablet 6mg</i>	2	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	2	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	4	QL (56 EA per 28 days) MO
<i>linezolid suspension reconstituted</i>	5	QL (1800 ML per 30 days) MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	4	PA
<i>linezolid injection 600mg/300ml</i>	4	PA
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	4	MO
<i>metronidazole capsule 375mg</i>	2	MO
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	MO
<i>neomycin sulfate</i>	2	MO
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>nitrofurantoin macrocrystals capsule 25mg</i>	4	MO
<i>nitrofurantoin monohydrate/ macrocrystals capsule 100mg</i>	2	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D MO
<i>pentamidine isethionate injection</i>	4	MO
<i>praziquantel</i>	2	MO
<i>pyrimethamine</i>	5	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	5	
SIVEXTRO TABLET	5	MO
<i>streptomycin sulfate</i>	5	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	2	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	2	MO
<i>sulfamethoxazole/trimethoprim injection</i>	4	MO
<i>tinidazole</i>	3	MO
TOBI PODHALER	5	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ ml, 40mg/ml</i>	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin sulfate injection 1.2gm</i>	5	
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	2	MO
VANCOMYCIN	4	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	4	
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride injection</i> 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg	4	
ANTIFUNGALS		
ABELCET	4	B/D
<i>amphotericin b</i>	4	B/D MO
<i>amphotericin b liposome</i>	5	B/D MO
<i>caspofungin acetate</i>	4	
<i>fluconazole</i>	2	MO
<i>fluconazole in sodium chloride injection</i> 200mg; 100ml, 400mg; 100ml	4	
<i>fluconazole/sodium chloride injection</i> 100mg/50ml	4	
<i>flucytosine</i>	5	PA MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole capsule</i>	4	PA MO
<i>ketoconazole tablet</i> 200mg	2	PA MO
<i>micafungin</i>	4	
<i>mycamine injection</i> 50mg	4	MO
<i>nystatin tablet</i> 500000unit	2	MO
<i>posaconazole suspension</i>	5	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet</i> 250mg	2	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	4	PA
<i>voriconazole suspension reconstituted</i>	5	PA MO
<i>voriconazole tablet</i> 200mg	4	QL (120 EA per 30 days) MO
<i>voriconazole tablet</i> 50mg	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>atovaquone/proguanil hydrochloride</i>	4	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>chloroquine phosphate</i>	2	MO
COARTEM	4	MO
<i>mefloquine hydrochloride</i>	2	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	4	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
<i>atazanavir sulfate</i>	4	MO
<i>darunavir tablet 800mg</i>	5	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	5	QL (60 EA per 30 days) MO
EDURANT	5	MO
EDURANT PED	5	MO
<i>efavirenz tablet 600mg</i>	4	MO
<i>emtricitabine</i>	4	MO
EMTRIVA ORAL SOLUTION	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	MO; LD
INTELENCE TABLET 25MG	4	
ISENTRESS HD	5	MO
ISENTRESS PACKET, TABLET	5	MO
ISENTRESS TABLET CHEWABLE 25MG	4	MO
ISENTRESS TABLET CHEWABLE 100MG	5	MO
<i>lamivudine solution 10mg/ml</i>	4	MO
<i>lamivudine tablet 150mg, 300mg</i>	4	MO
<i>maraviroc</i>	5	MO
<i>nevirapine er</i>	4	MO
<i>nevirapine tablet</i>	2	MO
<i>nevirapine suspension</i>	4	MO
NORVIR PACKET	4	MO
PIFELTRO	5	MO
PREZISTA SUSPENSION	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
PREZISTA TABLET 150MG	5	QL (240 EA per 30 days) MO
REYATAZ PACKET	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY	5	MO
SUNLENCA TABLET, TABLET THERAPY PACK	5	MO; LD
SUNLENCA INJECTION	5	QL (3 ML per 180 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	5	MO
TIVICAY TABLET 10MG	3	MO
TIVICAY TABLET 25MG, 50MG	5	MO
TROGARZO	5	MO; LD
TYBOST	3	MO
VIRACEPT	5	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	5	MO
<i>zidovudine capsule, syrup</i>	2	MO
<i>zidovudine tablet</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	4	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL (30 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA	4	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet</i>	4	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	4	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride</i>	4	MO
<i>isoniazid tablet</i>	1	MO
<i>isoniazid injection</i>	4	
<i>isoniazid syrup</i>	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin capsule</i>	3	MO
<i>rifampin injection</i>	4	
SIRTURO	5	PA; ACS LD
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir capsule, suspension, tablet</i>	2	MO
<i>acyclovir sodium injection</i>	4	B/D
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	5	QL (630 ML per 30 days) MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>famciclovir tablet 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	4	B/D
HARVONI	5	PA; ACS
<i>lamivudine tablet 100mg</i>	3	MO
LIVTENCITY	5	QL (336 EA per 28 days) PA; LD
MAVYRET	5	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	3	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	3	QL (60 EA per 180 days) MO
PEGASYS	5	PA; ACS LD
PREVYMIS PACKET	5	QL (120 EA per 30 days) PA
PREVYMIS TABLET	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	3	ACS
<i>ribavirin tablet</i>	4	ACS
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hydrochloride</i>	2	MO
<i>valganciclovir hydrochloride oral solution</i>	5	MO
<i>valganciclovir tablet 450mg</i>	3	MO
VOSEVI	5	PA; ACS
CEPHALOSPORINS		
CEFACLOER ER	4	MO
<i>cefaclor suspension reconstituted</i>	2	
<i>cefaclor capsule</i>	2	MO
<i>cefadroxil</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	4	
<i>cefazolin sodium intravenous injection 1gm</i>	4	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	4	MO
CEFAZOLIN/DEXTROSE	3	
CEFAZOLIN INJECTION 2GM/100ML; 4%	3	
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	4	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	4	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	4	MO
<i>cefdinir</i>	2	MO
<i>cefepime injection 1gm, 2gm</i>	4	MO
<i>cefixime capsule</i>	3	MO
<i>cefixime suspension reconstituted</i>	4	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	4	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection 2gm, 6gm</i>	4	
<i>ceftazidime injection 1gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
CEFTRIAZONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium intravenous injection 1gm</i>	4	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>ceftriaxone sodium injection</i> 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)	4	MO
<i>cefuroxime axetil tablet</i>	2	MO
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	MO
<i>cephalexin capsule 250mg, 500mg</i>	2	MO
<i>cephalexin capsule 750mg</i>	4	MO
<i>cephalexin suspension</i> reconstituted, tablet	2	MO
<i>tazicef</i>	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	3	MO
<i>azithromycin tablet</i>	1	MO
<i>azithromycin suspension</i> reconstituted	2	MO
<i>azithromycin injection</i>	4	MO
<i>clarithromycin er</i>	4	MO
<i>clarithromycin tablet</i>	2	MO
<i>clarithromycin suspension</i> reconstituted	4	MO
DIFICID SUSPENSION RECONSTITUTED	5	
DIFICID TABLET	5	MO
<i>erythromycin base</i>	4	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tablet</i>	4	
<i>erythromycin lactobionate</i>	5	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg,</i> 750mg	2	MO
<i>ciprofloxacin hydrochloride tablet</i> 250mg, 500mg	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin i.v.-in d5w injection</i> 200mg/100ml; 5%	4	
<i>ciprofloxacin i.v.-in d5w injection</i> 400mg/200ml; 5%	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection</i> 400mg/250ml	4	
<i>moxifloxacin hydrochloride tablet</i> 400mg	2	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted</i> 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted</i> 250mg/5ml; 62.5mg/5ml	4	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	1	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	MO
<i>ampicillin capsule</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	4	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin/sulbactam</i>	4	
BICILLIN L-A	4	MO
<i>dicloxacillin sodium</i>	2	MO
EXTENCILLINE	4	
LENTOCILIN	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	MO
<i>nafcillin sodium injection 10gm</i>	5	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium tablet</i>	1	MO
<i>penicillin v potassium solution reconstituted</i>	2	MO
<i>piperacillin sodium/tazobactam sodium</i>	4	
TETRACYCLINES		
<i>doxy 100 injection</i>	4	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	2	MO
<i>doxycycline hyclate injection</i>	4	MO
<i>doxycycline monohydrate capsule 50mg</i>	2	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	4	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	MO
<i>doxycycline monohydrate tablet 150mg</i>	4	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	4	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>minocycline hcl capsule</i>	2	MO
<i>minocycline hcl tablet</i>	4	ST MO
<i>minocycline hydrochloride capsule</i>	2	MO
<i>minocycline hydrochloride tablet</i>	4	ST MO
<i>mondoxyne nl</i>	4	
NUZYRA	5	ACS LD
<i>tetracycline hydrochloride capsule</i>	4	MO
<i>tigecycline</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	3	PA
<i>cyclophosphamide capsule</i>	3	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	4	ACS
GLEOSTINE CAPSULE 100MG	5	ACS
LEUKERAN	5	MO
ANTIMETABOLITES		
INQOVI	5	QL (5 EA per 28 days) PA; ACS LD
LONSURF	5	PA; ACS LD
<i>mercaptopurine tablet</i>	3	MO
<i>mercaptopurine suspension</i>	5	ACS
<i>methotrexate sodium injection pf 50mg/2ml</i>	2	MO
<i>methotrexate sodium injection 1gm/40ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	2	MO
<i>methotrexate sodium injection 1gm</i>	4	
ONUREG	5	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	5	ACS LD
TABLOID	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	PA; ACS
<i>abirtega</i>	4	PA; ACS
AKEEGA	5	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
ELIGARD	4	PA; ACS
EMCYT	5	MO
ERLEADA	5	PA; ACS LD
EULEXIN	5	
<i>exemestane</i>	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	5	PA; ACS
<i>letrozole</i>	2	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	PA; ACS
LYSODREN	5	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA; ACS LD
ORGOVYX	5	PA; LD
ORSERDU TABLET 345MG	5	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	5	QL (90 EA per 30 days) PA; LD
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	4	PA MO
XTANDI	5	PA; ACS LD
YONSA	5	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA; ACS LD
POMALYST	5	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	5	QL (112 EA per 28 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
THALOMID CAPSULE 50MG	5	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	5	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS	5	PA; ACS LD
BESREMI	5	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	5	PA; ACS
<i>hydroxyurea</i>	2	MO
IWILFIN	5	QL (240 EA per 30 days) PA; LD
MATULANE	5	LD
ONCASPAR	5	PA; LD
<i>tretinoin capsule 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	5	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	5	PA; LD
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; ACS LD
AUGTYRO CAPSULE 160MG	5	QL (60 EA per 30 days) PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK	5	QL (66 EA per 28 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	5	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	5	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	5	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	5	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	5	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	5	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	5	QL (180 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
BRUKINSA	5	QL (120 EA per 30 days) PA; LD
CABOMETYX	5	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	5	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	5	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	5	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	5	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	5	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	5	QL (63 EA per 28 days) PA; ACS LD
DANZITEN	5	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	5	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	5	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	5	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	5	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; ACS
EXKIVITY	5	QL (120 EA per 30 days) PA; LD
FOTIVDA	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	5	QL (84 EA per 28 days) PA; LD
GAVRETO	5	QL (120 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>gefitinib</i>	5	QL (60 EA per 30 days) PA; ACS
GILOTRIF	5	QL (30 EA per 30 days) PA; LD
GOMEKLI TABLET SOLUBLE	5	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 1MG	5	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	5	QL (84 EA per 28 days) PA; LD
IBRANCE	5	QL (21 EA per 28 days) PA; ACS LD
IBTROZI	5	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	5	PA; LD
ICLUSIG TABLET 15MG, 45MG	5	QL (30 EA per 30 days) PA; LD
IDHIFA	5	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	5	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	5	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA; LD
IMKELDI	5	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	5	QL (180 EA per 30 days) PA; ACS LD
INREBIC	5	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	5	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	5	QL (56 EA per 28 days) PA; ACS LD
JAKAFI	5	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	5	QL (60 EA per 30 days) PA; ACS LD
KISQALI	5	PA; ACS
KISQALI FEMARA 200 DOSE	5	PA; ACS
KISQALI FEMARA 400 DOSE	5	PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
KISQALI FEMARA 600 DOSE	5	PA; ACS
KOSELUGO	5	PA; LD
KRAZATI	5	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	5	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	5	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 12MG DAILY DOSE	5	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	5	PA; ACS LD
LORBRENA TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	5	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	5	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	5	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	5	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	5	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	5	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	5	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	5	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	5	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
MEKTOVI	5	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	5	QL (180 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	5	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA
NILOTINIB CAPSULE 50MG	5	QL (120 EA per 30 days) PA
NINLARO	5	PA; ACS LD
ODOMZO	5	PA; ACS LD
OGSIVEO TABLET 50MG	5	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	5	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	5	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	5	QL (96 ML per 28 days) PA; LD
OJJAARA	5	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	5	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	5	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
QINLOCK	5	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	5	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; ACS
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	5	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	5	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	5	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	5	QL (60 EA per 30 days) PA; LD
REZLIDHIA	5	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	5	ACS
ROMVIMZA	5	QL (8 EA per 28 days) PA; LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
ROZLYTREK PACKET	5	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	5	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	5	PA; ACS LD
RYDAPT	5	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	5	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	5	QL (300 EA per 30 days) PA; ACS LD
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA; ACS LD
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	5	QL (90 EA per 30 days) PA; ACS
STIVARGA	5	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA; ACS
TABRECTA	5	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	5	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	5	QL (900 EA per 30 days) PA; ACS LD
TAGRISSO	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	5	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	5	QL (120 EA per 30 days) PA; ACS
TAZVERIK	5	QL (240 EA per 30 days) PA; LD
TECVAYLI	5	PA; LD
TEPMETKO	5	QL (60 EA per 30 days) PA; LD
TIBSOVO	5	PA; LD
<i>torpenz</i>	5	QL (30 EA per 30 days) PA; LD
TRUQAP	5	QL (64 EA per 28 days) PA; LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
TRUXIMA	5	PA; ACS
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	5	QL (240 EA per 30 days) PA; LD
TURALIO	5	QL (120 EA per 30 days) PA; LD
VANFLYTA	5	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	5	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	5	QL (180 EA per 30 days) PA; LD
VERZENIO	5	PA; ACS LD
VITRAKVI SOLUTION	5	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	5	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	5	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	5	QL (30 EA per 30 days) PA; ACS LD
VONJO	5	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	5	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	5	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	5	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	5	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	5	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 10MG	5	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	5	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	5	QL (8 EA per 28 days) PA; LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
ZEJULA TABLET	5	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	5	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	5	PA; ACS LD
ZOLINZA	5	PA; ACS
ZYDELIG	5	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	5	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	3	MO
<i>mesna</i>	5	MO
MESNEX TABLET	5	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hydrochloride</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hydrochloride</i>	1	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>perindopril erbumine</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	MO
KERENDIA	3	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hydrochloride</i>	2	MO
<i>terazosin hcl</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride tablet</i>	2	MO
<i>amiodarone hydrochloride injection</i>	4	
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	ACS
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJECTION 100MG/5ML	4	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	4	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone</i>	2	
<i>propafenone hcl</i>	2	MO
<i>propafenone hydrochloride</i>	2	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine</i>	2	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>sotalol hcl</i>	2	MO
<i>sotalol hydrochloride</i>	2	MO
<i>sotalol hydrochloride (af)</i>	2	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate capsule</i>	2	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	2	MO
<i>fenofibrate tablet 120mg</i>	4	MO
<i>fenofibric acid dr</i>	2	MO
<i>gemfibrozil</i>	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam hydrochloride</i>	3	MO
<i>colestipol hydrochloride</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
NEXLETOL	3	QL (30 EA per 30 days) MO
NEXLIZET	3	QL (30 EA per 30 days) MO
<i>niacin</i>	4	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	2	MO
<i>niacin er tablet extended release 500mg</i>	2	QL (60 EA per 30 days) MO
<i>niacor</i>	4	MO
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	4	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
REPATHA SURECLICK	3	PA
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol</i>	2	MO
<i>fumarate/hydrochlorothiazide</i>		
<i>metoprolol/hydrochlorothiazide</i>	2	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	2	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	4	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	4	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride tablet</i>	2	MO
<i>labetalol hydrochloride injection</i>	4	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol tartrate injection</i>	4	
<i>nadolol</i>	4	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	3	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO
<i>propranolol hcl oral solution, tablet</i>	2	MO
<i>propranolol hcl injection</i>	4	
<i>propranolol hydrochloride er</i>	2	MO
<i>propranolol hydrochloride oral solution, tablet</i>	2	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	MO
<i>diltiazem hcl er</i>	2	MO
<i>diltiazem hcl tablet</i>	2	MO
DILTIAZEM HCL INJECTION 100MG	4	
<i>diltiazem hcl injection 50mg/10ml</i>	4	
<i>diltiazem hydrochloride er</i>	2	MO
<i>diltiazem hydrochloride tablet</i>	2	MO
<i>diltiazem hydrochloride injection</i>	4	
<i>felodipine er</i>	2	MO
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	4	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	2	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	3	MO
<i>nisoldipine er</i>	4	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	2	MO
<i>verapamil hydrochloride tablet</i>	1	MO
<i>verapamil hydrochloride injection</i>	4	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	4	MO
<i>acetazolamide tablet</i>	4	MO
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide tablet</i>	2	MO
<i>bumetanide injection</i>	4	MO
<i>chlorthalidone</i>	2	MO
<i>furosemide oral solution, tablet</i>	1	MO
<i>furosemide injection</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	4	MO
<i>metolazone</i>	2	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO
<i>torsemide</i>	2	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>clonidine hydrochloride tablet</i>	1	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	2	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	4	QL (8 EA per 28 days) MO
CORLANOR SOLUTION	4	
CORLANOR TABLET	4	MO
<i>digox tablet 250mcg, 125mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin injection</i>	4	MO
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>digoxin tablet 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride</i>	4	PA MO
<i>hydralazine hcl</i>	4	MO
<i>hydralazine hydrochloride tablet</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	MO
<i>ivabradine hydrochloride</i>	4	MO
<i>metirosine</i>	5	PA
<i>midodrine hydrochloride</i>	4	MO
<i>minoxidil</i>	2	MO
<i>ranolazine er</i>	4	MO
VERQUVO	3	PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide dinitrate tablet 40mg</i>	4	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	2	MO
NITRO-BID	3	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROGLYCERIN INJECTION 5MG/ML	4	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	4	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet 62.5mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	4	B/D; ACS
OPSUMIT	5	QL (30 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>sildenafil citrate tablet (generic Revatio)</i>	3	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection</i>	5	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	5	PA; ACS
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl</i>	1	MO
<i>buspirone hydrochloride</i>	1	MO
<i>chlordiazepoxide hcl</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	2	MO; HRM
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days); HRM
<i>lorazepam injection</i>	4	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>	4	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	4	QL (200 ML per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>galantamine hydrobromide tablet</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride solution</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	2	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	MO
<i>rivastigmine tartrate capsule</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	3	PA MO; HRM
<i>amitriptyline hydrochloride</i>	3	PA MO; HRM
<i>amoxapine</i>	3	MO; HRM
AUVELITY	5	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	2	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	4	PA MO; HRM
<i>desipramine hydrochloride</i>	3	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	4	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr capsule delayed release particles 40mg</i>	4	QL (60 EA per 30 days) MO; HRM
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	4	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	4	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	4	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	2	MO; HRM
<i>imipramine hcl</i>	2	PA MO; HRM
<i>imipramine hydrochloride</i>	2	PA MO; HRM
MARPLAN	4	QL (180 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	4	MO
<i>nortriptyline hcl</i>	3	MO; HRM
<i>nortriptyline hydrochloride</i>	3	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	4	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	4	PA MO; HRM
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	PA MO; HRM
<i>RALDESY</i>	5	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	4	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	MO
<i>trazodone hydrochloride tablet 300mg</i>	4	MO
<i>trimipramine maleate capsule 50mg</i>	4	QL (120 EA per 30 days) PA MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>trimipramine maleate capsule 25mg</i>	4	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	4	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	2	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	5	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	5	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	2	MO
<i>amantadine hcl capsule</i>	2	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	2	MO
<i>benztropine mesylate tablet</i>	2	PA MO; HRM
<i>bromocriptine mesylate</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	2	MO
<i>carbidopa/levodopa odt</i>	2	MO
CARBIDOPA/LEVODOPA/ ENTACAPONE	4	MO
<i>entacapone</i>	4	MO
INBRIJA	5	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	2	MO
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	4	QL (120 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>ropinirole er tablet extended release 24 hour 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	2	MO
<i>ropinirole hydrochloride</i>	2	MO
<i>selegiline hcl</i>	4	MO
<i>trihexyphenidyl hcl oral solution</i>	4	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	2	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	4	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	4	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	5	HRM
ARISTADA INJECTION 441MG/1.6ML	5	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	5	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO; HRM
CAPLYTA	5	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	4	MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>chlorpromazine hcl injection 50mg/2ml</i>	4	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	4	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	4	HRM
<i>chlorpromazine hydrochloride tablet</i>	4	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	4	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	4	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	4	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	3	HRM
<i>clozapine tablet 200mg</i>	3	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	3	QL (270 EA per 30 days); HRM
COBENFY	5	QL (60 EA per 30 days) PA MO
COBENFY STARTER PACK	5	QL (112 EA per 365 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	5	QL (4.5 ML per 365 days)
FANAPT	5	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK A	4	PA; HRM
FANAPT TITRATION PACK C	4	PA
<i>fluphenazine decanoate</i>	4	MO; HRM
<i>fluphenazine hcl</i>	2	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	2	MO; HRM
<i>fluphenazine hydrochloride injection</i>	4	MO; HRM
<i>haloperidol decanoate</i>	4	MO; HRM
<i>haloperidol lactate</i>	4	MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>haloperidol tablet</i>	2	MO; HRM
<i>haloperidol concentrate</i>	3	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	2	MO; HRM
<i>lurasidone hydrochloride tablet</i> 120mg, 20mg, 40mg, 60mg	4	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet</i> 80mg	4	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet</i> 10mg, 5mg	3	HRM
<i>molindone hydrochloride tablet</i> 25mg	4	HRM
NUPLAZID	5	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	4	QL (3 EA per 1 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	3	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	5	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG	5	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	4	MO; HRM
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	2	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	2	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	5	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	4	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	2	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL (120 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	2	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO; HRM
SECUADO	5	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride</i>	3	PA MO; HRM
<i>thiothixene</i>	4	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	4	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	MO; HRM
VERSACLOZ	5	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	4	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	5	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	4	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	4	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTOM TABLET 200MG, 400MG	5	QL (30 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
APTIOM TABLET 600MG, 800MG	5	QL (60 EA per 30 days) MO
BRIVIACT TABLET	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	4	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	2	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	4	MO; HRM
<i>carbamazepine tablet</i>	2	MO; HRM
<i>carbamazepine suspension</i>	4	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	2	MO
<i>carbamazepine tablet chewable 100mg</i>	2	MO; HRM
<i>clobazam suspension</i>	4	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	5	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	5	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	4	QL (5 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>diazepam concentrate</i>	2	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	4	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	4	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	2	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	2	HRM
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	2	MO
<i>ethosuximide solution</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	4	MO
FYCOMPA SUSPENSION	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	3	QL (180 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>gabapentin (generic Neurontin) tablet 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	5	
<i>lacosamide tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	2	MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	5	
<i>lamotrigine starter kit/orange</i>	2	
<i>levetiracetam er</i>	2	MO
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam oral solution, tablet</i>	2	MO
<i>levetiracetam injection</i>	4	
LIBERVANT	5	QL (10 EA per 30 days) PA MO
<i>methsuximide</i>	4	MO
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	2	MO; HRM
<i>oxcarbazepine suspension</i>	4	MO; HRM
<i>perampanel tablet 2mg</i>	4	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection</i>	4	PA; HRM
<i>phenobarbital tablet</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	4	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	2	MO
<i>phenytoin oral suspension, tablet chewable</i>	2	MO
<i>phenytoin sodium extended release capsule</i>	2	MO
<i>phenytoin sodium injection</i>	4	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>pregabalin capsule 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	
<i>rufinamide suspension</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	4	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	5	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (360 EA per 30 days) MO
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	5	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	4	MO
<i>topiramate er</i>	4	MO
<i>topiramate capsule sprinkle</i>	2	MO
<i>topiramate tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	4	
<i>valproic acid capsule, oral solution</i>	2	MO
VALTOCO 10 MG DOSE	5	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	5	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	5	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	5	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA; ACS
<i>vigadrone</i>	5	QL (180 EA per 30 days) PA; LD
VIGAFYDE	5	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	5	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	4	QL (28 EA per 28 days)

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	5	QL (28 EA per 28 days)
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	5	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	5	QL (60 EA per 30 days) MO
ZONISADE	5	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	2	MO
<i>zonisamide capsule 50mg</i>	2	MO; HRM
ZTALMY	5	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	4	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	4	QL (1800 ML per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	2	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd)</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>tasimelteon</i>	5	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	2	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection</i>	5	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/cafeine</i>	3	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
NURTEC	3	QL (16 EA per 30 days) PA MO
QULIPTA	3	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	2	QL (9 EA per 30 days) MO
UBRELVY	3	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	5	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL (120 EA per 30 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	5	QL (60 EA per 30 days) PA; ACS
<i>lithium</i>	4	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	2	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	3	MO
<i>pyridostigmine bromide er</i>	4	MO
<i>riluzole</i>	4	MO
<i>tetrabenazine tablet 25mg</i>	5	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	5	QL (90 EA per 30 days) PA; ACS
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	5	QL (120 EA per 30 days) PA; ACS LD
BETASERON	5	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	3	PA; ACS
<i>fingolimod hydrochloride</i>	5	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
KESIMPTA	5	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide</i>	5	QL (30 EA per 30 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	2	MO
<i>baclofen tablet 15mg</i>	4	MO
<i>chlorzoxazone tablet 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl</i>	2	MO
<i>tizanidine hydrochloride</i>	2	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	3	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram</i>	4	MO
<i>naloxone hcl</i>	2	MO
<i>naloxone hydrochloride nasal spray</i>	3	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	2	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	2	MO
<i>naltrexone hydrochloride</i>	2	MO
NICOTROL INHALER	4	MO
NICOTROL NS	4	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	4	PA
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	4	PA MO
VIVITROL	5	ACS

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS, INSULINS

ADMELOG	3	MO
ADMELOG SOLOSTAR	3	MO
BD ALCOHOL SWABS	1	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	PA MO
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	1	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	1	PA MO
BD PEN	1	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	1	PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	1	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	1	PA MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
FIASP PUMPCART	3	B/D MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL	3	MO
SOLIQUA 100/33	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose	2	QL (90 EA per 30 days) MO
FARXIGA	3	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 2.5mg, 5mg	1	QL (240 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE	3	QL (30 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
LIRAGLUTIDE	4	QL (9 ML per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL (4 ML per 365 days) PA
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC	3	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
SYNJARDY TABLET 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) PA MO
VICTOZA	4	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
BONSITY	5	PA; ACS
<i>calcitonin-salmon nasal spray</i>	3	MO
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	4	QL (3 ML per 90 days) MO
OSENVELT	5	PA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	4	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	4	
PROLIA	4	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.4ml</i>	5	PA; ACS
WYOST	5	PA; ACS LD
XGEVA	5	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	4	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	4	ACS
CHELATING AGENTS		
CHEMET	5	MO
<i>deferasirox packet</i>	5	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	4	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA; ACS
<i>deferasirox tablet 90mg</i>	3	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	4	PA; ACS
kionex	3	
LOKELMA PACKET 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	5	ACS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
sps	3	MO
<i>trientine hydrochloride capsule 500mg</i>	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>aranelle</i>	2	MO
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	MO
<i>aviane</i>	2	MO
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
CAMRESE	3	
CAMRESE LO	3	
<i>charlotte 24 fe</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
DEPO-SUBQ PROVERA 104	3	MO
<i>dolishale</i>	2	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl</i>	2	MO
<i>estradiol/levomefolate calcium</i>		
<i>tablet 3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>enilloring</i>	3	MO
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	MO
<i>errin</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
<i>etonogestrel/ethinyl estradiol</i>	3	MO
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	3	
<i>heather</i>	2	MO
<i>iclevia</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i>	2	
JOLESSA	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	MO
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol</i>	2	MO
<i>levonorgestrel/ethinyl estradiol</i>	2	MO
<i>levora 0.15/30-28</i>	2	
LILETTA	3	ACS LD
<i>lo-zumandimine</i>	2	MO
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	MO
<i>meleya</i>	2	
<i>mibelas 24 fe</i>	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON	3	ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>nikki</i>	2	
NORA-BE	3	
<i>norelgestromin/ethinyl estradiol</i>	3	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	2	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 28-day regimen</i>	2	
<i>nortrel 1/35 21-day regimen</i>	2	MO
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	MO
OCELLA	3	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
RIVELSA	3	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	MO
<i>sprintec 28</i>	2	MO
<i>sronyx</i>	2	
<i>syeda</i>	2	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
TILIA FE	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
<i>valtya 1/50</i>	2	MO
<i>velivet</i>	2	MO
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	MO
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	4	
<i>abigale lo</i>	4	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>amabelz</i>	4	MO
<i>dotti</i>	4	QL (8 EA per 28 days)
DUAVEE	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	4	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol vaginal tablet</i>	2	MO
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	2	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	3	MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO
<i>jinteli</i>	2	
<i>lyllana</i>	4	QL (8 EA per 28 days)
<i>mimvey</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
PREMARIN	4	MO
PREMPRO	4	MO
<i>yuvaferm</i>	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i>	4	MO
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>fludrocortisone acetate</i>	2	MO
<i>hydrocortisone sodium succinate</i>	4	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone tablet</i>	2	B/D MO
<i>methylprednisolone acetate injection</i>	4	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 100mg, 125mg</i>	4	B/D MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>methylprednisolone sodium succinate injection 40mg</i>	4	B/D MO
<i>prednisolone solution</i>	2	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	2	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	4	B/D MO
PREDNISONE INTENSOL	4	B/D MO
<i>prednisone tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	2	MO
<i>prednisone solution</i>	4	B/D MO
SOLU-CORTEF	4	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	4	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	5	MO
ZEGALOGUE	3	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	4	
<i>betaine anhydrous</i>	5	
<i>cabergoline</i>	3	MO
<i>carglumic acid</i>	5	PA; LD
CERDELGA	5	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	5	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	5	QL (60 EA per 30 days); ACS
CYSTAGON	4	PA; ACS LD
<i>desmopressin acetate tablet</i>	3	MO
<i>desmopressin acetate nasal solution</i>	4	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	4	MO
<i>desmopressin acetate injection 4mcg/ml</i>	5	MO
<i>fomepizole</i>	5	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
GENOTROPIN	5	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; ACS
INCRELEX	5	PA; ACS LD
<i>javygtor</i>	5	PA; LD
LEVOCARNITINE TABLET	4	MO
<i>levocarnitine injection</i>	4	
<i>levocarnitine oral solution</i>	4	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	5	PA; ACS
<i>methergine</i>	4	
<i>methylergonovine maleate tablet</i>	5	MO
<i>mifepristone</i>	5	PA
<i>nitisinone</i>	5	PA; ACS
<i>octreotide acetate injection</i> 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA; ACS
<i>octreotide acetate injection</i> 1000mcg/ml, 500mcg/ml	5	PA; ACS
<i>raloxifene hydrochloride</i>	2	MO
<i>sapropterin dihydrochloride</i>	5	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; LD
<i>sodium phenylbutyrate</i>	5	PA; ACS
SOMATULINE DEPOT	5	PA; ACS LD
SOMAVERT	5	PA; ACS LD
SYNAREL	5	MO
VEOZAH	4	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>gallifrey</i>	2	
<i>medroxyprogesterone acetate</i> tablet 10mg, 2.5mg, 5mg	1	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>megestrol acetate suspension 40mg/ml</i>	3	MO
<i>megestrol acetate suspension 625mg/5ml</i>	4	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>progesterone capsule</i>	2	MO
<i>progesterone injection</i>	4	MO
THYROID AGENTS		
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	5	
<i>levoxyl</i>	1	MO
<i>liothyronine sodium tablet</i>	2	MO
<i>liothyronine sodium injection</i>	5	
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	2	MO
SYNTHROID	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol injection 1mcg/ml</i>	4	
<i>calcitriol oral solution 1mcg/ml</i>	4	MO
<i>doxercalciferol injection</i>	4	
<i>paricalcitol</i>	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	4	B/D MO
<i>aprepitant capsule 125mg</i>	5	B/D MO
<i>compro</i>	4	MO; HRM
DIMENHYDRINATE	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	2	MO; HRM
<i>meclizine hydrochloride</i>	2	MO
<i>metoclopramide hcl</i>	4	MO
<i>metoclopramide hydrochloride tablet</i>	2	MO
<i>metoclopramide hydrochloride injection</i>	4	MO
<i>metoclopramide odt</i>	2	MO
<i>ondansetron hcl tablet</i>	2	B/D
<i>ondansetron hcl solution</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	2	B/D MO
<i>ondansetron hydrochloride injection</i>	4	MO
<i>ondansetron odt tablet disintegrating 16mg</i>	2	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D MO
<i>prochlorperazine edisylate injection</i>	4	MO; HRM
<i>prochlorperazine maleate</i>	2	MO; HRM
<i>prochlorperazine rectal suppository</i>	4	MO; HRM
<i>promethazine hcl</i>	4	PA MO; HRM
<i>promethazine hydrochloride plain</i>	4	PA MO; HRM
<i>promethazine hydrochloride syrup</i>	4	PA
<i>promethazine hydrochloride suppository, tablet</i>	4	PA MO; HRM
<i>promethegan suppository 50mg</i>	4	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	4	PA; HRM
<i>scopolamine</i>	4	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	4	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	2	PA MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>dicyclomine hydrochloride injection</i>	4	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	MO
<i>glycopyrrolate oral solution</i>	4	MO
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	4	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	4	MO
<i>famotidine premixed</i>	4	
<i>famotidine tablet</i>	1	MO
<i>famotidine injection</i>	4	
<i>famotidine suspension reconstituted</i>	4	MO
<i>nizatidine</i>	2	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	4	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	MO
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
<i>hydrocortisone enema 100mg/60ml</i>	2	MO
<i>mesalamine dr</i>	4	MO
<i>mesalamine suppository</i>	2	MO
<i>mesalamine enema, kit</i>	4	MO
<i>sulfasalazine</i>	2	MO
LAXATIVES		
<i>CLENPIQ</i>	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
<i>GOLYTELY</i>	3	MO
<i>kristalose</i>	4	PA

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>lactulose solution</i>	2	MO
<i>lactulose packet</i>	4	PA MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO
PLENVU	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	5	QL (60 EA per 30 days) PA MO
CREON	3	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/ atropine sulfate tablet</i>	3	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	4	MO; HRM
GATTEX	5	PA; ACS LD
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride</i>	2	MO
<i>misoprostol</i>	3	MO
MOVANTIK TABLET 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	3	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	4	MO
<i>sucralfate tablet</i>	2	MO
<i>ursodiol capsule 300mg</i>	3	MO
<i>ursodiol tablet 250mg, 500mg</i>	4	MO
VOWST	5	PA; LD
XERMELO	5	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	5	PA MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	2	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (42 EA per 30 days) MO
<i>omeprazole</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	4	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	4	QL (30 EA per 30 days) MO

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	4	QL (30 EA per 30 days) MO
<i>tadalafil tablet (generic Cialis) 5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO

MISCELLANEOUS

<i>acetic acid 0.25% irrigation solution</i>	2	MO
<i>bethanechol chloride</i>	2	MO
<i>potassium citrate er tablet extended release 540mg</i>	2	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	3	MO

URINARY ANTISPASMODICS

<i>fesoterodine fumarate er</i>	4	QL (30 EA per 30 days) MO; HRM
GEMTESA	4	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	3	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	2	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	4	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	4	MO
<i>metronidazole vaginal</i>	4	MO
<i>miconazole 3 vaginal suppository</i>	3	MO
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole suppository</i>	4	MO

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate capsule 110mg</i>	4	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
FRAGMIN INJECTION 10000UNIT/4ML	4	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJECTION 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/D5W	4	
HEPARIN SODIUM/DEXTROSE	4	
HEPARIN SODIUM/NACL 0.45%	3	
HEPARIN SODIUM/SODIUM CHLORIDE	3	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRIT INJECTION 20000UNIT/ ML, 40000UNIT/ML	5	PA; ACS
ZARXIO	5	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	5	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	5	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride</i>	4	MO
BERINERT	5	QL (24 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>cilostazol</i>	2	MO
ENDARI	5	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	5	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	5	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	5	PA; ACS
<i>pentoxifylline er</i>	2	MO
<i>sajazir</i>	5	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	4	PA MO
SIKLOS TABLET 1000MG	5	PA MO
TAVNEOS	5	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	4	
<i>tranexamic acid tablet</i>	3	MO
<i>tranexamic acid injection</i>	4	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	4	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	2	QL (2 EA per 365 days) MO
<i>dipyridamole</i>	4	PA MO
<i>prasugrel hydrochloride</i>	4	MO
<i>ticagrelor</i>	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	5	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	5	QL (28 EA per 365 days) PA
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN)	5	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN)	5	QL (28 EA per 365 days) PA; ACS
COSENTYX SENSOREADY PEN	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	5	PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
COSENTYX INJECTION 150MG/ML	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	5	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL	5	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER (BRAND CORDAVIS NOT COVERED)	5	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	5	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	5	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	5	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	5	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	5	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	5	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	5	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	5	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	5	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	5	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	5	PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
PYZCHIVA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ	5	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	5	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	5	QL (60 ML per 365 days) PA; ACS
SOTYKTU	5	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE	5	QL (4 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	5	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	5	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA; ACS
VELSIPITY	5	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR	5	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	5	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	5	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	MO
JYLAMVO	4	
<i>leflunomide</i>	2	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	2	MO
XATMEP	4	MO
IMMUNOGLOBULINS		
GAMASTAN	3	B/D; ACS LD
GAMMAKED	5	PA; ACS LD
GAMUNEX-C	5	PA; ACS LD
OCTAGAM	5	PA; ACS LD
PRIVIGEN	5	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE	5	PA; ACS LD
ARCALYST	5	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	4	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D MO
AZATHIOPRINE INJECTION	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D MO
BENLYSTA INJECTION 200MG/ML	5	PA; ACS LD
<i>cyclosporine capsule, injection</i>	4	B/D MO
<i>cyclosporine modified</i>	4	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>engraf capsule</i>	4	B/D
<i>engraf solution</i>	4	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	3	B/D MO
<i>mycophenolate mofetil injection</i>	4	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
PROGRAF PACKET	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	4	B/D MO
<i>sirolimus tablet</i>	4	B/D MO
<i>sirolimus solution</i>	5	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D MO
VACCINES		
ABRYSVO	3	QL (1 EA per 999 days)
ACTHIB	1	
ADACEL	1	
AREXVY	3	QL (1 EA per 999 days)
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
ENGRIX-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	
IPOL INACTIVATED IPV	1	
IXCHIQ	3	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	3	QL (0.5 ML per 999 days)
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENMENVY	1	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
PENTACEL	1	
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)
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VAXCHORA	1	
VIMKUNYA	3	
VIVOTIF	1	MO
YF-VAX	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	4
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4
DEXTROSE 5%/LACTATED RINGERS	4
DEXTROSE 5%/NACL 0.33%	4
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	4
dextrose 5%/sodium chloride 0.3%	4
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	4

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	4	MO
DEXTROSE 5%/NACL 0.225%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers</i>	4	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium chloride injection 2meq/ml</i>	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJECTION 7.5%	4	
<i>sodium bicarbonate injection 4.2%</i>	4	
<i>sodium bicarbonate injection 8.4%</i>	4	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>sodium chloride injection 0.45%</i>	4	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	4	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	2	MO
<i>fluoride chewable tablet</i>	4	MO
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	MO
<i>klor-con powder packet 20meq</i>	4	
<i>klor-con effervescent tablet</i>	2	
M-NATAL PLUS	3	MO
<i>multi-vitamin/fluoride drops</i>	4	MO
<i>multi-vitamin/fluoride/iron</i>	4	MO
<i>multivitamin/fluoride</i>	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV PRENATAL PLUS	3	MO
MULTIVITAMIN		
<i>potassium chloride er</i>	2	MO
<i>potassium chloride packet 20meq</i>	4	MO
<i>potassium chloride oral solution 10%, 20%</i>	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
<i>sodium fluoride solution 0.5mg/ml</i>	4	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>tri-vite/fluoride</i>	4	MO
<i>vitamins a/c/d/fluoride</i>	4	MO
WESTAB PLUS	3	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
GLUCOSE (DEXTROSE) 50%	3	B/D
GLUCOSE (DEXTROSE) 70%	3	B/D
NUTRILIPID	3	B/D
<i>plenamine</i>	4	B/D
PREMASOL	5	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	2	MO
<i>neomycin/polymyxin/ dexamethasone</i>	2	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO
TOBRADEX OINTMENT	3	MO
TOBRADEX ST SUSPENSION	3	MO
<i>tobramycin/dexamethasone</i>	3	MO
ZYLET	3	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment</i> 500units/gm	4	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	2	MO
BESIVANCE	3	MO
CILOXAN OINTMENT	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution</i> 0.3%	2	QL (30 ML per 30 days) MO
<i>erythromycin ointment</i> 5mg/gm	2	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	2	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution</i> 0.3%	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution</i> 1.5%	2	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution</i> 0.5%	2	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution</i> 0.5%	2	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution</i> 0.5%	4	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>ofloxacin ophthalmic solution</i> 0.3%	2	QL (60 ML per 30 days) MO
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	MO
<i>sulfacetamide sodium ointment</i> 10%	2	MO
<i>sulfacetamide sodium solution</i> 10%	2	QL (90 ML per 30 days) MO
<i>tobramycin solution</i> 0.3%	2	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
XDEMVY	5	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>bromfenac</i>	4	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	QL (10 ML per 30 days) MO
<i>difluprednate</i>	4	MO
FLAREX	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	2	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	2	MO
LOTEMAX OINTMENT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	2	MO
<i>prednisolone acetate</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	MO
PROLENSA	3	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
ZERVIAE	4	
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	2	MO
BETOPTIC-S	3	MO
<i>brimonidine tartrate/timolol maleate</i>	3	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brinzolamide</i>	4	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	2	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	4	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	5	LD
<i>pilocarpine hcl ophthalmic solution</i>	4	MO
<i>pilocarpine hydrochloride tablet solution 1%, 2%, 4%</i>	4	MO
RHOPRESSA	4	MO
ROCKLATAN	4	MO
SIMBRINZA	4	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	4	MO
<i>travoprost</i>	2	MO
VYZULTA	4	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	3	MO
CYSTARAN	5	PA; LD
EYSUVIS	4	MO
MIEBO	3	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
XIIDRA	3	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	2	MO
CIPRO HC	4	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
CIPROFLOXACIN	3	MO
<i>ciprofloxacin/dexamethasone</i>	4	MO
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hc</i>	4	MO
<i>neomycin/polymyxin/</i>	4	MO
<i>hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>		
<i>ofloxacin otic solution 0.3%</i>	2	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

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

ANTICHOLINERGICS

ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (45 ML per 30 days) MO

ANTI-HISTAMINES

<i>azelastine hcl nasal solution 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	4	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	2	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	2	PA MO
<i>cyproheptadine hcl syrup</i>	4	PA MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>cypheptadine hydrochloride tablet</i>	4	PA MO; HRM
<i>desloratadine</i>	2	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride</i>	4	MO; HRM
<i>hydroxyzine hcl</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	4	PA MO; HRM
<i>hydroxyzine pamoate</i>	4	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	2	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	4	MO
<i>olopatadine hcl</i>	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	2	B/D MO
<i>albuterol sulfate syrup, tablet</i>	4	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	2	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D MO
<i>aminophylline</i>	4	
BRONCHITOL	5	QL (560 EA per 28 days) PA; LD
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
FASENRA PEN	5	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	5	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	5	QL (60 EA per 30 days) PA; LD
OFEV	5	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	5	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	5	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	5	PA; LD
PULMOZYME	5	PA; ACS LD
<i>roflumilast</i>	4	MO
<i>theophylline solution</i>	2	MO
<i>theophylline er tablet extended release 24 hour</i>	2	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	4	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	4	MO
TRIKAFTA GRANULES THERAPY PACK	5	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	5	QL (84 EA per 28 days) PA; LD
XOLAIR	5	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	2	QL (34 GM per 30 days) MO
XHANCE	4	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	4	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL (10.2 GM per 30 days) MO
DULERA	4	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa (generic Advair HFA)</i>	4	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	2	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	4	PA
<i>amnesteam</i>	4	PA
<i>claravis</i>	4	PA
<i>clindacin</i>	4	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	2	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	2	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	2	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	2	MO
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	4	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	4	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	4	PA
<i>sulfacetamide sodium lotion 10%</i>	4	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>mupirocin ointment</i>	2	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	4	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	2	MO
SSD	3	
SULFAMYLON CREAM 85MG/GM	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	2	QL (60 ML per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	3	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	2	QL (120 ML per 30 days) MO
<i>ketodan</i>	4	QL (100 GM per 30 days)
<i>klayesta</i>	3	QL (60 GM per 30 days)
<i>naftifine hydrochloride cream 1%</i>	4	QL (90 GM per 30 days) MO
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	2	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	4	PA MO
<i>calcipotriene solution</i>	3	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream, ointment</i>	4	QL (120 GM per 30 days) PA MO
<i>calcitrene</i>	4	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	4	QL (800 GM per 28 days) PA MO
<i>methoxsalen</i>	5	MO
<i>tazarotene cream 0.1%</i>	3	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	4	QL (60 GM per 30 days) PA MO
<i>tazarotene gel</i>	3	QL (100 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate ointment</i>	4	QL (60 GM per 30 days)
<i>alclometasone dipropionate cream</i>	4	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	2	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	4	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>betamethasone dipropionate augmented lotion</i>	4	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	2	MO
<i>betamethasone dipropionate cream, ointment</i>	4	MO
<i>betamethasone valerate cream, lotion, ointment</i>	2	MO
<i>clobetasol propionate e</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	4	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	2	MO
<i>fluticasone propionate ointment 0.005%</i>	2	MO
<i>halobetasol propionate cream</i>	2	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>hydrocortisone cream 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	2	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	2	MO
<i>mometasone furoate ointment 0.1%</i>	2	MO
<i>mometasone furoate solution 0.1%</i>	2	MO
<i>proctosol hc</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	3	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	4	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	4	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	4	QL (90 EA per 30 days) PA
<i>tridacaine</i>	4	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	4	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>	2	MO
<i>azelaic acid</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	3	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	4	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	4	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	4	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	3	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	2	MO
IMIQUIMOD PUMP	4	QL (15 GM per 28 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>imiquimod cream 5%</i>	2	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	4	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	4	MO
<i>metronidazole gel 0.75%</i>	2	MO
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotion 0.75%</i>	4	MO
<i>nitroglycerin ointment 0.4%</i>	4	QL (30 GM per 30 days) MO
NORITATE	5	QL (60 GM per 30 days) MO
PANRETIN	5	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	4	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	4	MO
<i>procto-med hc</i>	2	
<i>proctocort</i>	2	
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR	5	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	5	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	MO
<i>permethrin cream 5%</i>	2	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	2	MO
<i>sterile water for irrigation</i>	2	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	4	MO
<i>clotrimazole troche 10mg</i>	2	MO
<i>denta 5000 plus sensitive</i>	4	MO
<i>dentagel</i>	4	MO
<i>fluoridex daily defense</i>	4	
<i>fluoridex sensitivity relief/sls free</i>	4	
<i>fluorimax 5000</i>	4	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Drug name	Drug tier	Requirements/Limits
<i>fluorimax 5000 sensitive</i>	4	
<i>fraiche 5000 dental</i>	4	
<i>just right 5000</i>	4	
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous solution 2%</i>	4	MO
<i>lidocaine viscous solution 2%</i>	4	MO
<i>nystatin suspension 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet tablet 5mg, 7.5mg</i>	4	MO
<i>prevident 5000 enamel protect</i>	4	MO
<i>sf gel 1.1%</i>	4	MO
<i>sodium fluoride 5000 ppm paste</i>	4	MO
<i>sodium fluoride 5000 ppm sensitive</i>	4	MO
<i>sodium fluoride/potassium nitrate/ sensitive</i>	4	MO
<i>sodium fluoride gel 1.1%</i>	4	MO
<i>triamcinolone acetonide dental paste</i>	2	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 9.

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	22, 23	<i>afirmelle</i>	71	<i>amiloride/</i>	45
<i>abacavir sulfate/</i>	23	AIMOVIG	63	<i>hydrochlorothiazide</i>	
<i>lamivudine</i>		AIRSUPRA	102	<i>aminophylline</i>	101
ABELCET	21	AKEEGA	30	<i>amiodarone</i>	41
<i>abigale</i>	76	<i>ala-cort</i>	104	<i>hydrochloride</i>	
ABILIFY	52	<i>albendazole</i>	18	<i>amitriptyline hcl</i>	48
<i>abiraterone acetate</i>	30	<i>albuterol sulfate</i>	100	<i>amitriptyline</i>	48
<i>abirtega</i>	30	<i>albuterol sulfate hfa</i>	100	<i>hydrochloride</i>	
ABRYSVO	91	<i>alclometasone</i>	104	<i>amlodipine besylate</i>	39, 40, 43, 45
<i>acamprosate calcium</i>	65	ALECENSA	32		
<i>acarbose</i>	68	<i>alendronate sodium</i>	70		
<i>accutane</i>	103	<i>alfuzosin hcl</i>	84	<i>amlodipine besylate/</i>	45
<i>acebutolol</i>	43	<i>aliskiren</i>	45	<i>atorvastatin calcium</i>	
<i>hydrochloride</i>		<i>allopurinol</i>	14	<i>amlodipine</i>	39
<i>acetaminophen</i>	16	<i>alose tron</i>	83	<i>besylate/benazepril</i>	
<i>acetaminophen/</i>	16	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>codeine</i>		<i>alprazolam</i>	47	<i>amlodipine besylate/</i>	40
<i>acetazolamide</i>	45	ALPRAZOLAM	47	<i>valsartan</i>	
<i>acetazolamide er</i>	45	INTENSOL		<i>amlodipine/</i>	40
<i>acetic acid</i>	84, 98	ALREX	96	<i>olmesartan medoxomil</i>	
<i>acetylcysteine</i>	78, 101	<i>altavera</i>	71	<i>amlodipine/valsartan/</i>	40
<i>acitretin</i>	104	ALUNBRIG	32	<i>hydrochlorothiazide</i>	
ACTHIB	91	ALVAIZ	86	<i>ammonium lactate</i>	106
ACTIMMUNE	90	ALVESCO	102	<i>amnestem</i>	103
<i>acyclovir</i>	24	<i>alyacen 1/35</i>	71	<i>amoxapine</i>	48
<i>acyclovir sodium</i>	24	<i>alyacen 7/7/7</i>	71	<i>amoxicillin</i>	28
ADACEL	91	<i>amabelz</i>	77	<i>amoxicillin/clavulanate</i>	28
ADALIMUMAB	87	<i>amantadine hcl</i>	51	<i>potassium</i>	
ADALIMUMAB-AACF	87	<i>ambrisentan</i>	46	<i>amoxicillin/clavulanate</i>	28
<i>adefovir dipivoxil</i>	24	<i>amethia</i>	71	<i>potassium er</i>	
ADMELOG	66	<i>amethyst</i>	71	<i>amphetamine/</i>	61
ADMELOG SOLOSTAR	66	<i>amikacin sulfate</i>	18	<i>dextroamphetamine</i>	
		<i>amiloride hcl</i>	45	<i>amphetamine/</i>	61
				<i>dextroamphetamine er</i>	
				<i>amphotericin b</i>	21

Drug name	Page	Drug name	Page	Drug name	Page
<i>amphotericin b liposome</i>	21	<i>atovaquone/proguanil hcl</i>	21	BARACLUDE	24
<i>ampicillin</i>	28, 29	ATROPINE SULFATE	98	BASAGLAR KWIKPEN	66
<i>ampicillin sodium</i>	29	ATROVENT HFA	99	BCG VACCINE	91
<i>ampicillin-sulbactam</i>	29	<i>aubra eq</i>	72	BD ALCOHOL SWABS	66
<i>anagrelide</i>	86	AUGTYRO	32	BD INSULIN SYRINGE	66, 67
<i>hydrochloride</i>		<i>aurovela 1.5/30</i>	72	BD PEN	66
<i>anastrozole</i>	30	<i>aurovela 1/20</i>	72	BD PEN NEEDLE/	66
ANORO ELLIPTA	99	<i>aurovela 24 fe</i>	72	ORIGINAL/ULTRA-	
<i>aprepitant</i>	80	<i>aurovela fe 1.5/30</i>	72	FINE/29G X 1/2	
<i>apri</i>	71	<i>aurovela fe 1/20</i>	72	<i>benazepril</i>	39
APTIOM	56, 57	AUSTEDO	63, 64	<i>hydrochloride</i>	
APTIVUS	22	AUSTEDO XR	63, 64	<i>benazepril</i>	39
<i>aranelle</i>	72	AUVELITY	48	<i>hydrochloride/</i>	
ARCALYST	90	<i>aviane</i>	72	<i>hydrochlorothiazide</i>	
AREXVY	91	AVMAPKI	32	BENLYSTA	90
ARIKAYCE	18	<i>ayuna</i>	72	<i>benztropine mesylate</i>	51
<i>aripiprazole</i>	52	AYVAKIT	32	BERINERT	86
<i>aripiprazole odt</i>	52	<i>azathioprine</i>	90	BESIVANCE	96
ARISTADA	52	AZATHIOPRINE	90	BESREMI	32
ARISTADA INITIO	52	<i>azelaic acid</i>	106	<i>betaine anhydrous</i>	78
<i>armodafinil</i>	65	<i>azelastine hcl</i>	97, 99	<i>betamethasone</i>	104, 105
ARNUITY ELLIPTA	102	<i>azelastine</i>	99	<i>dipropionate</i>	
<i>asenapine maleate sl</i>	52	<i>hydrochloride</i>		<i>augmented</i>	
<i>ashlyna</i>	72	<i>azithromycin</i>	27	<i>betamethasone</i>	105
ASPARLAS	32	AZITHROMYCIN	27	<i>valerate</i>	
<i>aspirin/dipyridamole er</i>	87	<i>aztreonam</i>	18	BETASERON	64
ASTAGRAF XL	90	<i>azurette</i>	72	<i>betaxolol hcl</i>	43, 97
<i>atazanavir</i>	22	<i>bacitracin</i>	96	<i>bethanechol chloride</i>	84
<i>atazanavir sulfate</i>	22	<i>bacitracin/polymyxin b</i>	96	BETOPTIC-S	97
<i>atenolol</i>	43	<i>baclofen</i>	65	BEVESPI	99
<i>atenolol/chlorthalidone</i>	43	BAFIERTAM	64	AEROSPHERE	
<i>atomoxetine</i>	61	<i>balsalazide disodium</i>	82	<i>bexarotene</i>	32, 106
<i>atorvastatin calcium</i>	42	BALVERSA	32	BEXSERO	91
<i>atovaquone</i>	18, 21	<i>balziva</i>	72	<i>bicalutamide</i>	30
				BICILLIN L-A	29
				BIKTARVY	23

Drug name	Page	Drug name	Page	Drug name	Page
<i>bisoprolol</i>	43	<i>buprenorphine hcl/</i>	65	CARBIDOPA/	51
<i>bisoprolol fumarate/</i>	43	<i>naloxone hcl</i>		LEVODOPA/	
<i>hydrochlorothiazide</i>		<i>buprenorphine</i>	65	ENTACAPONE	
<i>blisovi 24 fe</i>	72	<i>hydrochloride/</i>		<i>carbidopa/levodopa er</i>	51
<i>blisovi fe 1.5/30</i>	72	<i>naloxone</i>		<i>carbidopa/levodopa</i>	51
<i>blisovi fe 1/20</i>	72	<i>hydrochloride</i>		<i>odt</i>	
BONSITY	70	<i>bupropion</i>	48	<i>carbinoxamine</i>	99
BOOSTRIX	91	<i>bupropion</i>	48,	<i>maleate</i>	
<i>bosentan</i>	46	<i>hydrochloride er</i>	65	<i>carglumic acid</i>	78
BOSULIF	32	<i>buspirone hcl</i>	47	<i>carteolol hcl</i>	97
BRAFTOVI	32	<i>buspirone</i>	47	<i>cartia xt</i>	43
BREO ELLIPTA	102	<i>hydrochloride</i>		<i>carvedilol</i>	43
BREZTRI	99	<i>butorphanol</i>	16	<i>carvedilol phosphate</i>	43
AEROSPHERE		<i>butorphanol tartrate</i>	16	<i>er</i>	
<i>briellyn</i>	72	<i>cabergoline</i>	78	<i>caspofungin acetate</i>	21
BRILINTA	87	CABOMETYX	33	CAYSTON	18
<i>brimonidine tartrate</i>	97	<i>calcipotriene</i>	104	<i>cefaclor</i>	25
BRIMONIDINE	97	<i>calcitonin-salmon</i>	70	CEFACLOR ER	25
TARTRATE		<i>calcitrene</i>	104	<i>cefadroxil</i>	25
<i>brimonidine tartrate/</i>	97	<i>calcitriol</i>	80	<i>cefazolin</i>	26
<i>timolol maleate</i>		CALCITRIOL	104	CEFAZOLIN	26
<i>brinzolamide</i>	97	CALQUENCE	33	<i>cefazolin sodium</i>	26
BRIVIACT	57	<i>camila</i>	72	CEFAZOLIN SODIUM	26
<i>bromfenac</i>	97	CAMRESE	72	<i>cefdinir</i>	26
<i>bromocriptine</i>	51	CAMRESE LO	72	<i>cefepime</i>	26
<i>mesylate</i>		<i>candesartan cilexetil</i>	41	<i>cefixime</i>	26
BROMSITE	97	<i>candesartan cilexetil/</i>	40	<i>cefotetan</i>	26
BRONCHITOL	101	<i>hydrochlorothiazide</i>		<i>cefoxitin sodium</i>	26
BRUKINSA	33	CAPLYTA	52	<i>cefpodoxime proxetil</i>	26
<i>budesonide</i>	102	CAPRELSA	33	<i>cefprozil</i>	26
<i>budesonide dr</i>	82	<i>captopril</i>	39	<i>ceftazidime</i>	26
<i>budesonide er</i>	82	<i>captopril/</i>	39	<i>ceftriaxone in iso-</i>	26
<i>budesonide/</i>	102	<i>hydrochlorothiazide</i>		<i>osmotic dextrose</i>	
<i>formoterol fumarate</i>		<i>carbamazepine</i>	57	<i>ceftriaxone sodium</i>	26,
<i>dihydrate</i>		<i>carbamazepine er</i>	57		27
<i>bumetanide</i>	45	<i>carbidopa</i>	51	CEFTRIAZONE	26
<i>buprenorphine</i>	15	<i>carbidopa/levodopa</i>	51	SODIUM	
<i>buprenorphine hcl</i>	65			<i>cefuroxime axetil</i>	27

Drug name	Page	Drug name	Page	Drug name	Page
<i>cefuroxime sodium</i>	27	<i>ciprofloxacin/</i>	99	<i>clobetasol propionate</i>	105
<i>celecoxib</i>	14	<i>dexamethasone</i>		<i>e</i>	
<i>cephalexin</i>	27	<i>ciprofloxacin hcl</i>	27	<i>clodan</i>	105
CERDELGA	78	<i>ciprofloxacin</i>	27,	<i>clomipramine</i>	48
<i>cetirizine</i>	99	<i>hydrochloride</i>	96	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>ciprofloxacin i.v.-in d5w</i>	28	<i>clonazepam</i>	57
<i>cevimeline</i>	107	CIPRO HC	98	<i>clonazepam odt</i>	57
<i>hydrochloride</i>		<i>citalopram</i>	48	<i>clonidine</i>	45
<i>charlotte 24 fe</i>	72	<i>hydrobromide</i>		<i>clonidine</i>	45
<i>chateal eq</i>	72	<i>claravis</i>	103	<i>hydrochloride</i>	
CHEMET	71	<i>clarithromycin</i>	27	<i>clopidogrel</i>	87
<i>chloramphenicol</i>	18	<i>clarithromycin er</i>	27	<i>clorazepate</i>	57
<i>sodium succinate</i>		<i>clemastine fumarate</i>	99	<i>dipotassium</i>	
<i>chlordiazepoxide hcl</i>	47	CLENPIQ	82	<i>clotrimazole</i>	104
<i>chlordiazepoxide</i>	47	<i>clindacin</i>	103	<i>clotrimazole/</i>	104
<i>hydrochloride</i>		<i>clindamycin</i>	18,	<i>betamethasone</i>	
<i>chlorhexidine</i>	107		103	<i>dipropionate</i>	
<i>gluconate</i>		<i>clindamycin hcl</i>	18	<i>clotrimazole troche</i>	107
<i>chloroquine phosphate</i>	22	<i>clindamycin</i>	18	<i>clozapine</i>	53
<i>chlorpromazine hcl</i>	52,	<i>hydrochloride</i>		<i>clozapine odt</i>	53
	53	<i>clindamycin palmitate</i>	18	CLOZAPINE ODT	53
<i>chlorpromazine</i>	53	<i>hcl</i>		COARTEM	22
<i>hydrochloride</i>		<i>clindamycin phosphate</i>	18,	COBENFY	53
<i>chlorthalidone</i>	45		85,	CODEINE SULFATE	16
<i>chlorzoxazone</i>	65		103	<i>colchicine</i>	14
<i>cholestyramine</i>	42	<i>clindamycin</i>	18	<i>colesevelam</i>	42
<i>cholestyramine light</i>	42	<i>phosphate/dextrose</i>		<i>hydrochloride</i>	
<i>ciclopirox</i>	103	CLINDAMYCIN/	18	<i>colestipol</i>	42
<i>ciclopirox olamine</i>	103	SODIUM CHLORIDE		<i>colistimethate sodium</i>	18
<i>cilostazol</i>	87	CLINIMIX 6/5	95	COMBIGAN	97
CILOXAN	96	CLINIMIX 8/10	95	COMBIVENT	99
CIMDUO	23	CLINIMIX 8/14	95	RESPIMAT	
<i>cimetidine</i>	82	CLINIMIX/DEXTROSE	94,	COMETRIQ KIT	33
			95	COMPLERA	23
<i>cinacalcet</i>	48,	<i>clinisol sf</i>	95	<i>compro</i>	80
<i>hydrochloride</i>	78	CLINOLIPID	95	<i>constulose</i>	82
CIPROFLOXACIN	27,	<i>clinpro 5000</i>	107	COPIKTRA	33
	28,	<i>clobazam</i>	57	CORLANOR	45
	96,	<i>clobetasol propionate</i>	105		
	99				

Drug name	Page	Drug name	Page	Drug name	Page
COSENTYX	87, 88	dasetta 7/7/7	72	dextroamphetamine sulfate	61
COSENTYX	87	DAURISMO	33	dextroamphetamine sulfate er	61
SENSOREADY PEN		daysee	72	dextroamphetamine sulfateg	61
COSENTYX	87	DAYVIGO	62	dextrose	92, 93, 95
UNOREADY		deblitane	72	DEXTROSE	92, 93, 95
COTELLIC	33	deferasirox	71	DEXTROSE/ ELECTROLYTE #48 VIAFLEX	92
CREON	83	DELSTRIGO	23	DEXTROSE/LACTATED RINGERS	92
cromolyn sodium	83, 97, 101	delyla	72	DEXTROSE/NACL	92, 93
cryselle-28	72	DENGVAIXIA	91	DIACOMIT	57
cyclobenzaprine hydrochloride	65	denta	107	diazepam	57, 58
cyclophosphamide	30	dentagel	107	DIAZEPAM RECTAL GEL	57
CYCLOPHOSPHAMIDE	30	DEPO-SUBQ PROVERA	72	diazoxide	78
cycloserine	24	DESCOVY	23	diclofenac potassium	14
cyclosporine	90	desipramine hydrochloride	48	diclofenac sodium	97, 106
cyclosporine modified	90	desloratadine	100	diclofenac sodium dr	14
cyproheptadine hcl	99	desloratadine odt	100	diclofenac sodium er	14
cyproheptadine hydrochloride	100	desmopressin acetate	78	diclofenac sodium/ misoprostol	14, 15
cyred eq	72	desonide	105	dicloxacillin sodium	29
CYSTAGON	78	desoximetasone	105	dicyclomine hcl	81
CYSTARAN	98	desvenlafaxine er	48	dicyclomine hydrochloride	81, 82
dabigatran	85	dexamethasone	77, 97	DIFICID	27
dalfampridine er	64	DEXAMETHASONE INTENSOL	77	diflunisal	15
danazol	66	dexamethasone	97	difluprednate	97
dantrolene	65	sodium phosphate			
DANZITEN	33	dexlansoprazole	83		
dapsone	19, 103	dexmethylphenidate hcl	61		
DAPTACEL	91	dexmethylphenidate hcl er	61		
daptomycin	19	dexmethylphenidate hydrochloride	61		
DAPTOMYCIN	19	dexmethylphenidate hydrochloride er	61		
darunavir	22				
dasatinib	33				
dasetta 1/35	72				

Drug name	Page	Drug name	Page	Drug name	Page
<i>digox</i>	45	<i>dorzolamide</i>	98	EDURANT	22
<i>digoxin</i>	45,	<i>hydrochloride</i>		<i>efavirenz</i>	22
	46	<i>dorzolamide</i>	98	<i>efavirenz/</i>	23
<i>dihydroergotamine</i>	63	<i>hydrochloride/timolol</i>		<i>emtricitabine/tenofovir</i>	
<i>mesylate</i>		<i>maleate</i>		<i>disoproxil fumarate</i>	
DILANTIN	58	<i>dotti</i>	77	<i>efavirenz/lamivudine/</i>	23
DILANTIN-125	58	DOVATO	23	<i>tenofovir disoproxil</i>	
DILANTIN INFATABS	58	<i>doxazosin mesylate</i>	40	<i>fumarate</i>	
<i>diltiazem</i>	44	<i>doxepin hcl</i>	49	<i>effer-k</i>	94
<i>diltiazem hcl</i>	44	<i>doxepin hydrochloride</i>	49,	<i>eletriptan</i>	63
DILTIAZEM HCL	44		62	<i>hydrobromide</i>	
<i>diltiazem hcl cd</i>	44	DOXEPIN	106	ELIGARD	31
<i>diltiazem hcl er</i>	44	HYDROCHLORIDE		<i>elinest</i>	72
<i>diltiazem</i>	44	<i>doxercalciferol</i>	80	ELIQUIS	85
<i>hydrochloride</i>		<i>doxy 100</i>	29	ELIQUIS STARTER	85
<i>diltiazem</i>	44	<i>doxycycline</i>	29	PACK	
<i>hydrochloride er</i>		DOXYCYCLINE	106	<i>eluryng</i>	72
<i>dilt-xr</i>	43	<i>doxycycline hyclate</i>	29	EMCYT	31
DIMENHYDRINATE	80	<i>doxycycline</i>	29	EMEND	81
<i>diphenhydramine</i>	100	<i>monohydrate</i>		EMSAM	49
<i>diphenoxylate/atropine</i>	83	DRIZALMA	49	<i>emtricitabine</i>	22,
<i>diphenoxylate</i>	83	<i>dronabinol</i>	80		23,
<i>hydrochloride/atropine</i>		<i>drospirenone/ethinyl</i>	72		24
<i>sulfate</i>		<i>estradiol</i>		<i>emtricitabine/tenofovir</i>	24
<i>dipyridamole</i>	87	<i>drospirenone/ethinyl</i>	72	<i>disoproxil</i>	
<i>disopyramide</i>	41	<i>estradiol/levomefolate</i>		<i>emtricitabine/tenofovir</i>	23
<i>phosphate</i>		<i>calcium</i>		<i>disoproxil fumarate</i>	
<i>disulfiram</i>	65	<i>droxidopa</i>	46	EMTRIVA	22
<i>divalproex sodium dr</i>	58	DUAVEE	77	EMVERM	19
<i>divalproex sodium er</i>	58	DULERA	102	<i>emzahh</i>	72
<i>dofetilide</i>	41	<i>duloxetine</i>	49	<i>enalapril maleate</i>	39
<i>dolishale</i>	72	DUPIXENT	88	<i>enalapril maleate/</i>	39
<i>donepezil hcl</i>	47	<i>dutasteride</i>	84	<i>hydrochlorothiazide</i>	
<i>donepezil</i>	47	<i>dutasteride/tamsulosin</i>	84	ENBREL	88
<i>hydrochloride</i>		<i>hydrochloride</i>		ENBREL MINI	88
<i>dorzolamide hcl/</i>	98	<i>econazole nitrate</i>	104	ENBREL SURECLICK	88
<i>timolol maleate</i>		EDARBI	41	ENDARI	87
		EDARBYCLOR	40	<i>endocet</i>	16
				ENGERIX-B	91

Drug name	Page	Drug name	Page	Drug name	Page
<i>enilloring</i>	73	<i>esomeprazole</i>	83	<i>feirza</i>	73
<i>enoxaparin sodium</i>	85	<i>magnesium</i>		<i>felbamate</i>	58
<i>enpresse-28</i>	73	<i>esomeprazole sodium</i>	83	<i>felodipine er</i>	44
<i>enskyce</i>	73	<i>estarylla</i>	73	<i>fenofibrate</i>	42
<i>entacapone</i>	51	<i>estradiol</i>	77	<i>fenofibrate micronized</i>	42
<i>entecavir</i>	24	<i>estradiol/</i>	77	<i>fenofibric acid dr</i>	42
ENTRESTO	40	<i>norethindrone acetate</i>		<i>fenoprofen calcium</i>	15
<i>enulose</i>	82	<i>estradiol valerate</i>	77	FENOPROFEN	15
EPCLUSA	24	ESTRING	77	CALCIUM	
EPIDIOLEX	58	<i>ethambutol</i>	24	<i>fentanyl</i>	15, 16
<i>epinastine hcl</i>	97	<i>hydrochloride</i>		<i>fentanyl citrate</i>	16
<i>epinephrine</i>	101	<i>ethosuximide</i>	58	<i>fesoterodine fumarate</i>	84
<i>epitol</i>	58	<i>ethynodiol diacetate/</i>	73	<i>er</i>	
<i>eplerenone</i>	40	<i>ethinyl estradiol</i>		FETZIMA	49
<i>epoprostenol sodium</i>	46	<i>etodolac</i>	15	FETZIMA TITRATION	49
EPRONTIA	58	<i>etodolac er</i>	15	PACK	
<i>ergotamine tartrate/</i>	63	<i>etonogestrel/ethinyl</i>	73	FIASP	67
<i>caffeine</i>		<i>estradiol</i>		FIASP FLEXTOUCH	67
ERIVEDGE	33	<i>etravirine</i>	22	FIASP PENFILL	67
ERLEADA	31	EULEXIN	31	<i>finasteride</i>	84
<i>erlotinib hydrochloride</i>	33	<i>everolimus</i>	33, 90	<i>fingolimod</i>	64
<i>errin</i>	73	EVOTAZ	24	FINTEPLA	58
ERTACZO	104	<i>exemestane</i>	31	<i>finzala</i>	73
<i>ertapenem</i>	19	EXKIVITY	33	FIRMAGON	31
<i>ery</i>	103	EXTENCILLINE	29	<i>flac</i>	99
<i>erythromycin</i>	96, 103	EYSUVIS	98	FLAREX	97
<i>erythromycin base</i>	27	<i>ezetimibe</i>	42	<i>flecainide acetate</i>	41
<i>erythromycin/benzoyl</i>	103	<i>ezetimibe/simvastatin</i>	42	<i>fluconazole</i>	21
<i>peroxide</i>		<i>falmina</i>	73	<i>fluconazole in sodium</i>	21
<i>erythromycin dr</i>	27	<i>famciclovir</i>	25	<i>chloride</i>	
<i>erythromycin</i>	27	<i>famotidine</i>	82	<i>fluconazole/sodium</i>	21
<i>ethylsuccinate</i>		<i>famotidine premixed</i>	82	<i>chloride</i>	
<i>erythromycin</i>	27	FANAPT	53	<i>flucytosine</i>	21
<i>lactobionate</i>		FARXIGA	68	<i>fludrocortisone</i>	77
ERZOFRI	53	FASENRA	101	<i>acetate</i>	
<i>escitalopram oxalate</i>	49	FASENRA PEN	101	<i>flunisolide</i>	102
		<i>febuxostat</i>	14	<i>fluocinolone acetonide</i>	99, 105

Drug name	Page	Drug name	Page	Drug name	Page
<i>fluocinolone acetonide</i>	105	<i>fosinopril sodium/</i>	39	GENOTROPIN	79
<i>body</i>		<i>hydrochlorothiazide</i>		MINIQUICK	
<i>fluocinonide</i>	105	<i>fosphenytoin sodium</i>	58	<i>gentamicin sulfate</i>	19,
<i>fluocinonide emulsified</i>	105	FOTIVDA	33		96,
<i>base</i>		FRAGMIN	85,		103
<i>fluoride</i>	94		86	<i>gentamicin</i>	19
<i>fluoridex</i>	107	<i>fraiche</i>	108	<i>sulfate/0.9% sodium</i>	
<i>fluoridex sensitivity</i>	107	FRUZAQLA	33	<i>chloride</i>	
<i>relief/sls free</i>		<i>furosemide</i>	45	<i>gentamicin sulfate</i>	19
<i>fluorimax 5000</i>	107,	FUZEON	22	<i>pediatric</i>	
	108	<i>fyavolv</i>	77	<i>gentamicin sulfate/</i>	19
<i>fluorimax 5000</i>	108	FYCOMPA	58	<i>sodium chloride</i>	
<i>sensitive</i>		<i>gabapentin</i>	58,	GENVOYA	24
FLUOROMETHOLONE	97		59	GILOTRIF	34
<i>fluorouracil</i>	106	<i>galantamine</i>	47,	<i>glatiramer acetate</i>	64
FLUOROURACIL	106	<i>hydrobromide</i>	48	<i>glatopa</i>	64
<i>fluoxetine dr</i>	49	<i>galantamine</i>	47	GLEOSTINE	30
<i>fluoxetine</i>	49	<i>hydrobromide er</i>		<i>glimepiride</i>	68
<i>hydrochloride</i>		<i>galbriela</i>	73	<i>glipizide</i>	68
<i>fluphenazine</i>	53	<i>gallifrey</i>	79	<i>glipizide er</i>	68
<i>decanoate</i>		GAMASTAN	90	<i>glipizide/metformin</i>	68
<i>fluphenazine hcl</i>	53	GAMMAKED	90	<i>hydrochloride</i>	
<i>fluphenazine</i>	53	GAMUNEX-C	90	<i>glipizide xl</i>	68
<i>hydrochloride</i>		<i>ganciclovir</i>	25	GLUCOSE	95
<i>flurbiprofen</i>	15	GARDASIL 9	91	<i>glycopyrrolate</i>	82
<i>flurbiprofen sodium</i>	97	<i>gatifloxacin</i>	96	GLYXAMBI	68
<i>fluticasone</i>	102	GATTEX	83	GOLYTELY	82
<i>fluticasone propionate</i>	102,	GAUZE PADS	67	GOMEKLI	34
	105	<i>gavilyte-c</i>	82	<i>granisetron</i>	81
<i>fluvastatin</i>	42	<i>gavilyte-g</i>	82	<i>hydrochloride</i>	
<i>fluvastatin sodium er</i>	42	<i>gavilyte-n/flavor pack</i>	82	<i>griseofulvin microsize</i>	21
<i>fluvoxamine maleate</i>	47	GAVRETO	33	<i>griseofulvin</i>	21
<i>fluvoxamine maleate er</i>	47	<i>gefitinib</i>	34	<i>ultramicrosize</i>	
<i>fomepizole</i>	78	<i>gemfibrozil</i>	42	<i>guanfacine</i>	62
<i>fondaparinux sodium</i>	85	GEMTESA	84	<i>guanfacine</i>	46,
<i>fosamprenavir calcium</i>	22	<i>generlac</i>	82	<i>hydrochloride</i>	62
<i>fosfomycin</i>	19	<i>gengraf</i>	90	HAEGARDA	87
<i>fosinopril sodium</i>	39	GENOTROPIN	79	<i>hailey 1.5/30</i>	73
				<i>hailey 24 fe</i>	73

Drug name	Page	Drug name	Page	Drug name	Page
<i>hailey fe 1.5/30</i>	73	<i>hydrocodone/</i>	17	IMBRUVICA	34
<i>hailey fe 1/20</i>	73	<i>ibuprofen</i>		<i>imipenem/cilastatin</i>	19
<i>halobetasol propionate</i>	105	<i>hydrocortisone</i>	77,	<i>imipramine hcl</i>	49
<i>haloette</i>	73		82,	<i>imipramine</i>	49
<i>haloperidol</i>	54		105,	<i>hydrochloride</i>	
<i>haloperidol decanoate</i>	53		106	<i>imiquimod</i>	107
<i>haloperidol lactate</i>	53	<i>hydrocortisone/acetic</i>	99	IMIQUIMOD PUMP	106
HARVONI	25	<i>acid</i>		IMKELDI	34
HAVRIX	91	<i>hydrocortisone</i>	106	IMOVAX RABIES	91
<i>heather</i>	73	<i>perianal</i>		(H.D.C.V.)	
<i>heparin sodium</i>	86	<i>hydrocortisone</i>	105	IMPAVIDO	19
HEPARIN SODIUM	86	<i>valerate</i>		INBRIJA	51
HEPARIN SODIUM/	86	<i>hydromorphone hcl</i>	17	<i>incassia</i>	73
D5W		HYDROMORPHONE	17	INCRELEX	79
HEPARIN SODIUM/	86	HYDROCHLORIDE		INCRUSE ELLIPTA	99
DEXTROSE		<i>hydroxychloroquine</i>	90	<i>indapamide</i>	45
HEPARIN SODIUM/	86	<i>sulfate</i>		INFANRIX	91
NACL		<i>hydroxyurea</i>	32	INLYTA	34
HEPARIN SODIUM/	86	<i>hydroxyzine hcl</i>	100	INQOVI	30
SODIUM CHLORIDE		<i>hydroxyzine</i>	100	INREBIC	34
HEPLISAV-B	91	<i>hydrochloride</i>		INTELENCE	22
HIBERIX	91	<i>hydroxyzine pamoate</i>	100	<i>introvale</i>	73
HUMIRA	88	<i>ibandronate sodium</i>	70	INVEGA HAFYERA	54
HUMIRA PEN	88	IBRANCE	34	INVEGA SUSTENNA	54
HUMULIN R U-500	67	IBTROZI	34	INVEGA TRINZA	54
(CONCENTRATED)		<i>ibu</i>	15	IPOLE INACTIVATED IPV	91
HUMULIN R U-500	67	<i>ibuprofen</i>	15	<i>ipratropium bromide</i>	99
KWIKPEN		<i>icatibant acetate</i>	87	<i>ipratropium bromide/</i>	99
<i>hydralazine</i>	46	<i>iclevia</i>	73	<i>albuterol sulfate</i>	
<i>hydralazine</i>	46	ICLUSIG	34	<i>irbesartan</i>	40,
<i>hydrochloride</i>		IDACIO	88		41
<i>hydrochlorothiazide</i>	45	IDACIO STARTER	88	<i>irbesartan/</i>	40
<i>hydrocodone</i>	17	PACKAGE FOR		<i>hydrochlorothiazide</i>	
<i>hydrocodone/</i>	17	CROHNS DISEASE		ISENTRESS	22
<i>acetaminophen</i>		IDACIO STARTER	88	ISENTRESS HD	22
<i>hydrocodone bitartrate</i>	16	PACKAGE FOR		<i>isibloom</i>	73
<i>er</i>		PLAQUE PSORIASIS		ISOLYTE-P/DEXTROSE	93
		IDHIFA	34	ISOLYTE-S	93
		<i>imatinib mesylate</i>	34		

Drug name	Page	Drug name	Page	Drug name	Page
ISOLYTE-S PH 7.4	93	<i>junel 1/20</i>	73	<i>klor-con m15</i>	94
<i>isoniazid</i>	24	<i>junel fe 1.5/30</i>	73	<i>klor-con m20</i>	94
<i>isosorbide dinitrate</i>	46	<i>junel fe 1/20</i>	73	KOSELUGO	35
<i>isosorbide dinitrate/</i>	46	<i>junel fe 24</i>	73	<i>kourzeq</i>	108
<i>hydralazine</i>		<i>just right 5000</i>	108	KRAZATI	35
<i>hydrochloride</i>		JYLAMVO	90	<i>kristalose</i>	82
<i>isosorbide mononitrate</i>	46	JYNNEOS	91	<i>kurvelo</i>	74
<i>isosorbide mononitrate</i>	46	<i>kaitlib fe</i>	73	<i>labetalol hydrochloride</i>	43
<i>er</i>		KALETRA	24	<i>lacosamide</i>	59
<i>isotonic gentamicin</i>	19	<i>kalliga</i>	73	<i>lactated ringers</i>	93
<i>isotretinoin</i>	103	KALYDECO	101	<i>lactulose</i>	83
<i>isradipine</i>	44	<i>kariva</i>	73	<i>lamivudine</i>	22,
ITOVEBI	34	KCL/D5W/NACL	93		25
<i>itraconazole</i>	21	<i>kelnor 1/35</i>	73	<i>lamivudine/zidovudine</i>	24
<i>ivabradine</i>	46	<i>kelnor 1/50</i>	74	<i>lamotrigine</i>	59
<i>hydrochloride</i>		KERENDIA	40	<i>lamotrigine er</i>	59
<i>ivermectin</i>	19	KESIMPTA	64	<i>lamotrigine odt</i>	59
IWIFIN	32	<i>ketoconazole</i>	21,	<i>lamotrigine starter kit/</i>	59
IXCHIQ	91		104	<i>blue</i>	
IXIARO	91	<i>ketodan</i>	104	<i>lamotrigine starter kit/</i>	59
<i>jaimiess</i>	73	<i>ketoprofen er</i>	15	<i>green</i>	
JAKAFI	34	<i>ketorolac</i>	15,	<i>lamotrigine starter kit/</i>	59
<i>jantoven</i>	86	<i>tromethamine</i>	97	<i>orange</i>	
JANUMET	68	KINRIX	91	<i>lansoprazole</i>	84
JANUMET XR	68	<i>kionex</i>	71	LANTUS	67
JANUVIA	68	KISQALI	34,	LANTUS SOLOSTAR	67
JARDIANCE	68		35	<i>lapatinib ditosylate</i>	35
<i>jasmiel</i>	73	KISQALI FEMARA 200	34	<i>larin 1.5/30</i>	74
<i>javygtor</i>	79	DOSE		<i>larin 1/20</i>	74
JAYPIRCA	34	KISQALI FEMARA 400	34	<i>larin 24 fe</i>	74
<i>jencycla</i>	73	DOSE		<i>larin fe 1.5/30</i>	74
JENTADUETO	68	KISQALI FEMARA 600	35	<i>larin fe 1/20</i>	74
JENTADUETO XR	68	DOSE		<i>latanoprost</i>	98
<i>jinteli</i>	77	<i>klayesta</i>	104	LAZCLUZE	35
JOLESSA	73	<i>klor-con</i>	94	<i>leflunomide</i>	90
<i>juleber</i>	73	<i>klor-con 8</i>	94	<i>lenalidomide</i>	31
JULUCA	24	<i>klor-con 10</i>	94	LENTOCILIN	29
<i>junel 1.5/30</i>	73	<i>klor-con m10</i>	94	LENVIMA	35

Drug name	Page	Drug name	Page	Drug name	Page
LENVIMA 8 MG DAILY DOSE	35	levonorgestrel/ethinyl estradiol	74	loestrin 1/20-21	74
LENVIMA 10 MG DAILY DOSE	35	levora	74	loestrin fe 1.5/30	74
LENVIMA 14 MG DAILY DOSE	35	levo-t	80	loestrin fe 1/20	74
LENVIMA 18 MG DAILY DOSE	35	levothyroxine sodium	80	lojaimiess	74
LENVIMA 20 MG DAILY DOSE	35	LEVOTHYROXINE SODIUM	80	LOKELMA	71
LENVIMA 24 MG DAILY DOSE	35	levoxyl	80	LONSURF	30
lessina	74	l-glutamine	87	loperamide	83
letrozole	31	lidocaine	14, 106	lopinavir	24
leucovorin calcium	39	lidocaine hcl	41	lorazepam	47
LEUKERAN	30	LIDOCAINE HCL	41	lorazepam intensol	47
leuprolide acetate	31	LIDOCAINE HCL IN D5W	41	LORBRENA	35
levalbuterol	100	lidocaine	108	loryna	74
levalbuterol hcl	100	hydrochloride viscous		losartan potassium	41
levalbuterol hydrochloride	100	lidocaine/prilocaine	106	losartan potassium/hydrochlorothiazide	40
LEVALBUTEROL TARTRATE HFA	100	lidocaine viscous	108	LOTEMAX	97
levetiracetam	59	lidocan	106	LOTEMAX SM	97
levetiracetam er	59	LILERVANT	59	loteprednol etabonate	97
levetiracetam/sodium chloride	59	LILETTA	74	lovastatin	42
levobunolol hcl	98	linezolid	19	low-ogestrel	74
levocarnitine	79	LINEZOLID IN SODIUM CHLORIDE	19	loxapine	54
LEVOCARNITINE	79	LINZESS	83	lo-zumandimine	74
levocetirizine dihydrochloride	100	liothyronine sodium	80	LUMAKRAS	35
levofloxacin	28, 96	LIRAGLUTIDE	68	LUMIGAN	98
levofloxacin in d5w	28	lisdexamfetamine dimesylate	62	LUPRON DEPOT	31
levonest	74	lisinopril	39	LUPRON DEPOT-PED	79
levonorgestrel and ethinyl estradiol	74	lisinopril/hydrochlorothiazide	39	lurasidone hydrochloride	54
		lithium	64	luteria	74
		lithium carbonate	64	lyleq	74
		lithium carbonate er	64	lyllana	77
		LIVTENCITY	25	LYNPARZA	35
		loestrin 1.5/30-21	74	LYSODREN	31
				LYTGOBI	35
				lyza	74
				magnesium sulfate	93
				MAGNESIUM SULFATE	93

Drug name	Page	Drug name	Page	Drug name	Page
<i>malathion</i>	107	<i>methazolamide</i>	45	<i>metronidazole</i>	19,
<i>maraviroc</i>	22	<i>methenamine</i>	19		85,
<i>marlissa</i>	74	<i>hippurate</i>			107
MARPLAN	49	<i>methenamine</i>	19	<i>metyrosine</i>	46
MATULANE	32	<i>mandelate</i>		<i>mibelas 24 fe</i>	74
<i>matzim la</i>	44	<i>methergine</i>	79	<i>micafungin</i>	21
MAVYRET	25	<i>methimazole</i>	80	<i>miconazole 3</i>	85
<i>meclizine hcl</i>	81	<i>methotrexate sodium</i>	30,	MICROGESTIN 1.5/30	74
<i>meclizine</i>	81		90	MICROGESTIN 1/20	74
<i>hydrochloride</i>		<i>methoxsalen</i>	104	MICROGESTIN FE	74
<i>medroxyprogesterone</i>	74,	<i>methscopolamine</i>	82	1.5/30	
<i>acetate</i>	79	<i>bromide</i>		MICROGESTIN FE 1/20	74
<i>mefloquine</i>	22	<i>methsuximide</i>	59	<i>midodrine</i>	46
<i>megestrol acetate</i>	31,	<i>methylergonovine</i>	79	MIEBO	98
	80	<i>maleate</i>		<i>mifepristone</i>	79
MEKINIST	35	<i>methylphenidate</i>	62	<i>miglitol</i>	69
MEKTOVI	36	METHYLPHENIDATE	62	<i>mili</i>	74
<i>meleya</i>	74	<i>methylphenidate</i>	62	<i>mimvey</i>	77
<i>meloxicam</i>	15	<i>hydrochloride</i>		<i>minocycline</i>	30
<i>memantine hcl</i>	48	<i>methylphenidate</i>	62	<i>minocycline hcl</i>	30
<i>memantine</i>	48	<i>hydrochloride er</i>		<i>minocycline</i>	30
<i>hydrochloride</i>		<i>methylprednisolone</i>	77	<i>hydrochloride</i>	
<i>memantine</i>	48	<i>methylprednisolone</i>	77	<i>minoxidil</i>	46
<i>hydrochloride er</i>		<i>acetate</i>		<i>mirtazapine</i>	50
MENQUADFI	91	<i>methylprednisolone</i>	77,	<i>mirtazapine odt</i>	50
MENVEO	91	<i>sodium succinate</i>	78	<i>misoprostol</i>	83
<i>mercaptopurine</i>	30	<i>methyltestosterone</i>	66	M-M-R II	91
<i>meropenem</i>	19	<i>metoclopramide</i>	81	M-NATAL PLUS	94
<i>mesalamine</i>	82	<i>metoclopramide</i>	81	<i>modafinil</i>	65
<i>mesalamine dr</i>	82	<i>hydrochloride</i>		<i>moexipril</i>	39
<i>mesna</i>	39	<i>metoclopramide odt</i>	81	<i>molindone</i>	54
MESNEX TABLET	39	<i>metolazone</i>	45	<i>hydrochloride</i>	
<i>metformin</i>	69	<i>metoprolol/</i>	43	<i>mometasone furoate</i>	102,
<i>hydrochloride</i>		<i>hydrochlorothiazide</i>			106
<i>metformin</i>	69	<i>metoprolol succinate</i>	43	<i>mondoxylene nl</i>	30
<i>hydrochloride er</i>		<i>er</i>		<i>mono-lynyah</i>	74
<i>methadone hcl</i>	16	<i>metoprolol tartrate</i>	43	<i>montelukast sodium</i>	101
METHADONE HCL	16			<i>morphine</i>	17, 18

Drug name	Page	Drug name	Page	Drug name	Page
<i>morphine sulfate</i>	17	NAYZILAM	59	<i>nilotinib</i>	36
<i>morphine sulfate er</i>	16	<i>nebivolol</i>	43	NILOTINIB	36
MORPHINE SULFATE/ SODIUM CHLORIDE	16	<i>hydrochloride</i>		<i>nilutamide</i>	31
MOUNJARO	69	<i>necon 0.5/35-28</i>	74	NINLARO	36
MOVANTIK	83	<i>nefazodone</i>	50	<i>nisoldipine</i>	44
<i>moxifloxacin</i>	28,	<i>hydrochloride</i>		<i>nitazoxanide</i>	19
<i>hydrochloride</i>	96	<i>neomycin/bacitracin/</i>	96	<i>nitisinone</i>	79
<i>moxifloxacin</i>	28	<i>polymyxin</i>		NITRO-BID	46
<i>hydrochloride/sodium</i>		<i>neomycin/polymyxin/</i>	95	<i>nitrofurantoin</i>	19,
<i>hydrochloride</i>		<i>bacitracin/</i>		<i>macrocrystals</i>	20
MRESVIA	91	<i>hydrocortisone</i>		<i>nitrofurantoin</i>	20
MULTAQ	41	<i>neomycin/polymyxin/</i>	95	<i>monohydrate/</i>	
<i>multiple electrolytes</i>	93	<i>dexamethasone</i>		<i>macrocrystals</i>	
<i>multivitamin</i>	94	<i>neomycin/polymyxin/</i>	96	<i>nitroglycerin</i>	46,
<i>multi-vitamin/fluoride</i>	94	<i>gramicidin</i>			107
<i>multi-vitamin/fluoride/</i>	94	<i>neomycin/polymyxin/</i>	99	NITROGLYCERIN	46
<i>iron</i>		<i>hc</i>		<i>nitroglycerin</i>	46
<i>mupirocin</i>	103	<i>neomycin/polymyxin/</i>	95,	<i>transdermal</i>	
<i>mycamine</i>	21	<i>hydrocortisone</i>	99	<i>nitroglycerin</i>	46
<i>mycophenolate mofetil</i>	90	<i>neomycin sulfate</i>	19	<i>translingual</i>	
<i>mycophenolic acid dr</i>	90	NEONATAL PLUS	94	NIVA-PLUS	94
MYRBETRIQ	84	<i>neo-polycin</i>	95,	<i>nizatidine</i>	82
<i>nabumetone</i>	15		96	NORA-BE	75
<i>nadolol</i>	43	<i>neo-polycin hc</i>	95	<i>norelgestromin/ethinyl</i>	75
<i>nafcillin sodium</i>	29	NERLYNX	36	<i>estradiol</i>	
<i>naftifine</i>	104	<i>nevirapine</i>	22	<i>norethindrone</i>	75
<i>naloxone hcl</i>	65	<i>nevirapine er</i>	22	<i>norethindrone acetate</i>	80
<i>naloxone</i>	65,	NEXLETOL	42	<i>norethindrone acetate/</i>	75,
<i>hydrochloride</i>	66	NEXLIZET	42	<i>ethinyl estradiol</i>	77
<i>naltrexone</i>	66	NEXPLANON	74	<i>norethindrone acetate/</i>	75
NAMZARIC	48	<i>niacin</i>	42	<i>ethinyl estradiol/</i>	
<i>naproxen</i>	15	<i>niacin er</i>	42	<i>ferrous fumarate</i>	
<i>naproxen dr</i>	15	<i>niacor</i>	42	<i>norethindrone/ethinyl</i>	75
<i>naproxen sodium</i>	15	<i>nicardipine hcl</i>	44	<i>estradiol/ferrous</i>	
<i>naratriptan hcl</i>	63	NICOTROL INHALER	66	<i>fumarate</i>	
NATACYN	96	NICOTROL NS	66	<i>norgestimate/ethinyl</i>	75
<i>nateglinide</i>	69	<i>nifedipine er</i>	44	<i>estradiol</i>	
		<i>nikki</i>	75	NORITATE	107
				<i>norlyda</i>	75

Drug name	Page	Drug name	Page	Drug name	Page
<i>norlyroc</i>	75	ODOMZO	36	<i>oxacillin sodium</i>	29
NORPACE CR	41	OFEV	101	<i>oxaprozin</i>	15
<i>nortrel 0.5/35 (28)</i>	75	<i>ofloxacin</i>	96,	<i>oxazepam</i>	47
<i>nortrel 1/35</i>	75		99	<i>oxcarbazepine</i>	59
<i>nortrel 7/7/7</i>	75	OGSIVEO	36	<i>oxybutynin chloride</i>	85
<i>nortriptyline hcl</i>	50	OJEMDA	36	<i>oxybutynin chloride er</i>	84,
<i>nortriptyline</i>	50	OJJAARA	36		85
<i>hydrochloride</i>		<i>olanzapine</i>	54,	<i>oxycodone/</i>	18
NORVIR	22		55	<i>acetaminophen</i>	
NOVOLIN 70/30	67	<i>olanzapine odt</i>	54	<i>oxycodone hcl</i>	18
NOVOLIN 70/30	67	<i>olmesartan medoxomil</i>	41	<i>oxycodone</i>	18
FLEXPEN		<i>olmesartan</i>	40	<i>hydrochloride</i>	
NOVOLIN N	67	<i>medoxomil/</i>		OZEMPIC	69
NOVOLIN N FLEXPEN	67	<i>amlodipine/</i>		<i>pacerone</i>	41
NOVOLIN R	67	<i>hydrochlorothiazide</i>		<i>paliperidone er</i>	55
NOVOLIN R FLEXPEN	67	<i>olmesartan</i>	40	<i>pamidronate disodium</i>	70
NOVOLOG	67	<i>medoxomil/</i>		PAMIDRONATE	70
NOVOLOG MIX 70/30	67	<i>hydrochlorothiazide</i>		DISODIUM	
NOVOLOG MIX 70/30	67	<i>olopatadine hcl</i>	100	PANRETIN	107
PREFILLED FLEXPEN		<i>omega-3-acid ethyl</i>	42	<i>pantoprazole sodium</i>	84
		<i>esters</i>		<i>paricalcitol</i>	80
NUBEQA	31	<i>omeprazole</i>	84	<i>paroxetine hcl</i>	50
NUEDEXTA	64	<i>omeprazole dr</i>	84	<i>paroxetine hcl er</i>	50
NULOJIX	90	ONCASPAS	32	<i>paroxetine</i>	50
NUPLAZID	54	<i>ondansetron hcl</i>	81	<i>hydrochloride</i>	
NURTEC	63	<i>ondansetron</i>	81	PAXLOVIA	25
NUTRILIPID	95	<i>hydrochloride</i>		PAXLOVID	25
NUZYRA	30	<i>ondansetron odt</i>	81	<i>pazopanib</i>	36
<i>nyamyc</i>	104	ONUREG	30	<i>hydrochloride</i>	
<i>nylia 1/35</i>	75	OPIPZA	55	PEDIARIX	91
<i>nylia 7/7/7</i>	75	OPSUMIT	46	PEDVAX HIB	91
<i>nystatin</i>	21,	<i>oralone dental paste</i>	108	<i>peg-3350/electrolytes</i>	83
	104,	ORGOVYX	31	<i>peg-3350/nacl/na</i>	83
	108	ORKAMBI	101	<i>bicarbonate/kcl</i>	
<i>nystop</i>	104	ORSERDU	31	PEGASYS	25
OCELLA	75	<i>orsythia</i>	75	PEMAZYRE	36
OCTAGAM	90	<i>oseltamivir phosphate</i>	25	PENBRAYA	91
<i>octreotide acetate</i>	79	OSENVILT	70	<i>penicillamine</i>	71
ODEFSEY	24				

Drug name	Page	Drug name	Page	Drug name	Page
<i>penicillin g potassium</i>	29	<i>pioglitazone hcl-</i>	69	<i>pramipexole</i>	51
PENICILLIN G	29	<i>glimepiride</i>		<i>dihydrochloride</i>	
POTASSIUM IN ISO- OSMOTIC DEXTROSE		<i>pioglitazone hcl/</i>	69	<i>prasugrel</i>	87
<i>penicillin g sodium</i>	29	<i>metformin hcl</i>		<i>pravastatin sodium</i>	42
<i>penicillin v potassium</i>	29	<i>pioglitazone</i>	69	<i>praziquantel</i>	20
PENNENVY	91	<i>hydrochloride</i>		<i>prazosin hydrochloride</i>	40
PENTACEL	92	<i>piperacillin sodium/</i>	29	<i>prednisolone</i>	78
<i>pentamidine</i>	20	<i>tazobactam sodium</i>		<i>prednisolone acetate</i>	97
<i>isethionate</i>		PIQRAY	36	<i>prednisolone sodium</i>	78
<i>pentoxifylline er</i>	87	<i>pirfenidone</i>	101	<i>phosphate</i>	
<i>perampanel</i>	59	<i>piroxicam</i>	15	PREDNISOLONE	97
<i>perindopril erbumine</i>	40	<i>plenamine</i>	95	SODIUM PHOSPHATE	
<i>periogard</i>	108	PLENVU	83	<i>prednisone</i>	78
<i>permethrin</i>	107	PNV PRENATAL PLUS	94	PREDNISONE	78
<i>perphenazine</i>	50, 55	MULTIVITAMIN		INTENSOL	
<i>perphenazine/</i>	50	<i>podofilox</i>	107	<i>pregabalin</i>	59, 60
<i>amitriptyline</i>		<i>polycin</i>	96	<i>pregabalin er</i>	64
<i>phenelzine sulfate</i>	50	<i>polymyxin b sulfate/</i>	96	PREMARIN	77
<i>phenobarbital</i>	59	<i>trimethoprim sulfate</i>		PREMASOL	95
<i>phenobarbital sodium</i>	59	POMALYST	31	PREMPRO	77
<i>phenytekt</i>	59	<i>portia-28</i>	75	PRENATAL	94
<i>phenytoin</i>	59	<i>posaconazole</i>	21	PRENATAL PLUS	94
<i>phenytoin sodium</i>	59	<i>posaconazole dr</i>	21	PRETOMANID	24
<i>phenytoin sodium er</i>	59	<i>potassium</i>	94	<i>prevalite</i>	42
<i>philith</i>	75	POTASSIUM	93	<i>prevident</i>	108
PHOSPHOLINE IODIDE	98	<i>potassium chloride</i>	93, 94	PREVYMIS	25
PIFELTRO	22	POTASSIUM	93	PREZCOBIX	24
<i>pilocarpine</i>	98, 108	CHLORIDE/DEXTROSE		PREZISTA	22, 23
<i>pilocarpine hcl</i>	98	POTASSIUM	93	PRIFTIN	24
<i>pimecrolimus</i>	107	CHLORIDE/		<i>primaquine phosphate</i>	22
<i>pimozide</i>	55	DEXTROSE/SODIUM		<i>primidone</i>	60
<i>pimtrea</i>	75	CHLORIDE		PRIORIX	92
<i>pindolol</i>	43	<i>potassium chloride/</i>	93	PRIVIGEN	90
<i>pioglitazone hcl</i>	69	<i>sodium chloride</i>		<i>probenecid</i>	14
		POTASSIUM	93	<i>probenecid/colchicine</i>	14
		CHLORIDE/SODIUM		<i>prochlorperazine</i>	81
		CHLORIDE			
		<i>potassium citrate er</i>	84		

Drug name	Page	Drug name	Page	Drug name	Page
<i>prochlorperazine edisylate</i>	81	<i>pyridostigmine bromide</i>	64	RETEVMO	36
<i>prochlorperazine maleate</i>	81	<i>pyridostigmine bromide er</i>	64	REVUFORJ	36
PROCRIPT	86	<i>pyrimethamine</i>	20	REXULTI	55
<i>proctocort</i>	107	PYZCHIVA	88	REYATAZ	23
<i>procto-med hc</i>	107	QINLOCK	36	REZLIDHIA	36
<i>proctosol hc</i>	106	QUADRACEL	92	REZUROCK	91
<i>proctozone-hc</i>	107	<i>quetiapine fumarate</i>	55	RHOPRESSA	98
<i>progesterone</i>	80	<i>quetiapine fumarate er</i>	55	<i>ribavirin</i>	25
PROGRAF PACKET	91	<i>quinapril hydrochloride</i>	40	<i>rifabutin</i>	24
PROLASTIN-C	101	<i>quinapril/ hydrochlorothiazide</i>	39	<i>rifampin</i>	24
PROLENSA	97	<i>quinidine sulfate</i>	41	<i>riluzole</i>	64
PROLIA	70	<i>quinine sulfate</i>	22	<i>rimantadine hydrochloride</i>	25
<i>promethazine</i>	81	QULIPTA	63	RINGERS	93
<i>promethazine hcl</i>	81	RABAVERT	92	RINVOQ	89
<i>promethazine hydrochloride plain</i>		<i>rabeprazole sodium</i>	84	<i>risedronate sodium</i>	70, 71
<i>promethegan</i>	81	RALDESY	50	<i>risedronate sodium dr</i>	70
<i>propafenone hcl</i>	41	<i>raloxifene hydrochloride</i>	79	<i>risperidone</i>	56
<i>propafenone hydrochloride</i>	41	<i>ramipril</i>	40	<i>risperidone er</i>	55
<i>propafenone hydrochloride er</i>	41	<i>ranolazine er</i>	46	<i>risperidone odt</i>	55, 56
<i>proparacaine hcl</i>	98	<i>rasagiline mesylate</i>	51	<i>ritonavir</i>	23
<i>propranolol hcl</i>	43	<i>reclipsen</i>	75	<i>rivastigmine tartrate</i>	48
<i>propranolol hydrochloride</i>	43	RECOMBIVAX HB	92	<i>rivastigmine transdermal system</i>	48
<i>propranolol hydrochloride er</i>	43	RECTIV	107	RIVELSA	75
<i>propylthiouracil</i>	80	REGRANEX	107	<i>rizatriptan benzoate</i>	63
PROQUAD	92	RELENZA DISKHALER	25	<i>rizatriptan benzoate odt</i>	63
PROSOL	95	<i>repaglinide</i>	69	ROCKLATAN	98
<i>protriptyline hcl</i>	50	REPATHA	42, 43	<i>roflumilast</i>	101
PULMOZYME	101	REPATHA	42	<i>romidepsin</i>	36
PURIXAN	30	PUSHTRONEX SYSTEM		ROMVIMZA	36
PYCHIVA	89	REPATHA SURECLICK	43	<i>ropinirole er</i>	51, 52
<i>pyrazinamide</i>	24	RESTASIS	98	<i>ropinirole hcl</i>	52
		RESTASIS MULTIDOSE	98		

Drug name	Page	Drug name	Page	Drug name	Page
<i>ropinirole</i>	52	SIMBRINZA	98	<i>spironolactone</i>	40
<i>hydrochloride</i>		<i>simliya</i>	75	<i>spironolactone/</i>	45
<i>rosuvastatin calcium</i>	42	<i>simpesse</i>	75	<i>hydrochlorothiazide</i>	
<i>rosyrah</i>	75	<i>simvastatin</i>	42	<i>sprintec 28</i>	75
ROTARIX	92	<i>sirolimus</i>	91	SPRITAM	60
ROTATEQ	92	SIRTURO	24	SPRYCEL	37
<i>roweepira</i>	60	SIVEXTRO	20	<i>sps</i>	71
ROZLYTREK	37	SKYRIZI	89	<i>sronyx</i>	75
RUBRACA	37	SKYRIZI PEN	89	SSD	103
<i>rufinamide</i>	60	SODIUM	83	STELARA	89
RUKOBIA	23	<i>sodium bicarbonate</i>	93	<i>sterile water for</i>	107
RYBELSUS	69	SODIUM	93	<i>irrigation</i>	
RYDAPT	37	BICARBONATE		STIVARGA	37
<i>sajazir</i>	87	<i>sodium chloride</i>	94	<i>streptomycin sulfate</i>	20
SANDIMMUNE	91	SODIUM CHLORIDE	94	STRIBILD	24
SANTYL	107	<i>sodium chloride 0.9%</i>	107	<i>subvenite</i>	60
<i>sapropterin</i>	79	<i>irrigation soln</i>		<i>subvenite starter kit</i>	60
<i>dihydrochloride</i>		<i>sodium fluoride</i>	94,	<i>sucralfate</i>	83
SCSEMBLIX	37		108	SUCRALFATE	83
<i>scopolamine</i>	81	<i>sodium fluoride 5000</i>	108	<i>sulfacetamide sodium</i>	96,
SECUADO	56	<i>ppm</i>			103
<i>selegiline hcl</i>	52	SODIUM OXYBATE	65	<i>sulfacetamide sodium/</i>	95
<i>selenium sulfide</i>	104	<i>sodium phenylbutyrate</i>	79	<i>prednisolone sodium</i>	
SELZENTRY	23	<i>sodium polystyrene</i>	71	<i>phosphate</i>	
SEREVENT DISKUS	100	<i>sulfonate</i>		<i>sulfadiazine</i>	20
<i>sertraline hcl</i>	50	<i>solifenacin succinate</i>	85	<i>sulfamethoxazole/</i>	20
<i>sertraline</i>	50	SOLQUA 100/33	67	<i>trimethoprim</i>	
<i>hydrochloride</i>		SOLTAMOX	31	<i>sulfamethoxazole/</i>	20
<i>setlakin</i>	75	SOLU-CORTEF	78	<i>trimethoprim ds</i>	
<i>sf</i>	108	SOMATULINE DEPOT	79	SULFAMYLON	103
<i>sharobel</i>	75	SOMAVERT	79	<i>sulfasalazine</i>	82
SHINGRIX	92	<i>sorafenib tosylate</i>	37	<i>sulindac</i>	15
SIGNIFOR	79	<i>sorine</i>	41	<i>sumatriptan</i>	63
SIKLOS	87	<i>sotalol</i>	42	<i>sumatriptan succinate</i>	63
<i>sildenafil</i>	47	<i>sotalol hcl</i>	42	<i>sumatriptan succinate</i>	63
<i>sildenafil citrate</i>	47	<i>sotalol hydrochloride</i>	42	<i>refill</i>	
<i>silodosin</i>	84	<i>(af)</i>		<i>sunitinib malate</i>	37
<i>silver sulfadiazine</i>	103	SOTYKTU	89	SUNLENCA	23

Drug name	Page	Drug name	Page	Drug name	Page
SUPREP BOWEL PREP	83	<i>telmisartan/</i>	40,	<i>timolol maleate</i>	43,
SUTAB	83	<i>hydrochlorothiazide</i>	41		98
<i>syeda</i>	75	<i>temazepam</i>	63	TIMOLOL MALEATE	98
SYMLINPEN 60	69	TENIVAC	92	<i>tinidazole</i>	20
SYMLINPEN 120	69	<i>tenofovir disoproxil</i>	23	TIVICAY	23
SYMPAZAN	60	<i>fumarate</i>		TIVICAY PD	23
SYMTUZA	24	TEPMETKO	37	<i>tizanidine hcl</i>	65
SYNAREL	79	<i>terazosin hcl</i>	40	<i>tizanidine</i>	65
SYNJARDY	70	<i>terazosin</i>	40	<i>hydrochloride</i>	
SYNJARDY XR	69	<i>hydrochloride</i>		TOBI PODHALER	20
SYNTHROID	80	<i>terbinafine hcl</i>	21	TOBRADEX	95
TABLOID	30	<i>terbutaline sulfate</i>	100	<i>tobramycin</i>	20,
TABRECTA	37	<i>terconazole</i>	85		96
<i>tacrolimus</i>	91,	<i>teriflunomide</i>	64	<i>tobramycin/</i>	95
	107	<i>teriparatide</i>	71	<i>dexamethasone</i>	
<i>tadalafil</i>	47,	<i>testosterone</i>	66	<i>tobramycin sulfate</i>	20
	84	<i>testosterone cypionate</i>	66	<i>tolterodine tartrate</i>	85
TAFINLAR	37	<i>testosterone enanthate</i>	66	<i>tolterodine tartrate er</i>	85
TAGRISSO	37	<i>testosterone pump</i>	66	<i>topiramate</i>	60
TALZENNA	37	<i>tetrabenazine</i>	64	<i>topiramate er</i>	60
<i>tamoxifen citrate</i>	31	<i>tetracycline</i>	30	<i>toremifene citrate</i>	31
<i>tamsulosin</i>	84	<i>hydrochloride</i>		<i>torpenz</i>	37
<i>hydrochloride</i>		THALOMID	31,	<i>torseamide</i>	45
<i>tarina 24 fe</i>	76		32	TOUJEO MAX	67
<i>tarina fe 1/20 eq</i>	76	<i>theophylline</i>	101,	SOLOSTAR	
TASIGNA	37		102	TOUJEO SOLOSTAR	67
<i>tasimelteon</i>	63	<i>theophylline er</i>	101	TPN ELECTROLYTES	94
TAVNEOS	87	<i>thioridazine</i>	56	TRADJENTA	70
<i>tazarotene</i>	104	<i>thiothixene</i>	56	<i>tramadol</i>	16
<i>tazicef</i>	27	<i>tiadylt er</i>	44	<i>tramadol</i>	18
TAZORAC	104	<i>tiagabine</i>	60	<i>hydrochloride</i>	
TAZVERIK	37	<i>hydrochloride</i>		<i>tramadol</i>	18
TECVAYLI	37	TIBSOVO	37	<i>hydrochloride/</i>	
TEFLARO	27	<i>ticagrelor</i>	87	<i>acetaminophen</i>	
<i>telmisartan</i>	40,	TICOVAC	92	<i>trandolapril</i>	39,
	41	<i>tigecycline</i>	30		40
<i>telmisartan/</i>	40	TILIA FE	76	<i>trandolapril/verapamil</i>	39
<i>amlodipine</i>				<i>hcl er</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>tranexamic</i>	87	<i>tri-lo-estarylla</i>	76	<i>valacyclovir</i>	25
<i>tranexamic acid</i>	87	<i>tri-lo-marzia</i>	76	<i>hydrochloride</i>	
<i>tranylcypromine</i>	50	<i>tri-lo-mili</i>	76	VALCHLOR	107
<i>sulfate</i>		<i>tri-lo-sprintec</i>	76	<i>valganciclovir</i>	25
TRAVASOL	95	<i>trimethobenzamide</i>	81	<i>valganciclovir</i>	25
<i>travoprost</i>	98	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>trazodone</i>	50	<i>trimethoprim</i>	20	<i>valproate sodium</i>	60
<i>hydrochloride</i>		<i>tri-mili</i>	76	<i>valproic acid</i>	60
TRECTOR	24	<i>trimipramine maleate</i>	50,	<i>valsartan</i>	41
TRELEGY ELLIPTA	99		51	<i>valsartan/</i>	41
TREMFYA	89	TRINTELLIX	51	<i>hydrochlorothiazide</i>	
TRESIBA	67	<i>tri-nymyo</i>	76	VALTOCO	60
TRESIBA FLEXTOUCH	67	<i>tri-sprintec</i>	76	<i>valtya</i>	76
<i>tretinoin</i>	32,	TRIUMEQ	24	<i>vancomycin</i>	21
	103	TRIUMEQ PD	24	VANCOMYCIN	20,
<i>triamcinolone</i>	78,	<i>tri-vite/fluoride</i>	94		21
<i>acetonide</i>	106	<i>tri-vylibra</i>	76	<i>vancomycin hcl</i>	20
<i>triamcinolone</i>	108	<i>tri-vylibra lo</i>	76	VANCOMYCIN HCL	20
<i>acetonide dental paste</i>		TROGARZO	23	<i>vancomycin</i>	20
<i>triamterene/</i>	45	TROPHAMINE	95	<i>hydrochloride</i>	
<i>hydrochlorothiazide</i>		<i>trospium chloride</i>	85	VANCOMYCIN	21
<i>triazolam</i>	63	<i>trospium chloride er</i>	85	HYDROCHLORIDE	
<i>tridacaine</i>	106	TRULICITY	70	VANFLYTA	38
<i>tridacaine ii</i>	106	TRUMENBA	92	VAQTA	92
<i>trientine hydrochloride</i>	71	TRUQAP	37	<i>varenicline</i>	66
<i>tri-estarylla</i>	76	TRUXIMA	38	<i>varenicline tartrate</i>	66
<i>tri femynor</i>	76	TUKYSA	38	VARIVAX	92
<i>trifluoperazine hcl</i>	56	TURALIO	38	VASCEPA	43
<i>trifluoperazine</i>	56	<i>turqoz</i>	76	VAXCHORA	92
<i>hydrochloride</i>		TWINRIX	92	<i>velivet</i>	76
<i>trifluridine</i>	96	TYBOST	23	VELSIPITY	89
<i>trihexyphenidyl hcl</i>	52	<i>tydemy</i>	76	VENCLEXTA	38
<i>trihexyphenidyl</i>	52	TYENNE	89	VENCLEXTA	38
<i>hydrochloride</i>		TYPHIM VI	92	STARTING PACK	
TRIJARDY XR	70	UBRELVY	63	VENLAFAXINE	51
TRIKAFTA	102	<i>unithroid</i>	80	BESYLATE ER	
<i>tri-legest fe</i>	76	<i>ursodiol</i>	83	<i>venlafaxine</i>	51
<i>tri-lynyah</i>	76			<i>hydrochloride</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>venlafaxine</i>	51	VOWST	83	YF-VAX	92
<i>hydrochloride er</i>		VRAYLAR	56	YONSA	31
VENTOLIN HFA	100	<i>vyfemla</i>	76	<i>yuvaferm</i>	77
VEOZAH	79	<i>vylibra</i>	76	<i>zafemy</i>	76
<i>verapamil hcl</i>	44	VYZULTA	98	<i>zafirlukast</i>	101
<i>verapamil hcl er</i>	44	<i>warfarin sodium</i>	86	<i>zaleplon</i>	63
<i>verapamil hcl sr</i>	44	WELIREG	32	ZARXIO	86
VERAPAMIL HCL SR	44	<i>wera</i>	76	ZEGALOGUE	78
<i>verapamil</i>	45	WESTAB PLUS	94	ZEJULA	39
<i>hydrochloride</i>		<i>wixela inhub</i>	102	ZELBORAF	39
<i>verapamil</i>	45	<i>wymzya fe</i>	76	<i>zenatane</i>	103
<i>hydrochloride er</i>		WYOST	71	ZENPEP	83
VERQUVO	46	XALKORI	38	<i>zenzedi</i>	62
VERSACLOZ	56	<i>xarah</i>	76	ZERVIAE	97
VERZENIO	38	XARELTO	86	<i>zidovudine</i>	23
<i>vestura</i>	76	XARELTO STARTER	86	<i>ziprasidone hcl</i>	56
VICTOZA	70	PACK		<i>ziprasidone mesylate</i>	56
<i>vienva</i>	76	XATMEP	90	ZIRABEV	39
<i>vigabatrin</i>	60	XCOPRI	60,	ZIRGAN	96
<i>vigadrone</i>	60		61	<i>zoledronic acid</i>	71
VIGAFYDE	60	XDEMVY	96	ZOLEDRONIC ACID	71
<i>vigpoder</i>	60	XELJANZ	89	ZOLINZA	39
<i>vilazodone</i>	51	XELJANZ XR	89	<i>zolpidem tartrate</i>	63
<i>hydrochloride</i>		<i>xelria</i>	76	ZONISADE	61
VIMKUNY	92	XERMELO	83	<i>zonisamide</i>	61
<i>viorele</i>	76	XGEVA	71	<i>zovia 1/35</i>	76
VIRACEPT	23	XHANCE	102	ZTALMY	61
VIREAD	23	XIFAXAN	83	<i>zumandimine</i>	76
<i>vitamins a/c/d/fluoride</i>	94	XIGDUO XR	70	ZURZUVAE	51
VITRAKVI	38	XIIDRA	98	ZYCLARA	107
VIVITROL	66	XOLAIR	102	ZYDELIG	39
VIVOTIF	92	XOSPATA	38	ZYKADIA	39
VIZIMPRO	38	XPOVIO	38	ZYLET	95
<i>volnea</i>	76	XTANDI	31	ZYPREXA RELPREVV	56
VONJO	38	<i>xulane</i>	76		
VORANIGO	38	XULTOPHY	68		
<i>voriconazole</i>	21	YESINTEK	89		
VOSEVI	25				

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