



Aetna Medicare Advantra Enhanced (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Prime Plus (HMO-POS), Aetna Medicare Advantra Signature (HMO-POS), Aetna Medicare Advantra Signature Plus (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Enhanced (HMO-POS), Aetna Medicare Enhanced Extra (HMO-POS), Aetna Medicare Enhanced Plus (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Prime (HMO-POS), Aetna Medicare Prime Care (HMO-POS), Aetna Medicare Prime Extra (HMO-POS), Aetna Medicare Prime Value Plus (HMO-POS), Aetna Medicare Select Extra (HMO-POS), Aetna Medicare Signature (HMO-POS), Aetna Medicare Signature Advantage (HMO-POS), Aetna Medicare Signature Care (HMO-POS), Aetna Medicare Signature Extra (HMO-POS), Aetna Medicare Signature Plus (HMO-POS), Aetna Medicare Value Care (HMO-POS), Aetna Medicare Value Plus (HMO-POS)

2026 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: 26010 Version 08

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Aetna Medicare Advantra Enhanced (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Prime Plus (HMO-POS), Aetna Medicare Advantra Signature (HMO-POS), Aetna Medicare Advantra Signature Plus (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Enhanced (HMO-POS), Aetna Medicare Enhanced Extra (HMO-POS), Aetna Medicare Enhanced Plus (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Prime (HMO-POS), Aetna Medicare Prime Care (HMO-POS), Aetna Medicare Prime Extra (HMO-POS), Aetna Medicare Prime Value Plus (HMO-POS), Aetna Medicare Select Extra (HMO-POS), Aetna Medicare Signature (HMO-POS), Aetna Medicare Signature Advantage (HMO-POS), Aetna Medicare Signature Care (HMO-POS), Aetna Medicare Signature Extra (HMO-POS), Aetna Medicare Signature Plus (HMO-POS), Aetna Medicare Value Care (HMO-POS), Aetna Medicare Value Plus (HMO-POS) Member Services at **1-833-570-6670** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit **AetnaMedicare.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 10/01/2025. 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, 2026, and from time to time during the year. You will receive notice when necessary.

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**What is the Aetna Medicare Advantra Enhanced (HMO-POS),
Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra
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Aetna Medicare Signature Extra (HMO-POS), Aetna Medicare Signature
Plus (HMO-POS), Aetna Medicare Value Care (HMO-POS), Aetna Medicare
Value Plus (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

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 Enhanced (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Prime Plus (HMO-POS), Aetna Medicare Advantra Signature (HMO-POS), Aetna Medicare Advantra Signature Plus (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Enhanced (HMO-POS), Aetna Medicare Enhanced Extra (HMO-POS), Aetna Medicare Enhanced Plus (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Prime (HMO-POS), Aetna Medicare Prime Care (HMO-POS), Aetna Medicare Prime Extra (HMO-POS), Aetna Medicare Prime Value Plus (HMO-POS), Aetna Medicare Select Extra (HMO-POS), Aetna Medicare Signature (HMO-POS), Aetna Medicare Signature Advantage (HMO-POS), Aetna Medicare Signature Care (HMO-POS), Aetna Medicare Signature Extra (HMO-POS), Aetna Medicare Signature Plus (HMO-POS), Aetna Medicare Value Care (HMO-POS), Aetna Medicare Value Plus (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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 10/01/2025. 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 142. 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.** Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.*§

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., 7 days a week.

§Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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 Enhanced (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Prime Plus (HMO-POS), Aetna Medicare Advantra Signature (HMO-POS), Aetna Medicare Advantra Signature Plus (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Enhanced (HMO-POS), Aetna Medicare Enhanced Extra (HMO-POS), Aetna Medicare Enhanced Plus (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Prime (HMO-POS), Aetna Medicare Prime Care (HMO-POS), Aetna Medicare Prime Extra (HMO-POS), Aetna Medicare Prime Value Plus (HMO-POS), Aetna Medicare Select Extra (HMO-POS), Aetna Medicare Signature (HMO-POS), Aetna Medicare Signature Advantage (HMO-POS), Aetna Medicare Signature Care (HMO-POS), Aetna Medicare Signature Extra (HMO-POS), Aetna Medicare Signature Plus (HMO-POS), Aetna Medicare Value Care (HMO-POS), Aetna Medicare Value Plus (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 Enhanced (HMO-POS), Aetna Medicare Advantra Premier (HMO-POS), Aetna Medicare Advantra Prime Plus (HMO-POS), Aetna Medicare Advantra Signature (HMO-POS), Aetna Medicare Advantra Signature Plus (HMO-POS), Aetna Medicare Carilion Health Prime (HMO-POS), Aetna Medicare Elite (HMO-POS), Aetna Medicare Enhanced (HMO-POS), Aetna Medicare Enhanced Extra (HMO-POS), Aetna Medicare Enhanced Plus (HMO-POS), Aetna Medicare PinnacleHealth Prime (HMO-POS), Aetna Medicare Premier (HMO-POS), Aetna Medicare Prime (HMO-POS), Aetna Medicare Prime Care (HMO-POS), Aetna Medicare Prime Extra (HMO-POS), Aetna Medicare Prime Value Plus (HMO-POS), Aetna Medicare Select Extra (HMO-POS), Aetna Medicare Signature (HMO-POS), Aetna Medicare Signature Advantage (HMO-POS), Aetna Medicare Signature Care (HMO-POS), Aetna Medicare Signature Extra (HMO-POS), Aetna Medicare Signature Plus (HMO-POS), Aetna Medicare Value Care (HMO-POS), Aetna Medicare Value Plus (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

Mail Order. Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

Drug tier copay levels

This 2026 formulary is a listing of brand name and generic drugs. Aetna Medicare's 2026 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 142.

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., 7 days a week.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand name prescription drugs	1, 2, 3, 4, 5 =	QL = Quantity Limit
<i>Lowercase italics</i> = Generic medications	Copay tier level	PA = Prior Authorization
		ST = Step Therapy
		LD = Limited Distribution
		MO = Mail-order Delivery
		B/D = Part B vs. Part D
		ASC= Available at CVS Specialty Pharmacy
		HRM= High Risk Medication

Drug name	Drug tier	Requirements/Limits
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 tablet 40mg, 80mg</i>	4	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	MO
<i>probenecid tablet 500mg</i>	4	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 tablet delayed release 25mg, 50mg, 75mg</i>	2	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</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
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</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 capsule 400mg</i>	4	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	4	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	2	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ketorolac tromethamine tablet 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone tablet 500mg, 750mg</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 275mg, 550mg</i>	2	MO
<i>naproxen suspension 125mg/5ml</i>	4	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet delayed release 500mg</i>	2	QL (90 EA per 30 days) MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
<i>oxaprozin tablet 600mg</i>	2	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</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>piroxicam capsule 10mg</i>	2	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	4	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrant 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 10mg/5ml, 5mg/5ml</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride 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 (generic MS Contin) release 15mg</i>	3	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	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 hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</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

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
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	QL (180 EA per 30 days) MO
butorphanol tartrate injection 1mg/ ml, 2mg/ml	4	MO
butorphanol tartrate nasal solution 10mg/ml	4	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	4	QL (180 EA per 30 days) MO
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	4	QL (180 EA per 30 days)
hydrocodone bitartrate/ acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml	4	QL (2700 ML per 30 days) MO
hydrocodone bitartrate/ acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	3	QL (180 EA per 30 days) MO
hydrocodone bitartrate/ acetaminophen tablet 325mg; 2.5mg	3	QL (240 EA per 30 days) MO
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	3	QL (150 EA per 30 days) MO
hydromorphone hcl liquid 1mg/ml	4	QL (600 ML per 30 days) MO
hydromorphone hcl tablet 2mg, 4mg, 8mg	3	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	4	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	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
<i>morphine sulfate injection 0.5mg/ml, 2mg/ml iv prefilled syringe, 10mg/ml iv vial, 4mg/ml iv vial, 8mg/ml iv 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
<i>morphine sulfate oral solution 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	2	QL (240 EA per 30 days) MO; HRM

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

<i>albendazole tablet 200mg</i>	4	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	MO
<i>ARIKAYCE SUSPENSION 590MG/8.4ML</i>	5	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	4	MO
<i>aztreonam injection 1gm, 2gm</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
CAYSTON SOLUTION RECONSTITUTED 75MG <i>chloramphenicol sodium succinate injection 1gm</i>	5	PA; ACS LD
<i>clindamycin hcl capsule 300mg</i>	2	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	4	
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	4	
<i>colistimethate sodium injection 150mg</i>	4	PA MO
<i>dapsone tablet 100mg, 25mg</i>	3	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin injection 350mg, 500mg</i>	5	
EMVERM TABLET CHEWABLE 100MG	5	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	3	MO
<i>fostfomycin tromethamine packet 3gm</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	

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>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 injection 250mg; 250mg, 500mg; 500mg</i>	3	MO
IMPAVIDO CAPSULE 50MG	5	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</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
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	PA
<i>linezolid injection 600mg/300ml</i>	4	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	4	QL (56 EA per 28 days) MO
<i>meropenem injection 2gm</i>	4	
<i>meropenem injection 1gm, 500mg</i>	4	MO
<i>methenamine hippurate tablet 1gm</i>	4	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</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 tablet 500mg</i>	2	MO
<i>nitazoxanide tablet 500mg</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	4	MO
<i>nitrofurantoin monohydrate/macrocrys</i>	2	MO
<i>capsule 100mg</i>		
<i>pentamidine isethionate injection 300mg</i>	4	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</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>praziquantel tablet 600mg</i>	4	MO
<i>pyrimethamine tablet 25mg</i>	5	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	5	
SIVEXTRO TABLET 200MG	5	MO
<i>streptomycin sulfate injection 1gm</i>	5	MO
<i>sulfadiazine tablet 500mg</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	4	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	2	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	MO
<i>tinidazole tablet 250mg, 500mg</i>	3	MO
TOBI PODHALER CAPSULE 28MG	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 tablet 100mg</i>	2	MO
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
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	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>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	4	
ANTIFUNGALS		
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D MO
<i>amphotericin b injection 50mg</i>	4	B/D MO
<i>caspofungin acetate injection 50mg, 70mg</i>	4	
CRESEMBA CAPSULE 74.5MG	5	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	5	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	4	
<i>fluconazole/sodium chloride injection 100mg/50ml; 0.9%</i>	4	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	2	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	MO
<i>flucytosine capsule 250mg, 500mg</i>	5	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	MO
<i>griseofulvin microsize tablet 500mg</i>	4	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	MO
<i>itraconazole capsule 100mg</i>	4	PA MO
<i>ketoconazole tablet 200mg</i>	2	PA MO
<i>micafungin injection 100mg, 50mg</i>	4	
MYCAMINE INJECTION 50MG	4	MO
<i>nystatin tablet 500000unit</i>	2	MO
<i>posaconazole dr tablet delayed release 100mg</i>	5	QL (93 EA per 30 days) PA MO
<i>posaconazole suspension 40mg/ml</i>	5	QL (630 ML per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	2	QL (90 EA per 365 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>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	PA MO
<i>voriconazole tablet 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	2	MO
<i>COARTEM TABLET 20MG; 120MG</i>	4	MO
<i>mefloquine hydrochloride tablet 250mg</i>	2	MO
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>quinine sulfate capsule 324mg</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	4	MO
<i>abacavir tablet 300mg</i>	4	MO
<i>APTIVUS CAPSULE 250MG</i>	5	MO
<i>atazanavir sulfate capsule 300mg</i>	4	MO
<i>atazanavir capsule 150mg, 200mg</i>	4	MO
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days) MO
<i>darunavir tablet 800mg</i>	5	QL (30 EA per 30 days) MO
<i>EDURANT PED TABLET SOLUBLE 2.5MG</i>	5	MO
<i>EDURANT TABLET 25MG</i>	5	MO
<i>efavirenz tablet 600mg</i>	4	MO
<i>emtricitabine capsule 200mg</i>	4	MO
<i>EMTRIVA SOLUTION 10MG/ML</i>	4	MO
<i>etravirine tablet 100mg, 200mg</i>	5	MO
<i>fosamprenavir calcium tablet 700mg</i>	5	MO
<i>FUZEON INJECTION 90MG</i>	5	MO; LD
<i>INTELENCE TABLET 25MG</i>	4	
<i>ISENTRESS HD TABLET 600MG</i>	5	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
ISENTRESS PACKET 100MG	5	MO
ISENTRESS TABLET CHEWABLE 25MG	4	MO
ISENTRESS TABLET CHEWABLE 100MG	5	MO
ISENTRESS TABLET 400MG <i>lamivudine solution 10mg/ml</i>	5 3	MO
<i>lamivudine tablet 150mg, 300mg</i>	3	MO
<i>maraviroc tablet 150mg, 300mg</i>	5	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	MO
<i>nevirapine suspension 50mg/5ml</i>	4	MO
<i>nevirapine tablet 200mg</i>	2	MO
NORVIR PACKET 100MG	4	MO
PIFELTRO TABLET 100MG	5	MO
PREZISTA SUSPENSION 100MG/ML	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	4	MO
<i>ritonavir tablet 100mg</i>	3	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	MO
SELZENTRY SOLUTION 20MG/ML	5	MO
SUNLENCA INJECTION 463.5MG/1.5ML	5	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	5	MO; LD
SUNLENCA TABLET 300MG	5	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	MO
TIVICAY PD TABLET SOLUBLE 5MG	5	MO
TIVICAY TABLET 50MG	5	MO
TROGARZO INJECTION 200MG/1.33ML	5	MO; LD
TYBOST TABLET 150MG	3	MO
VIRACEPT TABLET 250MG, 625MG	5	MO
VIREAD POWDER 40MG/GM	5	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
VIREAD TABLET 150MG, 200MG, 250MG	5	MO
<i>zidovudine capsule 100mg</i>	2	MO
<i>zidovudine syrup 50mg/5ml</i>	2	MO
<i>zidovudine tablet 300mg</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	MO
CIMDUO TABLET 300MG; 300MG	5	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	MO
DOVATO TABLET 50MG; 300MG	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</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
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	5	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	MO
JULUCA TABLET 50MG; 25MG	5	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	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>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	MO
<i>ODEFSEY TABLET 200MG; 25MG; 25MG</i>	5	MO
<i>PREZCOBIX TABLET 150MG; 675MG</i>	5	
<i>PREZCOBIX TABLET 150MG; 800MG</i>	5	MO
<i>STRIBILD TABLET 150MG; 150MG; 200MG; 300MG</i>	5	MO
<i>SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG</i>	5	MO
<i>TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG</i>	4	MO
<i>TRIUMEQ TABLET 600MG; 50MG; 300MG</i>	5	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	5	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	4	MO
<i>isoniazid injection 100mg/ml</i>	4	
<i>isoniazid syrup 50mg/5ml</i>	4	MO
<i>isoniazid tablet 100mg, 300mg</i>	1	MO
<i>PRETOMANID TABLET 200MG</i>	4	QL (30 EA per 30 days) PA MO
<i>PRIFTIN TABLET 150MG</i>	4	MO
<i>pyrazinamide tablet 500mg</i>	4	MO
<i>rifabutin capsule 150mg</i>	4	MO
<i>rifampin capsule 150mg, 300mg</i>	3	MO
<i>rifampin injection 600mg</i>	4	
<i>SIRTURO TABLET 100MG, 20MG</i>	5	PA; ACS LD
<i>TRECATOR TABLET 250MG</i>	4	MO
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	MO
<i>acyclovir suspension 200mg/5ml</i>	2	MO
<i>acyclovir tablet 400mg, 800mg</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>adefovir dipivoxil tablet 10mg</i>	4	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	5	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL (30 EA per 30 days) MO
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	5	PA; ACS
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	5	PA; ACS
<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 injection 500mg/10ml, 500mg</i>	4	B/D
<i>lamivudine tablet 100mg</i>	3	MO
LIVTENCITY TABLET 200MG	5	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	5	PA; ACS
MAVYRET TABLET 100MG; 40MG	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 6mg/ml</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 INJECTION 180MCG/0.5ML, 180MCG/ML	5	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	5	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	3	ACS
<i>ribavirin tablet 200mg</i>	4	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>rimantadine hydrochloride tablet 100mg</i>	4	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	2	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	MO
<i>valganciclovir tablet 450mg</i>	3	MO
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	4	MO
<i>cefaclor capsule 250mg, 500mg</i>	2	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil capsule 500mg</i>	2	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	MO
<i>cefadroxil tablet 1gm</i>	2	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	4	
<i>cefazolin sodium iv injection 1gm</i>	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	3	
CEFAZOLIN INJECTION 2GM/100ML; 4%	3	
CEFAZOLIN IV INJECTION 2GM, 3GM	4	
<i>cefazolin injection 3gm</i>	4	
<i>cefazolin injection 2gm</i>	4	MO
<i>cefdinir capsule 300mg</i>	2	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>cefepime injection 1gm, 2gm</i>	4	MO
<i>cefixime capsule 400mg</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
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	MO
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefepodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	MO
<i>cefepodoxime proxetil tablet 100mg, 200mg</i>	4	MO
<i>ceprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>ceprozil tablet 250mg, 500mg</i>	2	MO
<i>ceftazidime injection 2gm, 6gm</i>	4	
<i>ceftazidime injection 1gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	4	
CEFTRIAXONE SODIUM INJECTION	4	
100GM		
<i>ceftriaxone sodium injection 1gm</i>	4	
<i>ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tablet 250mg, 500mg</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 reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>cephalexin tablet 250mg, 500mg</i>	2	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	4	
TEFLARO INJECTION 400MG, 600MG	5	
<i>ERYTHROMYCINS/MACROLIDES</i>		
<i>azithromycin injection 500mg</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>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	MO
<i>clarithromycin tablet 250mg, 500mg</i>	2	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	MO
DIFICID TABLET 200MG	5	MO
<i>erythromycin base tablet 250mg, 500mg</i>	4	MO
<i>erythromycin dr capsule delayed release particles 250mg</i>	4	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	MO
<i>erythromycin ethylsuccinate tablet 400mg</i>	4	
<i>erythromycin lactobionate injection 500mg</i>	5	
<i>fidaxomicin tablet 200mg</i>	5	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 750mg</i>	2	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	4	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</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>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	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 250mg, 500mg</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>amoxicillin tablet chewable 125mg, 250mg</i>	1	MO
<i>amoxicillin tablet 500mg, 875mg</i>	1	MO
<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

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-sulbactam injection</i> 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	4	
<i>ampicillin/sulbactam injection</i> 2gm; 1gm	4	
<i>ampicillin capsule</i> 500mg	2	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ ML	4	MO
<i>dicloxacillin sodium capsule</i> 250mg, 2 500mg	2	MO
EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	4	
LETOCILIN INJECTION 1200000UNIT	4	
<i>nafcillin sodium injection</i> 1gm	4	
<i>nafcillin sodium injection</i> 2gm	4	MO
<i>nafcillin sodium injection</i> 10gm	5	
<i>oxacillin sodium injection</i> 10gm, 1gm, 2gm	4	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	4	
<i>penicillin g potassium injection</i> 20000000unit, 5000000unit	4	MO
<i>penicillin g sodium injection</i> 5000000unit	4	
<i>penicillin v potassium solution</i> reconstituted 125mg/5ml, 250mg/5ml	2	MO
<i>penicillin v potassium tablet</i> 250mg, 1 500mg	1	MO
<i>piperacillin sodium/tazobactam</i> sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
TETRACYCLINES		
<i>doxy 100 injection</i> 100mg	4	MO
<i>doxycycline hyclate capsule</i> 100mg, 2 50mg	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>doxycycline hyclate injection 100mg</i>	4	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	2	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
<i>minocycline hcl capsule 75mg</i>	2	MO
<i>minocycline hcl tablet 75mg</i>	4	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride tablet 50mg</i>	4	ST MO
<i>monodoxine nl capsule 100mg</i>	4	
<i>NUZYRA INJECTION 100MG</i>	5	ACS LD
<i>NUZYRA TABLET 150MG</i>	5	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	4	MO
<i>tigecycline injection 50mg</i>	5	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

<i>cyclophosphamide capsule 25mg, 50mg</i>	3	PA MO
<i>CYCLOPHOSPHAMIDE TABLET 25MG, 50MG</i>	3	PA
<i>GLEOSTINE CAPSULE 10MG, 40MG</i>	4	ACS
<i>GLEOSTINE CAPSULE 100MG</i>	5	ACS
<i>LEUKERAN TABLET 2MG</i>	5	MO

ANTIMETABOLITES

<i>INQOVI TABLET 100MG; 35MG</i>	5	QL (5 EA per 28 days) PA; ACS LD
<i>LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG</i>	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
<i>mercaptopurine suspension 2000mg/100ml</i>	5	ACS
<i>mercaptopurine tablet 50mg</i>	3	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	
<i>methotrexate injection 50mg/2ml</i>	2	MO
ONUREG TABLET 200MG, 300MG	5	QL (14 EA per 28 days) PA; ACS LD
PURIXAN SUSPENSION 2000MG/100ML	5	ACS LD
TABLOID TABLET 40MG	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	5	PA; ACS
<i>abirtega tablet 250mg</i>	4	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	2	MO
<i>bicalutamide tablet 50mg</i>	3	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	4	PA; ACS
ERLEADA TABLET 240MG, 60MG	5	PA; ACS LD
EULEXIN CAPSULE 125MG	5	
<i>exemestane tablet 25mg</i>	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	5	PA; ACS
<i>letrozole tablet 2.5mg</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 TABLET 500MG	5	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>megestrol acetate tablet 20mg, 40mg</i>	3	MO
<i>nilutamide tablet 150mg</i>	5	MO
NUBEQA TABLET 300MG	5	PA; ACS LD
ORGOVYX TABLET 120MG	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 SOLUTION 10MG/5ML	5	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	MO
<i>toremifene citrate tablet 60mg</i>	4	PA MO
XTANDI CAPSULE 40MG	5	PA; ACS LD
XTANDI TABLET 40MG, 80MG	5	PA; ACS LD
YONSA TABLET 125MG	5	QL (120 EA per 30 days) 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 CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	5	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	5	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	5	PA; LD
BESREMI INJECTION 500MCG/ML	5	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	5	PA; ACS
<i>hydroxyurea capsule 500mg</i>	2	MO
IWILFIN TABLET 192MG	5	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	MO
MATULANE CAPSULE 50MG	5	LD
<i>mesna tablet 400mg</i>	5	MO
MODEYSO CAPSULE 125MG	5	QL (20 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
ONCASPAR INJECTION 750UNIT/ML	5	PA; LD
<i>tretinoi</i> n capsule 10mg	5	MO
WELIREG TABLET 40MG	5	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	5	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	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 THERAPY PACK 0.8MG; 200MG	5	QL (66 EA per 28 days) PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	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
BRUKINSA CAPSULE 80MG	5	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	5	QL (60 EA per 30 days) PA
CABOMETYX TABLET 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	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

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
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 CAPSULE 15MG, 25MG	5	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	5	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG <i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	5	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 20mg</i>	5	QL (30 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	5	QL (90 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	5	QL (30 EA per 30 days) PA; ACS LD
ERIVEDGE CAPSULE 150MG <i>erlotinib hydrochloride tablet 100mg</i>	5	QL (60 EA per 30 days) PA; ACS LD
<i>erlotinib hydrochloride tablet 150mg</i>	3	PA; ACS LD
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	5	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet 30EA</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 30EA</i>	5	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	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 CAPSULE 100MG <i>gefitinib tablet 250mg</i>	5	QL (120 EA per 30 days) PA; LD
GILOTrif TABLET 20MG, 30MG, 40MG	5	QL (60 EA per 30 days) PA; ACS
GILOTrif TABLET 20MG, 30MG, 40MG	5	QL (30 EA per 30 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
GOMEKLI TABLET SOLUBLE 1MG	5	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	5	QL (120 EA per 30 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
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	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 TABLET 100MG, 50MG	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 CAPSULE 70MG	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	5	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	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 CAPSULE 100MG	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 TABLET 10MG, 15MG, 20MG, 25MG, 5MG	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 FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	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 TABLET THERAPY PACK 2.5MG; 200MG	5	PA; ACS
KISQALI TABLET THERAPY PACK 200MG	5	PA; ACS
KOSELUGO CAPSULE 10MG, 25MG	5	PA; LD
KRAZATI TABLET 200MG	5	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</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 CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	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 TABLET 100MG, 150MG	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
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 0.05MG/ML	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
MEKTOVI TABLET 15MG	5	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	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 CAPSULE 2.3MG, 3MG, 4MG	5	PA; ACS LD
ODOMZO CAPSULE 200MG	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 SUSPENSION RECONSTITUTED 25MG/ML	5	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	5	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	5	QL (120 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	QL (28 EA 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
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	5	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	QL (56 EA per 28 days) PA; ACS
QINLOCK TABLET 50MG	5	QL (90 EA per 30 days) PA; 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 CAPSULE 150MG	5	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	5	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	QL (8 EA per 28 days) PA; 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
ROZLYTREK PACKET 50MG	5	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	5	PA; ACS LD
RYDAPT CAPSULE 25MG	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; LD
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	5	QL (120 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	5	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	5	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	5	QL (840 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
TAGRISSO TABLET 40MG, 80MG	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
TAZVERIK TABLET 200MG	5	QL (240 EA per 30 days) PA; LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	5	PA; LD
TEPMETKO TABLET 225MG	5	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	5	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	5	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	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 CAPSULE 125MG	5	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	5	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	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 TABLET 100MG, 150MG, 200MG, 50MG	5	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
VITRAKVI SOLUTION 20MG/ML	5	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	5	QL (120 EA per 30 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
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 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
XALKORI CAPSULE 200MG, 250MG	5	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	5	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	5	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (4 TABLET PACK), 60MG ONCE WEEKLY	5	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	5	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET 100MG, 200MG, 300MG	5	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	5	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	5	PA; ACS LD
ZOLINZA CAPSULE 100MG	5	PA; ACS
ZYDELIG TABLET 100MG, 150MG	5	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	5	QL (84 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
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	QL (30 EA per 30 days) MO
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	MO
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	1	MO
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	MO
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	1	MO
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg	1	MO
trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	1	MO
ACE INHIBITORS		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	MO
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	MO
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	MO
fosinopril sodium tablet 10mg, 20mg, 40mg	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>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tablet 25mg, 50mg</i>	4	MO
<i>KERENDIA TABLET 40MG</i>	3	QL (30 EA per 30 days)
<i>KERENDIA TABLET 10MG, 20MG</i>	3	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</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
candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg	1	QL (60 EA per 30 days) MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	4	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL (60 EA per 30 days) MO
losartan potassium/ hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil/amlodipine/ hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil/ hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	QL (30 EA per 30 days) MO
sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	3	
telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg	1	QL (60 EA per 30 days) MO
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	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
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tablet 32mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil tablet 16mg, 4mg, 8mg	1	QL (60 EA per 30 days) MO
EDARBI TABLET 40MG, 80MG	4	QL (30 EA per 30 days) MO
irbesartan tablet 150mg, 300mg, 75mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 100mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 25mg, 50mg	1	QL (60 EA per 30 days) MO
olmesartan medoxomil tablet 20mg, 40mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil tablet 5mg	1	QL (60 EA per 30 days) MO
telmisartan tablet 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
valsartan tablet 320mg	1	QL (30 EA per 30 days) MO
valsartan tablet 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml	4	
amiodarone hydrochloride tablet 100mg, 200mg, 400mg	2	MO
disopyramide phosphate capsule 100mg, 150mg	4	PA MO
dofetilide capsule 125mcg, 250mcg, 500mcg	4	ACS
flecainide acetate tablet 100mg, 150mg, 50mg	2	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	4	
LIDOCAINE HCL INJECTION 100MG/5ML	4	
lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml	4	
MULTAQ TABLET 400MG	4	MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	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>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	2	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	MO
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	2	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	2	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	MO
<i>sotalol hydrochloride tablet 80mg</i>	2	MO
ANTILIPIDEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	MO
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	2	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	2	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	2	MO
<i>gemfibrozil tablet 600mg</i>	2	MO
ANTILIPIDEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 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
ANTILIPIDEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	4	MO
<i>cholestyramine light powder 4gm/dose</i>	4	MO
<i>cholestyramine packet 4gm</i>	4	MO
<i>cholestyramine powder 4gm/dose</i>	4	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	3	MO
<i>colesevelam hydrochloride tablet 625mg</i>	3	MO
<i>colestipol hydrochloride granules 5gm</i>	4	MO
<i>colestipol hydrochloride packet 5gm</i>	4	MO
<i>colestipol hydrochloride tablet 1gm</i>	4	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	2	MO
NEXLETOL TABLET 180MG	3	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	3	QL (30 EA per 30 days) 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>niacin tablet 500mg</i>	4	MO
<i>niacor tablet 500mg</i>	4	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	4	QL (120 EA per 30 days) PA MO
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	PA
REPATHA SURECLICK INJECTION 140MG/ML	3	PA
REPATHA INJECTION 140MG/ML	3	PA
VASCEPA CAPSULE 0.5GM, 1GM	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
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	MO
bisoprolol fumarate/ hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	MO
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	2	MO
BETA-BLOCKERS		
acebutolol hydrochloride capsule 200mg, 400mg	2	MO
atenolol tablet 100mg, 25mg, 50mg	1	MO
betaxolol hcl tablet 10mg, 20mg	3	MO
bisoprolol fumarate tablet 10mg, 5mg	2	MO
bisoprolol fumarate tablet 2.5mg	4	MO
carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg	4	QL (30 EA per 30 days) MO
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	MO
labetalol hydrochloride injection 5mg/ml	4	
labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg	2	MO
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	MO
metoprolol tartrate injection 5mg/5ml	4	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO
nadolol tablet 20mg, 40mg, 80mg	4	MO
nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg	3	QL (30 EA per 30 days) MO
nebivolol hydrochloride tablet 20mg	3	QL (60 EA per 30 days) MO
pindolol tablet 10mg, 5mg	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>propranolol hcl injection 1mg/ml</i>	4	
<i>propranolol hcl oral solution 40mg/5ml</i>	2	MO
<i>propranolol hcl tablet 40mg</i>	2	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	2	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	2	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	2	MO
DILTIAZEM HCL INJECTION 100MG	4	
<i>diltiazem hcl injection 50mg/10ml</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</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 hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	MO
<i>isradipine capsule 2.5mg, 5mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	4	MO
<i>nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)</i>	2	MO
<i>nifedipine er tablet extended release 24 hour (generic Adalat CC) 30mg, 60mg</i>	3	MO
<i>nisoldipine er tablet extended release 24 hour 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg</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 er capsule extended release 24 hour (generic Verelan PM and Verelan SR) 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO
<i>verapamil hcl er tablet extended release (generic Calan SR) 120mg</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
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR (GENERIC VERELAN SR) 360MG	3	MO
<i>verapamil hcl sr capsule extended release 24 hour (generic Verelan SR) 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er capsule extended release 24 hour (generic Verelan PM) 100mg, 200mg, 300mg</i>	2	MO
<i>verapamil hydrochloride er tablet extended release (generic Calan SR) 180mg, 240mg</i>	1	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	4	MO
<i>verapamil hydrochloride tablet 120mg</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	MO
<i>acetazolamide tablet 125mg, 250mg</i>	4	MO
<i>amiloride hcl tablet 5mg</i>	2	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	MO
<i>bumetanide injection 0.25mg/ml</i>	4	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	2	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	2	MO
<i>furosemide injection 10mg/ml</i>	4	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tablet 1.25mg, 2.5mg</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>methazolamide tablet 25mg, 50mg</i>	4	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	2	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	MO
MISCELLANEOUS		
<i>aliskiren tablet 150mg, 300mg</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</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 5MG/5ML	4	
<i>digoxin injection 0.25mg/ml</i>	4	MO
<i>digoxin oral solution 0.05mg/ml</i>	3	MO
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	2	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	4	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	PA MO
<i>hydralazine hcl injection 20mg/ml</i>	4	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</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>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
<i>metyrosine capsule 250mg</i>	5	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	2	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	4	MO
<i>VERQUVO TABLET 10MG, 2.5MG, 5MG</i>	3	MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide dinitrate tablet 40mg</i>	4	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	2	MO
<i>NITRO-BID OINTMENT 2%</i>	3	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
<i>NITROGLYCERIN INJECTION 5MG/ML</i>	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>ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG</i>	5	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet soluble 32mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<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

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>epoprostenol sodium injection 0.5mg</i>	4	B/D; ACS
<i>epoprostenol sodium injection 1.5mg</i>	5	B/D; ACS
OPSUMIT TABLET 10MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	3	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	5	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	5	PA; ACS
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	5	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	5	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	5	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	5	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	5	QL (2 EA per 21 days) PA; ACS LD

CENTRAL NERVOUS SYSTEM**ANTIANXIETY**

ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	4	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	1	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</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>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	2	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	2	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	4	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</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 tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	2	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	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
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	4	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	3	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	3	MO; HRM
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	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 10mg/5ml</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 capsule 25mg, 50mg, 75mg</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>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</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
<i>doxepin hcl capsule 75mg</i>	4	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	4	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA MO; HRM
<i>DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG</i>	4	QL (60 EA per 30 days) PA MO
<i>DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG</i>	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr (generic Irenka) capsule delayed release particles 40mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR</i>	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</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
<i>FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG</i>	4	PA; HRM
<i>FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG</i>	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

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>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 20mg/5ml</i>	2	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	2	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	2	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	2	PA MO; HRM
<i>MARPLAN TABLET 10MG</i>	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</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 tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	3	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	3	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	3	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	QL (30 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>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	4	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	3	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	PA MO; HRM
<i>RALDESY SOLUTION 10MG/ML</i>	5	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	4	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA 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 tablet 10mg</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
<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
<i>TRINTELLIX TABLET 10MG, 20MG, 5MG</i>	4	QL (30 EA per 30 days) PA MO
<i>VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG</i>	4	QL (60 EA per 30 days) 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>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	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
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		
amantadine hcl capsule 100mg	2	QL (120 EA per 30 days) MO
amantadine hcl solution 50mg/5ml	2	MO
amantadine hcl tablet 100mg	2	MO
benztropine mesylate injection 1mg/ ml	2	MO
benztropine mesylate tablet 0.5mg, 1mg, 2mg	2	PA MO; HRM
bromocriptine mesylate capsule 5mg	4	MO
bromocriptine mesylate tablet 2.5mg	4	MO
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	2	MO
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	MO
CARBIDOPA/LEVODOPA/ ENTACAPONE TABLET 12.5MG; 200MG; 50MG, 18.75MG; 200MG; 75MG, 25MG; 200MG; 100MG, 31.25MG; 200MG; 125MG, 37.5MG; 200MG; 150MG, 50MG; 200MG; 200MG	4	MO
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	MO
carbidopa tablet 25mg	4	MO
entacapone tablet 200mg	4	MO
INBRIJA CAPSULE 42MG	5	QL (300 EA per 30 days) PA; LD
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	MO
rasagiline mesylate tablet 0.5mg, 1mg	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>ropinirole er tablet extended release 24 hour 6mg</i>	4	QL (120 EA per 30 days) MO
<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 tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	MO
<i>selegiline hcl capsule 5mg</i>	4	MO
<i>selegiline hcl tablet 5mg</i>	4	MO
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	4	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	2	MO; HRM
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII INJECTION 720MG/2.4ML</i>	5	QL (2.4 ML per 56 days) MO
<i>ABILIFY ASIMTUFII INJECTION 960MG/3.2ML</i>	5	QL (3.2 ML per 56 days) MO
<i>ABILIFY MAINTENA INJECTION 300MG, 400MG</i>	5	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole solution 1mg/ml</i>	4	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>ARISTADA INITIO INJECTION 675MG/2.4ML</i>	5	HRM
<i>ARISTADA INJECTION 441MG/1.6ML</i>	5	QL (1.6 ML per 28 days); HRM
<i>ARISTADA INJECTION 662MG/2.4ML</i>	5	QL (2.4 ML per 28 days); 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
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 tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) MO; HRM
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	4	HRM
<i>chlorpromazine hcl injection 25mg/ ml</i>	4	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	MO; HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	4	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL (180 EA per 30 days) 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 STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	5	QL (112 EA per 365 days) PA MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL (60 EA per 30 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

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
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 TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	4	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	4	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	4	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	4	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	2	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	2	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	2	MO; HRM
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	4	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	4	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	3	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	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

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
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 capsule 10mg, 25mg, 50mg, 5mg</i>	2	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	3	HRM
<i>molindone hydrochloride tablet 25mg</i>	4	HRM
NUPLAZID CAPSULE 34MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	4	QL (3 EA per 1 days) MO; HRM
<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 tablet 16mg, 2mg, 4mg, 8mg</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>pimozide tablet 1mg, 2mg</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
<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 1mg/ml</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

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
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet</i> <i>100mg, 10mg, 25mg, 50mg</i>	3	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</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 SUSPENSION 50MG/ ML	5	QL (600 ML per 30 days) PA; 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 20mg, 40mg, 60mg, 80mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	4	QL (6 EA per 3 days) MO; HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	5	QL (60 EA per 30 days) MO
BRIVIACT INJECTION 50MG/5ML	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ ML	5	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</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 suspension 100mg/5ml</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>carbamazepine tablet chewable 200mg</i>	2	MO
<i>carbamazepine tablet chewable 100mg</i>	2	MO; HRM
<i>carbamazepine tablet 200mg</i>	2	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	4	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</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
<i>DIACOMIT CAPSULE 500MG</i>	5	QL (180 EA per 30 days) PA; LD
<i>DIACOMIT CAPSULE 250MG</i>	5	QL (360 EA per 30 days) PA; LD
<i>DIACOMIT PACKET 500MG</i>	5	QL (180 EA per 30 days) PA; LD
<i>DIACOMIT PACKET 250MG</i>	5	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	2	QL (240 ML per 30 days) PA MO; HRM
<i>DIAZEPAM RECTAL GEL GEL 10MG, 2.5MG, 20MG</i>	4	QL (5 EA per 30 days) MO; HRM
<i>diazepam concentrate 5mg/ml</i>	2	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam injection 5mg/ml</i>	4	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	4	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>DILANTIN INFATABS TABLET CHEWABLE 50MG</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
DILANTIN-125 SUSPENSION 125MG/5ML	4	MO
DILANTIN CAPSULE 100MG, 30MG <i>divalproex sodium dr capsule</i> <i>delayed release sprinkle 125mg</i>	4 2	MO MO
<i>divalproex sodium dr tablet delayed</i> <i>release 125mg, 250mg, 500mg</i>	2	MO
<i>divalproex sodium er tablet</i> <i>extended release 24 hour 250mg,</i> <i>500mg</i>	2	MO
EPIDIOLEX SOLUTION 100MG/ML	5	QL (600 ML per 30 days) PA; ACS LD
EPRONTIA SOLUTION 25MG/ML <i>eslicarbazepine acetate tablet</i> <i>200mg, 400mg</i>	4	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet</i> <i>600mg, 800mg</i>	4	QL (30 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	2	MO
<i>ethosuximide solution 250mg/5ml</i>	4	MO
<i>felbamate suspension 600mg/5ml</i>	4	MO
<i>felbamate tablet 400mg, 600mg</i>	4	MO
FINTEPLA SOLUTION 2.2MG/ML	5	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection</i> <i>100mg pe/2ml</i>	4	
<i>fosphenytoin sodium injection</i> <i>500mg pe/10ml</i>	4	MO
FYCOMPA SUSPENSION 0.5MG/ML	5	QL (680 ML per 28 days) PA MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>solution 250mg/5ml</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>tablet 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>tablet 800mg</i>	3	QL (90 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>lacosamide injection 200mg/20ml</i>	5	
<i>lacosamide oral solution 10mg/ml</i>	4	QL (1200 ML per 30 days) MO
<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 er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	5	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	2	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	2	MO
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 1000MG/100ML; 750MG/100ML, 500MG/100ML; 820MG/100ML	4	
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam injection 500mg/5ml</i>	4	
<i>levetiracetam oral solution 100mg/ml</i>	2	MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	5	QL (10 EA per 30 days) PA MO
<i>methylsuximide capsule 300mg</i>	4	MO
NAYZILAM SOLUTION 5MG/0.1ML	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>oxcarbazepine suspension 300mg/5ml</i>	4	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	2	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 130mg/ml, 65mg/ml</i>	4	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	4	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	2	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	MO
<i>phenytoin sodium injection 50mg/ ml</i>	4	
<i>phenytoin suspension 125mg/5ml</i>	2	MO
<i>phenytoin tablet chewable 50mg</i>	2	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<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 20mg/ml</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	MO
<i>roweepra tablet 500mg</i>	2	
<i>rufinamide suspension 40mg/ml</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 750MG	4	QL (120 EA per 30 days) 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

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
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL (90 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	2	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	5	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	2	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</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 tablet 12mg, 16mg, 2mg, 4mg</i>	4	MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	4	MO
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	2	MO
<i>topiramate solution 25mg/ml</i>	4	QL (480 ML per 30 days) PA 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 100mg/ml</i>	4	
<i>valproic acid capsule 250mg</i>	2	MO
<i>valproic acid solution 250mg/5ml</i>	2	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	4	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	4	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	4	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	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
vigabatrin packet 500mg	5	QL (180 EA per 30 days) PA; ACS
vigabatrin tablet 500mg	5	QL (180 EA per 30 days) PA; ACS
vigadronе packet 500mg	5	QL (180 EA per 30 days) PA; LD
vigadronе tablet 500mg	5	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	5	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	4	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	5	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	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 SUSPENSION 100MG/5ML	5	QL (900 ML per 30 days) PA MO
zonisamide capsule 100mg, 25mg	2	MO
zonisamide capsule 50mg	2	MO; HRM
ZTALMY SUSPENSION 50MG/ML	5	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	3	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 20mg	3	QL (90 EA per 30 days) MO
atomoxetine hydrochloride capsule 10mg, 25mg	4	QL (120 EA per 30 days) MO
atomoxetine capsule 10mg, 18mg, 25mg	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>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>dexamphetamine hcl er capsule extended release 24 hour 20mg, 35mg</i>	4	QL (30 EA per 30 days) MO
<i>dexamphetamine hcl tablet 10mg, 5mg</i>	4	QL (60 EA per 30 days) MO
<i>dexamphetamine hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexamphetamine hydrochloride capsule extended release 24 hour 25mg</i>	4	QL (30 EA per 30 days) MO
<i>dexamphetamine hydrochloride tablet 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<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 capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	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>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 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 (GENERIC RELEXXI) 45MG, 63MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg</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 (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	4	QL (90 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>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days)
HYPNOTICS		
<i>DAYVIGO TABLET 10MG, 5MG</i>	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon capsule 20mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	4	QL (30 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>triazolam tablet 0.125mg, 0.25mg</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 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
<i>AIMOVIG INJECTION 140MG/ML, 70MG/ML</i>	3	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection 1mg/ml</i>	5	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	2	QL (9 EA per 30 days) MO
<i>NURTEC TABLET DISINTEGRATING 75MG</i>	3	QL (16 EA per 30 days) PA MO
<i>QULIPTA TABLET 10MG, 30MG, 60MG</i>	3	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</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
<i>sumatriptan solution 20mg/act, 5mg/act</i>	2	QL (12 EA per 30 days) MO
<i>UBRELVY TABLET 100MG, 50MG</i>	3	QL (16 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
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
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 carbonate er tablet extended release 300mg, 450mg</i>	2	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	MO
<i>lithium carbonate tablet 300mg</i>	1	MO
<i>lithium solution 8meq/5ml</i>	4	MO
NUDEXTA CAPSULE 20MG; 10MG	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 er tablet extended release 180mg</i>	4	MO
<i>pyridostigmine bromide tablet 60mg</i>	3	MO
<i>riluzole tablet 50mg</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 CAPSULE DELAYED RELEASE 95MG	5	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	5	QL (14 EA 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
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	PA; ACS
<i>fingolimod hydrochloride capsule 0.5mg</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 INJECTION 20MG/0.4ML	5	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	5	QL (30 EA per 30 days) PA; ACS
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; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	4	MO
<i>tizanidine hcl tablet 2mg</i>	2	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	2	MO
<i>tizanidine hydrochloride tablet 4mg</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 SOLUTION 500MG/ML	5	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	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>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	2	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	4	MO
<i>KLOXXADO LIQUID 8MG/0.1ML</i>	4	MO
<i>naloxone hcl injection 4mg/10ml</i>	2	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml vial</i>	2	MO
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	3	MO
<i>naltrexone hydrochloride tablet 50mg</i>	2	MO
<i>NICOTROL NS SOLUTION 10MG/ML</i>	4	QL (360 ML per 365 days) MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	4	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	MO
<i>VIVITROL INJECTION 380MG</i>	5	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
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	MO
<i>methyltestosterone capsule 10mg</i>	5	PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	MO
<i>testosterone enanthate injection 200mg/ml</i>	2	PA MO
<i>testosterone pump gel 1%</i>	3	QL (300 GM per 30 days) MO
<i>testosterone gel 10mg/act</i>	3	QL (120 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	3	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	1	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	PA 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 NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	1	PA MO
BD PEN MISCELLANEOUS	1	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	1	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	1	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	MO
FIASP PENFILL INJECTION 100UNIT/ML	3	MO
FIASP PUMPCART INJECTION 100UNIT/ML	3	B/D MO
FIASP INJECTION 100UNIT/ML	3	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
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	5	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	5	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	MO
INSULIN ASPART INJECTION 100UNIT/ML	3	B/D MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	MO
LANTUS INJECTION 100UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	3	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	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
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	MO
NOVOLOG RELION INJECTION 100UNIT/ML	3	B/D MO
NOVOLOG INJECTION 100UNIT/ML	3	B/D MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tablet 100mg, 25mg, 50mg	2	QL (90 EA per 30 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	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/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

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
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL (30 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
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	3	QL (30 EA per 30 days) ST 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
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	QL (60 EA per 30 days) MO
<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 (generic Glucophage XR) tablet extended release 24 hour 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 tablet 100mg, 25mg, 50mg</i>	4	QL (90 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
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 tablet 120mg, 60mg</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</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 INJECTION 2700MCG/2.7ML	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	QL (6 ML per 30 days) PA MO
TRADJENTA TABLET 5MG	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 INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	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
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 70mg/75ml</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 INJECTION 560MCG/2.24ML	5	PA; ACS
<i>calcitonin-salmon solution 200unit/ act</i>	3	MO
<i>ibandronate sodium injection 3mg/3ml</i>	4	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	1	QL (1 EA per 30 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	4	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	4	
<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
<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/2.24ml</i>	5	PA; ACS
WYOST INJECTION 120MG/1.7ML	5	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	4	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	4	ACS
CHELATIN AGENTS		
CHEMET CAPSULE 100MG	5	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	4	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>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
<i>kionex suspension 15gm/60ml</i>	3	
<i>LOKELMA PACKET 10GM</i>	3	QL (34 EA per 30 days) MO
<i>LOKELMA PACKET 5GM</i>	3	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	5	ACS
<i>sodium polystyrene sulfonate powder</i>	3	MO
<i>sps combination suspension 15gm/60ml, 15gm/60ml</i>	3	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	5	PA; ACS
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	2	
<i>altavera tablet 30mcg; 0.15mg</i>	2	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>alyacen 7/7/7 tablet 0.5mg; 075mg; 1mg; 0.035mg</i>	2	
<i>amethyst tablet 20mcg; 90mcg</i>	2	
<i>apri tablet 0.15mg; 30mcg</i>	2	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	2	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	2	
<i>aubra eq tablet 20mcg; 0.1mg</i>	2	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	2	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>aviane tablet 20mcg; 0.1mg</i>	2	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	2	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</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>balziva tablet 35mcg; 0.4mg</i>	2	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>brielllyn tablet 35mcg; 0.4mg</i>	2	
<i>camila tablet 0.35mg</i>	2	
<i>CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG</i>	3	
<i>CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG</i>	3	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>chateal eq tablet 30mcg; 0.15mg</i>	2	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	2	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	2	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	2	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	2	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>deblitane tablet 0.35mg</i>	2	
<i>delyla tablet 20mcg; 0.1mg</i>	2	
<i>DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML</i>	3	MO
<i>dolishale tablet 20mcg; 90mcg</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	2	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	2	MO
<i>elinest tablet 30mcg; 0.3mg</i>	2	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>emzahh tablet 0.35mg</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 ring 0.015mg/24hr; 0.12mg/24hr</i>	3	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	2	MO
<i>errin tablet 0.35mg</i>	2	
<i>estarylla tablet 35mcg; 0.25mg</i>	2	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	2	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	MO
<i>falmina tablet 20mcg; 0.1mg</i>	2	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>galmbra tablet chewable 25mcg; 75mg; 0.8mg</i>	2	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	2	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>heather tablet 0.35mg</i>	2	MO
<i>iclevia tablet 0.03mg; 0.15mg</i>	2	
<i>incassia tablet 0.35mg</i>	2	
<i>introvale tablet 0.03mg; 0.15mg</i>	2	
<i>isibloom tablet 0.15mg; 30mcg</i>	2	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>jasmiel tablet 3mg; 0.02mg</i>	2	
<i>jencycla tablet 0.35mg</i>	2	
<i>JOLESSA TABLET 0.03MG; 0.15MG</i>	3	
<i>juleber tablet 0.15mg; 30mcg</i>	2	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</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>junel 1/20 tablet 20mcg; 1mg</i>	2	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	2	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	2	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	2	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	2	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>larin 1/20 tablet 20mcg; 1mg</i>	2	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>lessina tablet 20mcg; 0.1mg</i>	2	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	2	
<i>levonorgestrel and ethynodiol dihydrogen tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	2	MO
<i>levonorgestrel/ethynodiol dihydrogen tablet 0.05mg; 0.03mg; 0.075mg; 0.04mg; 0.125mg; 0.15mg; 0.03mg; 0.01mg; 0.15; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	2	
<i>levonorgestrel/ethynodiol dihydrogen tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	2	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</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
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	2	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	2	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	2	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>lojaimess tablet 0.1mg; 0.02mg; 0.01mg</i>	2	MO
<i>loryna tablet 3mg; 0.02mg</i>	2	
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	2	
<i>lulera tablet 20mcg; 0.1mg</i>	2	
<i>lyeq tablet 0.35mg</i>	2	
<i>lyza tablet 0.35mg</i>	2	
<i>marlissa tablet 0.03mg; 0.15mg</i>	2	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	MO
<i>meleya tablet 0.35mg</i>	2	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>milki tablet 35mcg; 0.25mg</i>	2	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	2	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	2	
NEXPLANON INJECTION 68MG	3	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	2	
NORA-BE TABLET 0.35MG	3	

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>norelgestromin/ethynodiol diacetate patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	MO
<i>norethindrone acetate/ethynodiol diacetate/ferrous fumarate tablet chewable 20mcg; 75mcg; 1mg</i>	2	MO
<i>norethindrone acetate/ethynodiol diacetate/ferrous fumarate tablet 1mg; 20mcg; 75mcg, 1mg, 20mcg; 30mcg; 35mcg; 75mcg</i>	2	MO
<i>norethindrone acetate/ethynodiol diacetate tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	2	MO
<i>norgestimate/ethynodiol diacetate tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	2	MO
<i>norlyroc tablet 0.35mg</i>	2	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</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 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	2	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	MO
<i>OCELLA TABLET 3MG; 0.03MG</i>	3	
<i>orquidea tablet 0.35mg</i>	2	
<i>orsythia tablet 20mcg; 0.1mg</i>	2	
<i>philith tablet 35mcg; 0.4mg</i>	2	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	2	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	2	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	2	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	2	
<i>sharobel tablet 0.35mg</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>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	2	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	2	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	2	
<i>syeda tablet 3mg; 0.03mg</i>	2	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	2	
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	3	
<i>tri-estarrylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	2	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>tri-lo-estarrylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	2	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	2	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	2	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>turqoz tablet 30mcg; 0.3mg</i>	2	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	2	
<i>valtya 1/50 tablet 50mcg; 1mg</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>velvet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	2	MO
<i>vestura tablet 3mg; 0.02mg</i>	2	
<i>vienna tablet 20mcg; 0.1mg</i>	2	
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	2	MO
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>vyfemla tablet 35mcg; 0.4mg</i>	2	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	2	
<i>wera tablet 35mcg; 0.5mg</i>	2	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	2	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	2	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	2	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	2	
<i>zumandimine tablet 3mg; 0.03mg</i>	2	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	4	
<i>abigale tablet 1mg; 0.5mg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL (8 EA per 28 days)
<i>DUAVEE TABLET 20MG; 0.45MG</i>	4	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	4	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	MO
<i>estradiol cream 0.1mg/gm</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
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	QL (8 EA per 28 days) MO
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	2	QL (4 EA per 28 days) MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>estradiol vaginal tablet 10mcg ESTRING RING 7.5MCG/24HR</i>	2 4	MO QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
<i>jinteli tablet 5mcg; 1mg</i>	2	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL (8 EA per 28 days)
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
<i>PREMARIN CREAM 0.625MG/GM</i>	4	MO
<i>PREMARIN INJECTION 25MG</i>	4	MO
<i>PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG</i>	4	MO
<i>PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG</i>	4	MO
<i>yuvafem tablet 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML</i>	4	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	4	MO
<i>dexamethasone solution 0.5mg/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
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	4	MO
fludrocortisone acetate tablet 0.1mg	2	MO
hydrocortisone sodium succinate <i>injection 100mg</i>	4	MO
hydrocortisone tablet 10mg, 20mg, 5mg	2	MO
methylprednisolone acetate <i>injection 40mg/ml, 80mg/ml</i>	4	B/D MO
methylprednisolone dose pack <i>tablet therapy pack 4mg</i>	2	MO
methylprednisolone sodium <i>succinate injection 1000mg, 125mg</i>	4	B/D MO
methylprednisolone <i>sodiumsuccinate injection 40mg</i>	4	B/D MO
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	2	B/D MO
prednisolone sodium phosphate <i>oral solution 10mg/5ml, 15mg/5ml,</i> <i>20mg/5ml</i>	2	B/D MO
prednisolone sodium phosphate <i>oral solution 25mg/5ml, 5mg/5ml</i>	4	B/D MO
prednisolone solution 15mg/5ml	2	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	4	B/D MO
prednisone solution 5mg/5ml	4	B/D MO
prednisone tablet therapy pack 10mg, 5mg	2	MO
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	4	MO
triamcinolone acetonide injection 10mg/ml	4	
triamcinolone acetonide injection 40mg/ml	4	MO
GLUCOSE ELEVATING AGENTS		
diazoxide suspension 50mg/ml	5	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
ZEGALOGUE INJECTION 0.6MG/0.6ML	3	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	4	
<i>betaine anhydrous powder 1gm</i>	5	ACS
<i>cabergoline tablet 0.5mg</i>	3	MO
<i>carglumic acid tablet soluble 200mg</i>	5	PA; LD
CERDELGA CAPSULE 84MG	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 CAPSULE 150MG, 50MG	4	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	4	MO
<i>desmopressin acetate nasal solution 0.01%</i>	4	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	5	
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
GENOTROPIN INJECTION 12MG, 5MG	5	PA; ACS
INCRELEX INJECTION 40MG/4ML	5	PA; LD
<i>javygtor packet 100mg, 500mg</i>	5	PA; LD
<i>javygtor tablet 100mg</i>	5	PA; LD
<i>levocarnitine injection 200mg/ml</i>	4	
<i>levocarnitine oral solution 1gm/10ml</i>	4	MO
<i>levocarnitine tablet 330mg</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
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 tablet 0.2mg</i>	4	
<i>methylergonovine maleate tablet 0.2mg</i>	5	MO
<i>mifepristone tablet 300mg</i>	5	PA; ACS
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; ACS
<i>raloxifene hydrochloride tablet 60mg</i>	2	MO
REVCORI INJECTION 2.4MG/1.5ML	5	PA; LD
REZDIFRA TABLET 100MG, 60MG, 80MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	5	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	5	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; ACS LD
SYNAREL SOLUTION 2MG/ML	5	MO
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	5	QL (56 EA per 28 days) 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>tolvaptan tablet 15mg, 30mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
VEOZAH TABLET 45MG	4	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>gallifrey tablet 5mg</i>	2	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<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 100mg, 200mg</i>	2	MO
<i>progesterone injection 50mg/ml</i>	4	MO
THYROID AGENTS		
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	5	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liothyronine sodium injection 10mcg/ml</i>	5	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	MO
<i>methimazole tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil tablet 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
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG		3	MO
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</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 4mcg/2ml</i>		4	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>		4	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</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 suppository 25mg</i>		4	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML		4	
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>		4	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML		4	B/D MO
<i>granisetron hydrochloride tablet 1mg</i>		3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>		2	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>		2	MO
<i>metoclopramide hcl solution 5mg/5ml</i>		4	MO
<i>metoclopramide hydrochloride injection 5mg/ml</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>metoclopramide hydrochloride tablet 10mg, 5mg</i>	2	MO
<i>metoclopramide odt tablet disintegrating 5mg</i>	2	MO
<i>ondansetron hcl solution 4mg/5ml</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	2	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	4	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	MO; HRM
<i>prochlorperazine suppository 25mg</i>	4	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	4	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	4	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	4	PA MO; HRM
<i>promethazine hydrochloride suppository 25mg</i>	4	PA MO; HRM
<i>promethazine hydrochloride syrup 6.25mg/5ml</i>	4	PA
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</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 patch 72 hour 1mg/3days</i>	4	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</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>dicyclomine hydrochloride capsule 10mg</i>	2	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	4	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	2	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	4	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	4	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	4	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	4	
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	MO
<i>famotidine tablet 20mg, 40mg</i>	1	MO
<i>nizatidine capsule 150mg, 300mg</i>	2	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</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 capsule delayed release 400mg</i>	4	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	4	MO
<i>mesalamine enema 4gm</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>mesalamine kit 4gm</i>	4	MO
<i>mesalamine suppository 1000mg</i>	2	MO
<i>sulfasalazine tablet delayed release 500mg</i>	2	MO
<i>sulfasalazine tablet 500mg</i>	2	MO
LAXATIVES		
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	4	MO
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	MO
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>gavilyte-n/ flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>kristalose packet 10gm, 20gm</i>	4	PA
<i>lactulose packet 10gm, 20gm</i>	4	PA MO
<i>lactulose solution 10gm/15ml</i>	2	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/ kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
<i>PLENUV SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM</i>	4	MO
<i>SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML</i>	4	MO
<i>SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML</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
SUTAB TABLET 225MG; 188MG; 1479MG	4	MO
MISCELLANEOUS		
alosetron hydrochloride tablet 0.5mg	4	QL (60 EA per 30 days) PA MO
alosetron hydrochloride tablet 1mg	5	QL (60 EA per 30 days) PA MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
cromolyn sodium concentrate 100mg/5ml	4	MO
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	3	MO; HRM
diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml	4	MO; HRM
GATTEX INJECTION 5MG	5	PA; ACS LD
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days) MO
loperamide hydrochloride capsule 2mg	2	MO
misoprostol tablet 100mcg, 200mcg	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 1gm/10ml	4	MO
sucralfate tablet 1gm	2	MO
ursodiol capsule 300mg	3	MO
ursodiol tablet 250mg, 500mg	4	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	5	PA; LD
XERMELO TABLET 250MG	5	QL (84 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
XIFAXAN TABLET 550MG	5	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	2	
<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 dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection 40mg</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 tablet delayed release 20mg</i>	4	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
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	2	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	4	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% solution 0.25%</i>	2	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</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 tablet extended release 24 hour 4mg, 8mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>GEMTESA TABLET 75MG</i>	3	QL (30 EA per 30 days) MO
<i>MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML</i>	3	QL (300 ML per 28 days) MO
<i>MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	2	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	2	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>solifenacin succinate tablet 10mg, 5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er capsule extended release 24 hour 60mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride tablet 20mg</i>	2	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	4	MO
<i>miconazole 3 suppository 200mg</i>	3	MO
<i>terconazole cream 0.4%, 0.8%</i>	2	MO
<i>terconazole suppository 80mg</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
<i>ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG</i>	3	QL (74 EA per 30 days) MO
<i>ELIQUIS TABLET 2.5MG</i>	3	QL (60 EA per 30 days) MO
<i>ELIQUIS TABLET 5MG</i>	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</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
<i>FRAGMIN INJECTION 10000UNIT/4ML</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
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 INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ ML	4	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	4	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	3	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	3	
<i>heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	3	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	3	QL (620 ML per 30 days)
<i>rivaroxaban tablet 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	3	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL (620 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
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		
PROCRI INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRI INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	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 capsule 0.5mg, 1mg</i>	4	MO
BERINERT INJECTION 500UNIT	5	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i>	2	MO
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 injection 30mg/3ml</i>	5	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine packet 5gm</i>	5	PA; ACS
<i>pentoxifylline er tablet extended release 400mg</i>	2	MO
<i>sajazir injection 30mg/3ml</i>	5	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	4	PA MO
SIKLOS TABLET 1000MG	5	PA MO
TAVNEOS CAPSULE 10MG	5	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml</i>	4	
<i>tranexamic acid injection 1000mg/10ml</i>	4	
<i>tranexamic acid tablet 650mg</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
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	QL (60 EA per 30 days) MO
clopidogrel tablet 75mg	1	QL (30 EA per 30 days) MO
clopidogrel tablet 300mg	2	QL (2 EA per 365 days) MO
dipyridamole tablet 25mg, 50mg, 75mg	4	PA MO
prasugrel hydrochloride tablet 10mg, 5mg	4	MO
ticagrelor tablet 60mg, 90mg	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
BIMZELX INJECTION 160MG/ML, 320MG/2ML	5	QL (4 ML per 28 days) PA; ACS
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 MINI INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	5	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	5	QL (52 EA per 365 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA; LD
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 SOLUTION 1MG/ML	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 INJECTION 150MG/ ML	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 600MG/10ML	5	QL (120 ML per 365 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
SOTYKTU TABLET 6MG	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 INJECTION 200MG/2ML	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
USTEKINUMAB INJECTION 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ ML	5	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
VELSIPITY TABLET 2MG	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
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION 1MG/ML	5	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	MO
JYLAMVO SOLUTION 2MG/ML	4	
<i>leflunomide tablet 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	2	MO
XATMEP SOLUTION 2.5MG/ML	4	MO
IMMUNOGLOBULINS		
GAMASTAN INJECTION	3	B/D; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA; ACS LD
ARCALYST INJECTION 220MG	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
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 100MG <i>azathioprine tablet 50mg</i>	4 2	B/D B/D MO
BENLYSTA INJECTION 200MG/ML <i>cyclosporine modified capsule</i> 100mg, 25mg, 50mg	5 4	PA; ACS LD B/D MO
<i>cyclosporine modified solution</i> 100mg/ml	4	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D MO
<i>everolimus tablet 0.25mg</i>	4	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg,</i> 1mg	5	B/D MO
<i>gentraf capsule 100mg, 25mg</i>	4	B/D
<i>mycophenolate mofetil capsule</i> 250mg	3	B/D MO
<i>mycophenolate mofetil injection</i> 500mg	4	B/D MO
<i>mycophenolate mofetil suspension</i> reconstituted 200mg/ml	5	B/D MO
<i>mycophenolate mofetil tablet</i> 500mg	3	B/D MO
<i>mycophenolic acid dr tablet delayed</i> release 180mg, 360mg	4	B/D MO
NULOJIX INJECTION 250MG	5	B/D
PROGRAF PACKET 0.2MG, 1MG	4	B/D MO
REZUROCK TABLET 200MG <i>sirolimus solution 1mg/ml</i>	5 5	QL (30 EA per 30 days) PA; LD B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg,</i> 5mg	4	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	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
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA INJECTION	1	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVOX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOL INACTIVATED IPV INJECTION	1	
IXIARO INJECTION	1	
JYNNEOS INJECTION 0.5ML	1	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
M-M-R II INJECTION	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION	1	
MRESVIA INJECTION 50MCG/0.5ML	3	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	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
PEDVAX HIB INJECTION 7.5MCG/0.5ML	1	
PENBRAYA INJECTION	1	
PENMENVY INJECTION	1	
PENTACEL INJECTION	1	
15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML		
PRIORIX INJECTION	1	
PROQUAD INJECTION	1	
QUADRACEL INJECTION	1	
15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML		
RABAVERT INJECTION	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED	1	
VIMKUNYA INJECTION 40MCG/0.8ML	3	
VIVOTIF CAPSULE DELAYED RELEASE	1	MO
YF-VAX INJECTION	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
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NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES/MINERALS, INJECTABLE**

DEXTROSE 5% /ELECTROLYTE	3	
#48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L		
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	4	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	4	MO
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	4	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	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
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	4	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	4	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	4	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	4	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	4	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE INJECTION 5%; 0.15%; 0.225%, 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	4	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	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>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	4	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride injection 2meq/ ml</i>	4	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	3	
SODIUM BICARBONATE INJECTION 7.5%	4	
<i>sodium bicarbonate injection 4.2%</i>	4	
<i>sodium bicarbonate injection 8.4%</i>	4	MO
<i>sodium chloride 0.45% 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 INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	2	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	MO
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</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>klor-con/ef tablet effervescent 25meq</i>	2	MO
<i>klor-con packet 20meq</i>	4	
<i>M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG</i>	3	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	4	
<i>multi-vitamin/fluoride drops solution 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ ml; 0.5mg/ml; 5unit/ml, 35mg/ ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	4	MO
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	4	MO
<i>multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	4	MO
<i>NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG</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
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	3	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	3	MO
<i>potassium chloride er capsule</i> <i>extended release 10meq, 8meq</i>	2	MO
<i>potassium chloride er tablet</i> <i>extended release 10meq, 15meq,</i> <i>20meq, 8meq</i>	2	MO
<i>potassium chloride packet 20meq</i>	4	MO
<i>potassium chloride oral solution</i> 10%, 20%	4	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	3	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	3	MO
<i>sodium fluoride solution 0.5mg/ml</i>	4	MO
<i>sodium fluoride tablet chewable</i> 0.25mg, 0.5mg, 1mg	4	MO
<i>tri-vite/fluoride solution 35mg/ml;</i> 0.25mg/ml; 1500unit/ml; 400unit/ml; 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml	4	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	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
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	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 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	4	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	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
<i>clinisol sf 15% injection 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	3	B/D
<i>dextrose 10% injection 10%</i>	2	
<i>dextrose 5% injection 5%</i>	2	MO
DEXTROSE 50% INJECTION 50%	3	B/D
DEXTROSE 70% INJECTION 70%	3	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	3	B/D
GLUCOSE (DEXTROSE) 70% INJECTION 70%	3	B/D
NUTRILIPID INJECTION 20GM/100ML	3	B/D
<i>plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	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
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	5	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	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
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	3	MO
TOBRADEX OINTMENT 0.1%; 0.3%	3	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	3	MO
ZYLET SUSPENSION 0.5%; 0.3%	3	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	MO
<i>bacitracin ointment 500unit/gm</i>	4	MO
BESIVANCE SUSPENSION 0.6%	3	MO
CILOXAN OINTMENT 0.3%	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	2	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	QL (30 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>levofloxacin ophthalmic solution 1.5%</i>	2	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	2	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	2	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxea) ophthalmic solution 0.5%</i>	4	QL (12 ML per 30 days) MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	2	QL (60 ML per 30 days) MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	MO
<i>sulfacetamide sodium ointment 10%</i>	2	MO
<i>sulfacetamide sodium solution 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	2	MO
<i>XDEMVY SOLUTION 0.25%</i>	5	QL (10 ML per 42 days) PA; ACS LD
<i>ZIRGAN GEL 0.15%</i>	4	MO
ANTI-INFLAMMATORIES		
<i>bromfenac sodium solution 0.07%</i>	3	MO
<i>bromfenac sodium solution 0.075%</i>	4	MO
<i>bromfenac solution 0.09%</i>	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 emulsion 0.05%</i>	4	MO
<i>FLAREX SUSPENSION 0.1%</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>fluorometholone suspension 0.1%</i>	3	MO
<i>flurbiprofen sodium solution 0.03%</i>	2	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	2	MO
<i>LOTEMAX SM GEL 0.38%</i>	3	MO
<i>LOTEMAX OINTMENT 0.5%</i>	3	MO
<i>loteprednol etabonate gel 0.5%</i>	2	MO
<i>loteprednol etabonate suspension 0.5%</i>	2	MO
<i>loteprednol etabonate suspension 0.2%</i>	3	MO
<i>prednisolone acetate suspension 1%</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	2	MO
<i>epinastine hcl solution 0.05%</i>	2	MO
ZERVIATE SOLUTION 0.24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	2	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brimonidine tartrate solution 0.15%</i>	3	MO
<i>brinzolamide suspension 1%</i>	4	MO
<i>carteolol hcl solution 1%</i>	2	MO
COMBIGAN SOLUTION 0.2%; 0.5%	3	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	4	MO
<i>dorzolamide hydrochloride solution 2%</i>	2	MO
<i>latanoprost solution 0.005%</i>	1	MO
<i>levobunolol hcl solution 0.5%</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
LUMIGAN SOLUTION 0.01%	3	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	5	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	4	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	4	MO
RHOPRESSA SOLUTION 0.02%	4	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	4	MO
SIMBRINZA SUSPENSION 0.2%; 1%	4	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	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
travoprost solution 0.004%	2	MO
VYZULTA SOLUTION 0.024%	4	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	3	MO
CYSTARAN SOLUTION 0.44%	5	PA; LD
EYSUVIS SUSPENSION 0.25%	4	MO
MIEBO SOLUTION 1.338GM/ML	3	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	2	MO
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	3	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	3	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid solution 2%</i>	2	MO
CIPRO HC SUSPENSION 0.2%; 1%	4	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	MO
<i>ciprofloxacin solution 0.2% flac oil 0.01%</i>	3	MO
	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>fluocinolone acetonide oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>neomycin/polymyxin/ hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic solution 0.3%</i>	2	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	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

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>ipratropium bromide nasal solution 0.06%</i>	2	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	4	QL (4 GM per 30 days) MO
ANTIHISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>carboxamine maleate solution 4mg/5ml</i>	4	PA MO
<i>carboxamine maleate tablet 4mg</i>	4	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	2	PA MO
<i>ciproheptadine hcl syrup 2mg/5ml</i>	4	PA MO; HRM
<i>ciproheptadine hydrochloride tablet 4mg</i>	4	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	2	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	MO; HRM
<i>hydroxyzine hcl injection 25mg/ml</i>	4	PA MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride injection 50mg/ml</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	4	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	PA MO; HRM
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	4	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	4	QL (30.5 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
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 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	4	MO
<i>albuterol sulfate tablet 2mg, 4mg</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</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	4	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	4	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	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>aminophylline injection 25mg/ml</i>	4	
<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
<i>FASENRA PEN INJECTION 30MG/ML</i>	5	QL (1 ML per 28 days) PA; ACS LD
<i>FASENRA INJECTION 10MG/0.5ML</i>	5	QL (0.5 ML per 28 days) PA; ACS LD
<i>FASENRA INJECTION 30MG/ML</i>	5	QL (1 ML per 28 days) PA; ACS LD
<i>KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG</i>	5	QL (56 EA per 28 days) PA; ACS LD
<i>KALYDECO TABLET 150MG</i>	5	QL (60 EA per 30 days) PA; ACS LD
<i>OFEV CAPSULE 100MG, 150MG</i>	5	QL (60 EA per 30 days) PA; ACS LD
<i>ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG</i>	5	QL (56 EA per 28 days) PA; ACS LD
<i>ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG</i>	5	QL (112 EA per 28 days) PA; ACS LD
<i>pirfenidone capsule 267mg</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
<i>PROLASTIN-C INJECTION 1000MG/20ML</i>	5	PA; LD
<i>PULMOZYME SOLUTION 2.5MG/2.5ML</i>	5	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	4	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	4	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	4	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	MO
<i>theophylline solution 80mg/15ml</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
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	5	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</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 EXHALER SUSPENSION 93MCG/ACT	4	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	4	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	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 AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/ INH	3	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/ act</i>	3	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ ACT; 100MCG/ACT, 5MCG/ ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	4	QL (13 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
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/ SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ ACT	4	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
<i>wixela inhale aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>clindacin foam 1%</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 gel 5%; 3%</i>	4	MO
<i>erythromycin gel 2%</i>	4	QL (60 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
<i>erythromycin solution 2%</i>	4	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</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 capsule 10mg, 20mg, 30mg, 40mg</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 cream 2%</i>	4	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	2	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	2	MO
<i>SSD CREAM 1%</i>	3	
<i>SULFAMYLON CREAM 85MG/GM</i>	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</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 cream 1%</i>	3	QL (85 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 foam 2%</i>	4	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	3	QL (60 GM per 30 days)
<i>nyamyc powder 100000unit/gm</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 powder 100000unit/gm</i>	2	QL (60 GM per 30 days)
<i>selenium sulfide lotion 2.5%</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
DERMATOLOGY, ANTISSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	PA MO
<i>calcipotriene cream 0.005%</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	3	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</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 capsule 10mg</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 0.05%, 0.1%</i>	3	QL (100 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	4	QL (60 GM per 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	2	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	2	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	2	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	4	QL (60 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
<i>clobetasol propionate cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	4	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</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 cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	2	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	2	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	2	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	4	QL (50 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
<i>hydrocortisone valerate ointment 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	2	MO
<i>hydrocortisone cream 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	2	MO
<i>hydrocortisone ointment 1%</i>	2	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	2	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	2	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	2	QL (60 ML per 30 days) MO
<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	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide ointment 0.5%</i>	2	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	3	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	4	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	4	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	4	QL (90 EA per 30 days) PA
<i>tridacaine ii patch 5%</i>	4	QL (90 EA per 30 days) PA
<i>tridacaine patch 5%</i>	4	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream 12%</i>	2	MO
<i>ammonium lactate lotion 12%</i>	2	MO
<i>azelaic acid gel 15%</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	3	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	4	QL (45 GM 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>doxycycline capsule delayed release 40mg</i>	4	QL (30 EA per 30 days) PA MO
EUCRISA OINTMENT 2%	4	QL (120 GM per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	5	QL (30 GM per 30 days) PA
<i>fluorouracil cream 5%</i>	4	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	3	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	2	MO
<i>hydrocortisone perianal cream 2.5%</i>	2	QL (30 GM per 30 days) MO
IMIQUIMOD PUMP CREAM 3.75%	4	QL (15 GM per 28 days) MO
<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 CREAM 1%	5	QL (60 GM per 30 days) MO
PANRETIN GEL 0.1%	5	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	4	QL (100 GM per 30 days) MO
<i>podofilox solution 0.5%</i>	4	MO
<i>procto-med hc cream 2.5%</i>	2	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	2	
<i>proctosol hc cream 2.5%</i>	4	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	4	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	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 lotion 0.5%</i>	4	MO
<i>permethrin cream 5%</i>	2	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINTMENT 250UNIT/GM	4	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% solution 0.9%</i>	2	MO
<i>sterile water for irrigation solution</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
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule 30mg</i>	4	MO
<i>chlorhexidine gluconate solution 0.12%</i>	1	MO
<i>clinpro 5000 paste 1.1%</i>	4	MO
<i>clotrimazole troche 10mg</i>	2	MO
<i>DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%</i>	4	MO
<i>dentagel gel 1.1%</i>	4	MO
<i>fluoridex daily defense paste 1.1%</i>	4	
<i>FLUORIDEX SENSITIVITY RELIEF/ SLS FREE GEL 5%; 1.1%</i>	4	
<i>FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%</i>	4	
<i>fluorimax 5000 paste 1.1%</i>	4	
<i>fraiche 5000 dental gel 1.1%</i>	4	
<i>just right 5000 paste 1.1%</i>	4	
<i>kourzeq paste 0.1%</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 paste 0.1%</i>	2	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
<i>PREVENTID 5000 ENAMEL PROTECT GEL 5%; 1.1%</i>	4	MO
<i>sf gel 1.1%</i>	4	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	4	MO
<i>SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%</i>	4	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	4	MO
<i>SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE GEL 5%; 1.1%</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>triamcinolone acetonide dental paste paste 0.1%</i>	2	MO

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

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dr		alendronate sodium	86	amlodipine besylate/	45
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atovaquone/proguanil hcl	23	balziva	88	BONSITY	86
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buprenorphine hydrochloride/ naloxone hydrochloride	80	carbidopa/levodopa er	62	cefuroxime sodium	29
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cyred eq	88	desloratadine	130	0.2%	
CYSTAGON	97	desloratadine odt	130	dextrose 5%/sodium	116
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DAPAGLIFLOZIN	83	dexamethasone	95,	0.33%	
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134		intensol		0.45%	
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DAPTO MYCIN/	19	dexlansoprazole	105	SODIUM CHLORIDE	
SODIUM CHLORIDE		dexmethylphenidate	75	0.2%	
darunavir	23	hcl		DEXTROSE 10%	116
dasatinib	37	dexmethylphenidate	75	SODIUM CHLORIDE	
dasetta 1/35	88	hcl er		0.45%	
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haloperidol	65	hydrocortisone sodium succinate	96	imiquimod	139
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INSULIN ASPART	82	<i>ivabradine</i>	55	0.9%	
INSULIN ASPART	82	<i>hydrochloride</i>		KCL 0.3%/D5W/NACL	117
FLEXPEN		<i>ivermectin</i>	20	0.45%	
INSULIN ASPART	82	IWLFIN	35	KCL 0.15%/D5W/	117
PENFILL		IXIARO	114	NACL 0.2%	
INTELENCE	23	<i>jaimie</i>	89	KCL 0.15%/D5W/	117
<i>introvale</i>	89	JAKAFI	38	NACL 0.9%	
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<i>albuterol sulfate</i>		<i>javygtor</i>	97	KERENDIA	45
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<i>isosorbide dinitrate/</i>	55	<i>junel fe 24</i>	90	<i>klayesta</i>	135
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<i>hydrochloride</i>		JYLAMVO	112	<i>klor-con 8</i>	118
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PREMASOL	124	<i>hydrochloride</i>		<i>ramipril</i>	45
PREMPRO	95	<i>propafenone</i>	48	<i>ranolazine er</i>	55
PRENATAL	120	<i>hydrochloride er</i>		<i>rasagiline mesylate</i>	62
PRENATAL PLUS	120	<i>proparacaine hcl</i>	128	<i>reclipsen</i>	92
VITAMIN AND		<i>propranolol hcl</i>	51	RECOMBIVAX HB	115
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Drug name	Page	Drug name	Page	Drug name	Page
<i>repaglinide</i>	85	<i>roflumilast</i>	132	SIGNIFOR	98
REPATHA	49	<i>romidepsin</i>	41	SIKLOS	109
PUSHTRONEX		ROMVIMZA	41	<i>sildenafil</i>	56
REPATHA SURECLICK	49	<i>ropinirole er</i>	63	<i>sildenafil citrate</i>	56
REPATHAT	49	<i>ropinirole hcl</i>	63	<i>silodosin</i>	106
RESTASIS	128	<i>ropinirole</i>	63	<i>silver sulfadiazine</i>	135
RESTASIS MULTIDOSE	128	<i>hydrochloride</i>		SIMBRINZA	128
RETEVMO	41	<i>rosuvastatin calcium</i>	48	<i>simliya</i>	93
REVCOVI	98	<i>rosyrah</i>	92	<i>simpesse</i>	93
REVUFORJ	41	ROTARIX	115	<i>simvastatin</i>	48
REXULTI	67	ROTATEQ	115	<i>sirolimus</i>	113
REYATAZ	24	<i>roweepra</i>	72	SIRTURO	26
REZDIFFRA	98	ROZLYTREK	41	SIVEXTRO	21
REZLIDHIA	41	ROZYLTREK	41	SKYRIZI	111
REZUROCK	113	RUBRACA	41	SKYRIZI PEN	111
RHOPRESSA	128	<i>rufinamide</i>	72	<i>sodium bicarbonate</i>	118
<i>ribavirin</i>	27	RUKOBIA	24	SODIUM	118
<i>rifabutin</i>	26	RYBELSUS	85	BICARBONATE	
<i>rifampin</i>	26	RYDAPT	41	<i>sodium chloride</i>	118
<i>riluzole</i>	78	<i>sacubitril/valsartan</i>	46	SODIUM CHLORIDE	118
<i>rimantadine</i>	28	<i>sajazir</i>	109	<i>sodium chloride 0.9%</i>	139
RINGERS INJECTION	118	SANTYL	139	<i>sodium chloride</i>	118
RINVOQ	111	<i>sapropterin</i>	98	0.45%	
RINVOQ LQ	111	<i>dihydrochloride</i>		<i>sodium fluoride</i>	120
<i>risedronate sodium</i>	86	SCEMBLIX	41	<i>sodium fluoride 5000</i>	140
<i>risedronate sodium dr</i>	86	<i>scopolamine patch</i>	101	ppm	
<i>risperidone</i>	67	SECUADO	68	<i>sodium fluoride 5000</i>	140
<i>risperidone er</i>	67	<i>selegiline hcl</i>	63	ppm dry mouth	
<i>risperidone odt</i>	67	<i>selenium sulfide</i>	135	SODIUM FLUORIDE	140
<i>ritonavir</i>	24	SELZENTRY	24	5000 PPM SENSITIVE	
<i>rivaroxaban</i>	108	SEREVENT DISKUS	131	SODIUM FLUORIDE/	140
<i>rivastigmine tartrate</i>	58	<i>sertraline hcl</i>	61	POTASSIUM NITRATE/	
<i>rivastigmine</i>	58	<i>sertraline</i>	61	SENSITIVE	
transdermal		<i>hydrochloride</i>		SODIUM OXYBATE	79
<i>rizatriptan benzoate</i>	77	<i>setlakin</i>	92	<i>sodium phenylbutyrate</i>	98
<i>rizatriptan benzoate</i>	77	<i>sf</i>	140	<i>sodium polystyrene sulfonate</i>	87
odt		<i>sharobel</i>	92		
ROCKLATAN	128	SHINGRIX	115		

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POTASSIUM SULFATE/		sulfacetamide sodium	126,	TALZENNA	42
MAGNESIUM SULFATE			135	tamoxifen citrate	35
<i>solifenacin succinate</i>	107	sulfacetamide sodium/	125	tamsulosin	106
SOLIQUA 100/33	83	<i>prednisolone sodium</i>		hydrochloride	
SOLTAMOX	35	<i>phosphate</i>		tarina	24 fe
SOLU-CORTEF	96	sulfadiazine	21	tarina fe 1/20 eq	93
SOMATULINE DEPOT	98	sulfamethoxazole/	21	tasimelteon	76
SOMAVERT	98	<i>trimethoprim</i>		TAVNEOS	109
<i>sorafenib tosylate</i>	41	sulfamethoxazole/	21	tazarotene	136
<i>sotalol hcl</i>	48	<i>trimethoprim ds</i>		tazicef	29
<i>sotalol hydrochloride</i>	48	SULFAMYLYON	135	TAZVERIK	42
<i>sotalol hydrochloride</i>	48	<i>sulfasalazine</i>	103	TECVAYLI	42
(af)		<i>sulindac</i>	16	TEFLARO	29
SOTYKTU	111	<i>sumatriptan</i>	77	telmisartan	47
SPIRIVA RESPIMAT	130	<i>sumatriptan succinate</i>	77	telmisartan/	46
spironolactone	45	<i>sumatriptan succinate</i>	77	<i>amlodipine</i>	
spironolactone/	54	refill		telmisartan/	46
hydrochlorothiazide		<i>sunitinib</i>	41	hydrochlorothiazide	
sprintec	28	SUNLENCA	24	temazepam	76
SPRITAM	72,	SUNLENCA TABLET	24	TENIVAC	115
	73	THERAPY PACK		<i>tenofir disoproxil</i>	24
<i>sps combination</i>	87	SUPREP BOWEL PREP	103	<i>fumarate</i>	
<i>sronyx</i>	93	SUTAB	104	TEPMETKO	42
SSD	135	<i>syeda</i>	93	<i>terazosin</i>	45
STELARA	111	SYMLINPEN	60	<i>terazosin</i>	45
sterile water for	139	120	85	hydrochloride	
irrigation solution		SYMPAZAN	73	terbinafine hcl	22
STIVARGA	41	SYMTUZA	26	terbutaline sulfate	131
streptomycin sulfate	21	SYNAREL	98	terconazole	107
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subvenite starter kit/	73	TABRECTA	41	testosterone	81
blue		<i>tacrolimus</i>	113,	testosterone cypionate	81
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subvenite starter kit/	73		106	tetrabenazine	78
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hydrochloride		toremifene citrate	35	acetonide dental paste	
THALOMID	35	torpenz	42	triamterene/	54
theophylline	132	torsemide	54	hydrochlorothiazide	
theophylline er	132	TOUJEO MAX	83	triazolam	77
thioridazine	68	SOLOSTAR		tridacaine	138
hydrochloride		TOUJEO SOLOSTART	83	tridacaine ii	138
thiothixene	68	TPN ELECTROLYTES	118	trientine hydrochloride	87
tiadylt er	52	TRADJENTA	85	tri-estarrylla	93
tiagabine	73	tramadol	16	trifluoperazine hcl	68
hydrochloride		tramadol	18	trifluoperazine	68
TIBSOSVO	42	hydrochloride		hydrochloride	
ticagrelor	110	tramadol	18	trifluridine	126
TICOVAC	115	hydrochloride/		trihexyphenidyl hcl	63
tigecycline	33	acetaminophen		trihexyphenidyl	63
tilia fe	93	tramadol	16	hydrochloride	
timolol maleate	51, 128	hydrochloride er		TRIJARDY XR	85
tinidazole	21	trandolapril	45	TRIKAFTA TABLET	133
TIVICAY	24	trandolapril/verapamil	44	THERAPY PACK	
TIVICAY PD	24	hcl er		TRIKAFTA THERAPY	133
tizanidine hcl	79	tranexamic acid	109	PACK	
tizanidine	79	tranexamic acid/	109	tri-legest fe	93
hydrochloride		sodium chloride		tri-linyah	93
TOBI PODHALER	21	tranylcypromine	61	tri-lo-estarrylla	93
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TOBRADEX ST	125	TRAVASOL	124	tri-lo-mili	93
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tobramycin/	125	trazodone	61	trimethobenzamide	101
dexamethasone		hydrochloride		hydrochloride	
tobramycin sulfate	21	TRECATOR	26	trimethoprim	21
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tolterodine tartrate er	107	TREMFYA	111	trimipramine maleate	61
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<i>trospium chloride</i>	107	<i>valtya 1/50</i>	93	VERAPAMIL	53
<i>trospium chloride er</i>	107	<i>vancomycin</i>	22	HYDROCHLORIDE SR	
TRULICITY	85	<i>vancomycin hcl</i>	21	VERQUVO	55
TRUMENBA	115	VANCOMYCIN HCL	21	VERSACLOZ	68
TRUQAP	42	<i>vancomycin</i>	21	VERZENIO	42
TRUQAP TABLET	42	<i>hydrochloride</i>		vestura	94
THERAPY PACK		VANCOMYCIN	21	vienna	94
TRUXIMA	42	HYDROCHLORIDE		vigabatrin	74
TUKYSA	42	VANFLYTA	42	vigadron	74
TURALIO	42	VAQTA	115	VIGAFYDE	74
<i>turqoz</i>	93	<i>varenicline starting month</i>	80	VIKTRAVI	42
TWINRIX	115	<i>varenicline tartrate</i>	80	vilazodone	61
TYBOST	24	VARIVAX	115	hydrochloride	
<i>tydemy</i>	93	VASCEPA	49	VIMKUNYA	115
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UBRELVY	77	VELSIPITY	111	VIREAD	24,
<i>unithroid</i>	100	VENCLEXTA	42		25
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USTEKINUMAB	111	<i>venlafaxine</i>	61	volnea	94
<i>valacyclovir</i>	28	<i>hydrochloride</i>		VONJO	42
<i>hydrochloride</i>		<i>venlafaxine</i>	61	VOQUEZNA DUAL PAK	104
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<i>valganciclovir</i>	28	<i>verapamil hcl</i>	53	VORANIGO	43
<i>hydrochloride</i>		<i>verapamil hcl er</i>	52	voriconazole	23
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<i>valproic acid</i>	73	VERAPAMIL HCL SR	53	VOWST	104
<i>valsartan</i>	47	<i>verapamil</i>	53	VRAYLAR	68
<i>valsartan/ hydrochlorothiazide</i>	46	<i>hydrochloride</i>		<i>vyfemla</i>	94
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				<i>warfarin</i>	108

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wixela <i>inhub</i>	134	XTANDI	35		
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XALKORI	43	YESINTEK	112		
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XCOPRI	74	ZARXIO	109		
MAINTENANCE		ZEGALOGUE	97		
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PACK		zenzedi	76		
XCOPRI TITRATION	74	ZERVIADE	127		
THERAPY PACK		zidovudine	25		
XDEMVY	126	ziprasidone hcl	68		
XELJANZ	112	ziprasidone mesylate	68		
XELJANZ XR	112	ZIRABEV	43		
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In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: **711**). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

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If you need these services, contact Aetna Medicare Preferred Plan (HMO D-SNP) between 8 AM-8 PM, 7 days a week by calling 1-866-409-1221 . If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Aetna Medicare Preferred Plan (HMO D-SNP)
Aetna Medicare, PO Box 7405 London, KY 40742
1-866-409-1221
TTY/TDD 711
California Relay 711

HOW TO FILE A GRIEVANCE

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- In writing: Fill out a complaint form or write a letter and send it to:
Aetna Medicare Grievances
PO Box 14834 Lexington, KY 40512

- In person: Visit your doctor's office or Aetna Medicare Preferred Plan (HMO D-SNP) and say you want to file a grievance.
 - Electronically: Visit Aetna Medicare Preferred Plan (HMO D-SNP) website at AetnaMedicare.com
-

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You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711** (Telecommunications Relay Service).
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
-

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

TTY: 711

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إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇਜ਼ਿ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ពីនិត្យកម្មកសិល្បោយភាសាដឹងប្រកាសពីភាសាអង់គ្លេស សេវាកម្មដំឡើងក្នុងភាសាអង់គ្លេសជាមួយតិចតិច។
សូមចូលទៅលក្ខណៈការប្រើប្រាស់យើងខ្លួន បុរាណទៅកាន់លេខខ្លួនដែលមានរាយនៅក្នុងអាជីវកម្មនេះ។ (Khmer)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เช่นไปที่เว็บไซต์ของเราระหว่างที่อยู่ในเอกสารนี้ (Thai)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call **866-409-1221** (TTY/TDD 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **866-409-1221** (TTY/TDD 711). These services are free of charge.

(Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **866-409-1221** (TTY/TDD 711) توفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المنشدات المكتوبة بطريقة برييل والخط الكبير. اتصل بـ **866-409-1221** (TTY/TDD 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **866-409-1221** (TTY/TDD 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **866-409-1221** (TTY/TDD 711): Այդ ծառայություններն անվճար են:

ភាសាខ្មែរ(Cambodian)

យកចិត្តទុកដាក់: ប្រសិនបើអ្នកត្រូវការជំនួយជាអាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ **866-409-1221** (TTY/TDD 711) ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាងកសារជាមក្សា Braille និងពោះពុម្ពជំកែាន ដីជំនួយ ទូរស័ព្ទទៅលេខ **866-409-1221** (TTY/TDD 711) ។ សេវាកម្មទាំងនេះគឺជាផីតិត្តផ្លូវ។

中文 (Chinese)

请注意: 如果您需要以您的母语提供帮助, 请致电 **866-409-1221** (TTY/TDD 711)。另外还提供针对残疾人士的帮助和服务, 例如盲文和需要较大字体阅读, 也是方便取用的。请致电 **866-409-1221** (TTY/TDD 711)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با [866-409-1221](#) (TTY/TDD 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مازنده نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با [866-409-1221](#) (TTY/TDD 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिन्दी (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है तो [866-409-1221](#) (TTY/TDD 711) पर कॉल करें। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। [866-409-1221](#) (TTY/TDD 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau [866-409-1221](#) (TTY/TDD 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau [866-409-1221](#) (TTY/TDD 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は [866-409-1221](#) (TTY/TDD 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。[866-409-1221](#) (TTY/TDD 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 [866-409-1221](#) (TTY/TDD 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. [866-409-1221](#) (TTY/TDD 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາອັງກິດ (Laotian)

ຄວາມເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂທທ່າ [866-409-1221](#) (TTY/TDD 711). ເຄື່ອງຊ່ວຍເຫຼືອແລະບໍລິການສໍາລັບຄົນພິການເຊັ່ນ ເອກະສານທີ່ເປັນອັກສອນອັກສອນແລະ ທັນຈີສືພິມໃຫຍ່ກຳນົມຢູ່. ໂທ ຫາ [866-409-1221](#) (TTY/TDD 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າ

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **866-409-1221** (TTY/TDD 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **866-409-1221** (TTY/TDD 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **866-409-1221** (TTY/TDD 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪਿਰੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **866-409-1221** (TTY/TDD 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **866-409-1221** (TTY/TDD 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **866-409-1221** (TTY/TDD 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **866-409-1221** (TTY/TDD 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **866-409-1221** (TTY/TDD 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **866-409-1221** (TTY/TDD 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **866-409-1221** (TTY/TDD 711). Libre ang mga serbisyo ng ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **866-409-1221** (TTY/TDD 711) และจากนั้น ยังพร้อมให้ความช่วยเหลือและบริการต่างๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่างๆ ที่เป็นอักษรเบราว์ล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **866-409-1221** (TTY/TDD 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **866-409-1221** (TTY/TDD 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **866-409-1221** (TTY/TDD 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **866-409-1221** (TTY/TDD 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **866-409-1221** (TTY/TDD 711). Các dịch vụ này đều miễn phí.

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on this document. (English)

አዲስ ወጪ አያዥበት የቃንቃ ገልጻለቶችን ለመደረሰ በኋይ ስኩድ ላይ ወዳለው ቅጥር
ይደውሉ:: (Amharic)

(Arabic) للحصول على خدمات اللغة مجاناً، اتصل بالرقم المذكور في هذه الوثيقة.

如欲使用免費語言服務，請致電本文件上的電話號碼。(Chinese)

Tajaajila afaanii bilisaan argachuuf, laccoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques,appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。 (Japanese)

လေကမာန်၏ ကျွေတ်မေစားတ်မှု လေတလိုပါလ်ဘူးလ်စုံ၊ လေနဂါအင်း၊
ကိုးနိုးရှုံး၊ လေအာအို့ပဲလုံးတီလုံးမီအံ့အဖီးရို့နှုံးတက္ကား၏。 (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요.

(Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໄດ້, ໃຫ້ໂທທາເປີໂທໃນເອກະສານນີ້.

(Laotian)

ដើម្បីទទួលបានសេវាដ៏ក្រោមភាសាដោយមិនគិតថ្មីអ្នកសូមទូរសព្ទទៅលើខ្លួនអ្នកសារនេះ។ (Mon-Khmer, Cambodian)

(Persian) برای دسترسی به خدمات زبانی رایگان، با شماره مدرج در این سند تماس بگیرید.

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa dokumentong ito. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_H6399_2025_V3

NOA-Medicare-1557-1

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

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

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

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-833-570-6670** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit AetnaMedicare.com/formulary

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