

2020 Comprehensive Formulary

Aetna Medicare (List of Covered Drugs) GRP B2 Plus 3 Tier

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

This formulary was updated on 02/01/2020. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-594-9390** or for **TTY users: 711**, 8 a.m. to 6 p.m. local time, Monday through Friday, or visit **www.AetnaRetireePlans.com**, choose "Manage your prescription drugs".

Formulary ID Number: 20178 Version 10



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Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

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

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

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred mail-order delivery program. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-800-594-9390 (TTY: 711)** 8 a.m. to 6 p.m. local time, Monday through Friday, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

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

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

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 02/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Aetna Medicare Comprehensive Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of 02/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Aetna Medicare Formulary?

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

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

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

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) 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 our plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

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

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

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

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

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

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday.

MO: Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday.

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

Drug tier copay levels

This 2020 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2020 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2020 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Generic Drugs
Tier 2	Preferred Brand Drugs
Tier 3	Non-Preferred Brand Drugs

You may have drug coverage in the Coverage Gap Stage

There are four "drug payment stages" of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the Coverage Gap stage of the plan. Look in the 2020 Prescription Drug Benefits Chart (Prescription Drug Schedule of Cost Sharing) that was included in your EOC packet. The Prescription Drug Benefits Chart will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Key*

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

Drug name Drug tier Requirements/Limits

ANALGESICS

Nonsteroidal Anti-inflammatory Drugs

CAMBIA	3	PA MO
<i>celecoxib caps 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium/misoprostol</i>	1	MO
<i>diflunisal tabs 500mg</i>	1	MO
DUEXIS	3	MO
<i>etodolac er</i>	1	MO
<i>etodolac caps, tabs</i>	1	MO
<i>fenoprofen calcium caps 400mg</i>	1	MO
<i>fenoprofen calcium tabs</i>	1	MO
<i>flurbiprofen tabs</i>	1	MO
<i>ibuprofen susp</i>	1	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	1	MO
<i>ketoprofen caps 25mg</i>	1	MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	1	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium caps</i>	1	MO
<i>meloxicam tabs</i>	1	MO
<i>nabumetone tabs</i>	1	MO
<i>naproxen dr tabs 375mg, 500mg</i>	1	MO
<i>naproxen sodium cr tabs 375mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>naproxen sodium er tb24 500mg</i>	1	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>naproxen susp, tabs</i>	1	MO
<i>oxaprozin</i>	1	MO
PENNSAID SOLN 2%	3	QL (224 GM per 28 days) PA MO
<i>piroxicam caps</i>	1	MO
<i>profeno</i>	1	
<i>sulindac tabs</i>	1	MO
VIMOVO	3	MO
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	1	QL (15 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
<i>methadone hcl inj</i>	1	PA
<i>methadone hcl tabs</i>	1	QL (180 EA per 30 days) PA MO
<i>methadone hcl oral soln</i>	1	QL (3000 ML per 30 days) PA MO
<i>methadone hcl conc</i>	1	QL (360 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 100mg, 200mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 15mg</i>	1	QL (90 EA per 30 days) PA MO
NUCYNTA ER	2	QL (60 EA per 30 days) PA MO
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	1	QL (30 EA per 30 days) PA MO
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	1	QL (4500 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	1	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	1	
<i>butorphanol tartrate inj 2mg/ml</i>	1	MO
<i>codeine sulfate tabs 30mg, 60mg</i>	1	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	1	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	1	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 10mg/ml</i>	1	B/D
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml</i>	1	B/D MO
<i>hydromorphone hydrochloride pf inj 1mg/ml, 2mg/ml, 50mg/5ml</i>	1	B/D
<i>hydromorphone hydrochloride pf inj 4mg/ml</i>	1	B/D MO
<i>lorcet</i>	1	QL (180 EA per 30 days)
<i>lorcet hd</i>	1	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>morphine sulfate tabs</i>	1	QL (180 EA per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D
<i>morphine sulfate pf inj 1mg/ml</i>	1	B/D MO
<i>morphine sulfate oral soln 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	MO
<i>oxycodone hcl caps</i>	1	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>oxycodone hcl oral conc</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride soln</i>	1	QL (5400 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	1	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride immediate release tabs</i>	1	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	1	QL (180 EA per 30 days)

ANESTHETICS

Local Anesthetics

<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hcl external soln 4%</i>	1	MO
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine crea</i>	1	QL (30 GM per 30 days) PA MO
<i>lidocaine oint</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine ptch</i>	1	QL (90 EA per 30 days) PA MO

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	1	MO
<i>disulfiram tabs</i>	1	MO
<i>naltrexone hcl tabs</i>	1	MO
VIVITROL	3	MO

Opioid Dependence Treatments

<i>buprenorphine hcl/naloxone hcl subl</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hcl subl</i>	1	QL (90 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg</i>	1	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days) MO
Opioid Reversal Agents		
<i>naloxone hcl cartridge 0.4mg/ml</i>	1	
<i>naloxone hcl inj 0.4mg/ml, 4mg/10ml</i>	1	MO
NARCAN LIQD	2	MO
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	3	PA MO
CHANTIX STARTING MONTH PAK	3	PA MO
CHANTIX TABS 0.5MG, 1MG	3	PA MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	MO

ANTIBACTERIALS

Aminoglycosides

<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	MO
<i>gentamicin sulfate pediatric</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate inj 40mg/ml</i>	1	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	MO
<i>neomycin tabs</i>	1	MO
<i>paromomycin caps</i>	1	MO
<i>streptomycin sulfate inj 1gm</i>	1	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ ml, 40mg/ml</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	1	MO

Antibacterials, Other

<i>chloramphenicol inj 1gm</i>	1	
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>clindamycin hcl caps 300mg, 75mg</i>	1	MO
<i>clindamycin hydrochloride caps 150mg</i>	1	MO
<i>clindamycin palmitate hcl</i>	1	MO
<i>clindamycin phosphate inj 900mg/6ml iv</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	MO
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml iv, 900mg/60ml iv</i>	1	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate inj</i>	1	PA MO
DAPTOMYCIN INJ 350MG	3	
<i>daptomycin inj 500mg</i>	1	MO
<i>lansoprazole/amoxicillin/clarithromycin</i>	1	QL (224 EA per 365 days) MO
<i>linezolid inj</i>	1	PA
<i>linezolid oral susp</i>	1	QL (1800 ML per 28 days) PA MO
<i>linezolid tabs</i>	1	QL (56 EA per 28 days) PA MO
MACROBID	3	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>metronidazole caps 375mg</i>	1	MO
<i>metronidazole inj 5mg/ml</i>	1	
<i>metronidazole tabs 250mg, 500mg</i>	1	MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>nitrofurantoin susp</i>	1	MO
SIVEXTRO INJ	2	
SIVEXTRO TABS	2	MO
SYNERCID INJ 350MG; 150MG	3	
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	MO
<i>trimethoprim tabs</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	3	
<i>vancomycin hcl inj 100gm, 10gm</i>	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 250MG	3	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride inj 500mg</i>	1	MO
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VANDAZOLE	3	MO
XIFAXAN TABS 550MG	2	PA MO
Beta-lactam, Cephalosporins		
<i>cefaclor er tb12 500mg</i>	1	MO
<i>cefaclor caps</i>	1	MO
<i>cefaclor oral susp 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	2	
<i>cefazolin sodium inj 100gm, 1gm iv, 20gm, 300gm</i>	1	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	1	MO
CEFAZOLIN INJ 2GM/100ML; 4%	2	
<i>cefdinir</i>	1	MO
<i>cefepime inj 1gm, 2gm</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime inj 6gm</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>ceftazidime inj 1gm, 2gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj 100gm, 1gm iv</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	MO
<i>cefuroxime axetil tabs</i>	1	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	1	
<i>cefuroxime sodium inj 750mg</i>	1	MO
<i>cephalexin</i>	1	MO
SUPRAX CAPS	2	MO
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	MO
SUPRAX ORAL SUSP 500MG/5ML	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	3	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM/50ML; 0, 2GM/50ML; 0	3	
AZACTAM INJ 1GM, 2GM	3	
<i>aztreonam</i>	1	MO
<i>ertapenem</i>	1	MO
<i>imipenem/cilastatin</i>	1	MO
INVANZ	3	MO
<i>meropenem inj 500mg</i>	1	
<i>meropenem inj 1gm</i>	1	MO
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>amoxicillin chew 125mg, 250mg</i>	1	MO
<i>amoxicillin caps, oral susp, tabs</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	1	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin caps 500mg</i>	1	MO
AUGMENTIN ES-600	3	MO

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

Drug name	Drug tier	Requirements/Limits
AUGMENTIN ORAL SUSP 125MG/5ML, 250MG/5ML	3	MO
AUGMENTIN TABS 500MG; 125MG, 875MG; 125MG	3	MO
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	MO
<i>dicloxacillin caps</i>	1	MO
<i>nafcillin sodium inj 10gm iv, 1gm, 2gm iv</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	1	
<i>oxacillin sodium inj 2gm</i>	1	MO
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	3	
<i>penicillin g potassium inj 2000000unit, 500000unit</i>	1	MO
<i>penicillin g procaine</i>	1	MO
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin/tazobactam</i>	1	
Macrolides		
AZITHROMYCIN PACK	2	MO
<i>azithromycin oral susp, tabs</i>	1	MO
<i>azithromycin inj 500mg</i>	1	MO
<i>clarithromycin er</i>	1	MO
<i>clarithromycin oral susp, tabs</i>	1	MO
DIFICID	2	MO
E.E.S. 400 TABS	3	MO
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate tabs</i>	1	MO
<i>erythromycin stearate tabs 250mg</i>	1	MO
<i>erythromycin cpep 250mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
Quinolones		
<i>ciprofloxacin er</i>	1	MO
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	MO
CIPROFLOXACIN OTIC (EAR) SOLN	2	MO
<i>ciprofloxacin oral susp 500mg/5ml</i>	1	MO
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride inj</i>	1	
<i>moxifloxacin hcl inj</i>	1	
<i>moxifloxacin hcl ophthalmic soln, tabs</i>	1	MO
Sulfonamides		
<i>sulfadiazine tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
Tetracyclines		
<i>doxy 100 inj</i>	1	MO
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	1	MO
<i>doxycycline hyclate caps, inj</i>	1	MO
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg, 75mg</i>	1	MO
<i>doxycycline monohydrate caps, tabs</i>	1	MO
<i>doxycycline oral susp</i>	1	MO
<i>minocycline hcl caps 75mg</i>	1	MO
<i>minocycline hcl tabs</i>	1	ST MO
<i>minocycline hydrochloride er</i>	1	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>mondoxyne nl</i>	1	
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg caps</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>okebo caps 75mg</i>	1	
<i>soloxide</i>	1	
<i>tetracycline hydrochloride caps</i>	1	MO

ANTICONVULSANTS

Anticonvulsants, Other

APTIOM	2	QL (60 EA per 30 days) MO
BRIVIACT INJ	3	PA
BRIVIACT ORAL SOLN, TABS	3	PA MO
EPIDIOLEX	3	QL (600 ML per 30 days) PA LA
FYCOMPA SUSP	3	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 2MG, 4MG, 6MG	3	QL (60 EA per 30 days) PA MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride inj 5mg/ml, 10mg/ml, 15mg/ml</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>levetiracetam inj 500mg/5ml</i>	1	MO
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	3	MO

Calcium Channel Modifying Agents

CELONTIN CAPS 300MG	3	MO
<i>ethosuximide</i>	1	MO
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	1	QL (900 ML per 30 days) PA MO
<i>zonisamide</i>	1	MO

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam</i>	1	PA MO
<i>clonazepam odt tbdp 1mg</i>	1	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) MO
DIASTAT ACUDIAL	3	MO
DIASTAT PEDIATRIC GEL 2.5MG	3	MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>divalproex sodium sprinkle caps</i>	1	MO
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	1	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	1	QL (90 EA per 30 days) MO
GABITRIL TABS 12MG, 16MG, 2MG, 4MG	3	MO
NAYZILAM	3	MO
ONFI SUSP	3	PA MO
ONFI TABS 10MG, 20MG	3	PA MO
<i>phenobarbital sodium inj</i>	1	PA
<i>phenobarbital elix</i>	1	QL (1500 ML per 30 days) PA MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	QL (120 EA per 30 days) PA MO
<i>primidone tabs</i>	1	MO
SABRIL TABS	3	QL (180 EA per 30 days) PA LA
SYMPAZAN	3	PA MO
<i>tiagabine tabs</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid caps, soln</i>	1	MO
<i>vigabatrin</i>	1	QL (180 EA per 30 days) PA
<i>vigadrone</i>	3	QL (180 EA per 30 days) PA
Glutamate Reducing Agents		
<i>felbamate</i>	1	MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	1	MO
<i>lamotrigine starter kit/orange</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>lamotrigine chew, tabs</i>	1	MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
<i>topiramate er</i>	1	MO
<i>topiramate sprinkle caps, tabs</i>	1	MO
Sodium Channel Agents		
BANZEL	3	PA MO
<i>carbamazepine er</i>	1	MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
DILANTIN INFATABS	2	MO
DILANTIN-125	3	MO
DILANTIN CAPS	2	MO
<i>epitol</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	MO
<i>oxcarbazepine</i>	1	MO
PEGANONE TABS 250MG	3	MO
PHENYTEK	2	MO
<i>phenytoin sodium er caps</i>	1	MO
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	MO
VIMPAT INJ	2	
VIMPAT ORAL SOLN	2	QL (1200 ML per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	2	QL (60 EA per 30 days) MO
VIMPAT TABS 50MG	3	QL (120 EA per 30 days) MO

ANTIDEMENTIA AGENTS

Cholinesterase Inhibitors

<i>donepezil hcl tbdp</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	1	QL (60 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>rivastigmine patch</i>	1	QL (30 EA per 30 days) MO
<i>rivastigmine tartrate caps</i>	1	QL (60 EA per 30 days) MO
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	1	PA MO
<i>memantine hydrochloride soln</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	1	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO

ANTIDEPRESSANTS

Antidepressants, Other

<i>bupropion hcl tabs 100mg</i>	1	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	1	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	1	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	3	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	3	QL (60 EA per 30 days) MO

Monoamine Oxidase Inhibitors

EMSAM	3	QL (30 EA per 30 days) PA MO
MARPLAN	3	QL (180 EA per 30 days) MO
<i>phenelzine sulfate</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)

<i>citalopram hydrobromide soln</i>	1	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	2	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL (60 EA per 30 days) PA
DRIZALMA SPRINKLE CSDR 30MG	3	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR 40MG	3	QL (90 EA per 30 days) PA
<i>duloxetine hcl cpep 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride cpep 60mg</i>	1	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride cpep 30mg</i>	1	QL (90 EA per 30 days) MO
<i>escitalopram oxalate soln</i>	1	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	3	PA MO
FETZIMA CP24 120MG, 80MG	3	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	3	QL (60 EA per 30 days) PA MO
<i>fluoxetine (generic sarafem) caps 10mg, 20mg</i>	1	MO
<i>fluoxetine dr</i>	1	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	1	MO
FLUOXETINE HYDROCHLORIDE TABS 60MG	2	MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	1	MO
<i>fluvoxamine maleate er</i>	1	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	1	MO
<i>maprotiline hcl</i>	1	MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	1	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	1	MO
<i>paroxetine hcl er tb24 37.5mg</i>	1	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg</i>	1	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 20mg</i>	1	QL (30 EA per 30 days) MO
PAXIL SUSP	3	QL (900 ML per 30 days) MO
<i>sertraline hcl conc</i>	1	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA per 30 days) MO
<i>trazodone hydrochloride</i>	1	MO
<i>venlafaxine hcl</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er cp24</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24</i> <i>225mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24</i> <i>150mg</i>	1	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	3	MO
VIIBRYD TABS	3	QL (30 EA per 30 days) MO
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg,</i> <i>25mg, 75mg</i>	1	PA MO
<i>amitriptyline hydrochloride tabs</i> <i>10mg, 50mg</i>	1	PA MO
<i>amoxapine</i>	1	MO
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO
<i>clomipramine hcl caps</i>	1	PA MO
<i>desipramine hcl tabs</i>	1	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	1	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	1	PA MO
<i>imipramine pamoate</i>	1	PA MO
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	MO
<i>nortriptyline hcl soln</i>	1	MO
<i>nortriptyline hydrochloride caps</i> <i>10mg, 50mg</i>	1	MO
<i>perphenazine/amitriptyline</i>	1	PA MO
<i>protriptyline hcl</i>	1	MO
<i>trimipramine maleate caps</i>	1	PA MO

ANTIEMETICS

Antiemetics, Other

<i>dimenhydrinate inj</i>	1	
<i>meclizine hcl tabs</i>	1	MO
<i>phenadoz supp 25mg</i>	1	PA
<i>phenadoz supp 12.5mg</i>	1	PA MO
<i>promethazine hcl supp 12.5mg,</i> <i>25mg, 50mg</i>	1	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	1	PA
<i>promethegan supp 50mg</i>	1	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>scopolamine patch</i>	1	QL (10 EA per 30 days) PA MO
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hcl caps 300mg</i>	1	PA MO
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	1	B/D MO
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	3	B/D MO
<i>granisetron hcl tabs</i>	1	QL (60 EA per 30 days) B/D MO
<i>ondansetron hcl oral soln</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml</i>	1	MO
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D MO
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	MO
<i>ondansetron odt</i>	1	B/D MO
SANCUSO	3	QL (4 EA per 28 days) MO

ANTIFUNGALS

Antifungals

ABELCET	3	B/D
AMBISOME	3	B/D
<i>amphotericin b inj</i>	1	B/D MO
<i>caspofungin acetate</i>	1	
<i>ciclopirox olamine crea</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate crea</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole lozg</i>	1	MO
<i>clotrimazole topical soln</i>	1	QL (30 ML per 30 days) MO
<i>clotrimazole crea</i>	1	QL (45 GM per 30 days) MO
<i>econazole nitrate crea</i>	1	QL (85 GM per 30 days) MO
ERTACZO	3	QL (60 GM per 30 days) MO
<i>fluconazole in nacl inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole oral susp, tabs</i>	1	MO
<i>flucytosine caps</i>	1	MO
<i>griseofulvin microsize</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>griseofulvin ultramicrosize tabs</i> 125mg, 250mg	1	MO
<i>itraconazole caps</i>	1	PA MO
<i>ketoconazole tabs</i>	1	PA MO
<i>ketoconazole foam</i>	1	QL (100 GM per 30 days) MO
<i>ketoconazole sham</i>	1	QL (120 ML per 30 days) MO
<i>ketoconazole crea</i>	1	QL (60 GM per 30 days) MO
<i>miconazole 3 supp</i>	1	MO
MYCAMINE INJ 100MG	3	
MYCAMINE INJ 50MG	3	MO
<i>naftifine hcl 1% cream</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride 2% cream</i>	1	QL (60 GM per 30 days) MO
NOXAFIL SUSP	3	QL (630 ML per 30 days) MO
NOXAFIL TBEC	3	QL (93 EA per 30 days) MO
<i>nyamyc</i>	1	QL (60 GM per 30 days)
<i>nystatin oral susp, tabs</i>	1	MO
<i>nystatin crea, oint</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powd</i>	1	QL (60 GM per 30 days) MO
<i>nystop</i>	1	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days) MO
<i>posaconazole dr</i>	1	QL (93 EA per 30 days) MO
<i>terbinafine hcl tabs</i>	1	QL (90 EA per 365 days) MO
<i>terconazole</i>	1	MO
<i>voriconazole inj</i>	1	
<i>voriconazole oral susp, tabs</i>	1	MO

ANTIGOUT AGENTS

Antigout Agents

<i>allopurinol tabs</i>	1	MO
<i>colchicine caps</i>	1	QL (60 EA per 30 days) MO
<i>colchicine tabs 0.6mg</i>	1	QL (120 EA per 30 days) MO
COLCRYS	2	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tabs</i>	1	MO

ANTIMIGRAINE AGENTS

Ergot Alkaloids

<i>dihydroergotamine mesylate inj</i>	1	PA MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>dihydroergotamine mesylate nasal soln</i>	1	QL (8 ML per 28 days) PA MO
<i>ergotamine tartrate/caffeine</i>	1	MO
Prophylactic		
AIMOVIG INJ 140MG/ML	2	QL (1 ML per 30 days) PA MO
AIMOVIG INJ 70MG/ML	2	QL (2 ML per 30 days) PA MO
EMGALITY INJ 120MG/ML	2	QL (2 ML per 30 days) PA MO
EMGALITY INJ 100MG/ML	2	QL (3 ML per 30 days) PA
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>almotriptan malate</i>	1	QL (8 EA per 30 days) MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan soln</i>	1	QL (12 EA per 30 days) MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	1	QL (6 EA per 30 days) MO

ANTIMYASTHENIC AGENTS

Parasympathomimetics

GUANIDINE HCL	3	
<i>pyridostigmine bromide er</i>	1	MO
<i>pyridostigmine bromide tabs</i>	1	MO

ANTIMYCOBACTERIALS

Antimycobacterials, Other

<i>dapsone tabs 100mg, 25mg</i>	1	MO
<i>rifabutin</i>	1	MO

Antituberculars

<i>cycloserine</i>	1	MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ethambutol hcl tabs 100mg</i>	1	MO
<i>ethambutol hydrochloride tabs 400mg</i>	1	MO
<i>isoniazid inj</i>	1	
<i>isoniazid syrp, tabs</i>	1	MO
PASER	3	MO
PRIFTIN	3	MO
<i>pyrazinamide tabs</i>	1	MO
<i>rifampin inj</i>	1	
<i>rifampin caps</i>	1	MO
RIFATER	3	MO
SIRTURO	3	PA LA
TRECTOR	3	MO

ANTINEOPLASTICS

Alkylating Agents

BENDEKA	3	
<i>busulfan</i>	1	
<i>cyclophosphamide inj</i>	1	
<i>cyclophosphamide caps</i>	1	B/D MO
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	MO
KISQALI FEMARA 200MG-2.5MG CO-PACK	3	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	3	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	3	PA
LEUKERAN	3	MO
MATULANE	3	LA
<i>melphalan hydrochloride inj</i>	1	
<i>melphalan tabs</i>	1	B/D MO
<i>thiotepa inj 15mg</i>	1	
VALCHLOR	3	QL (60 GM per 30 days) PA LA MO

Antiandrogens

<i>abiraterone acetate</i>	1	PA
<i>bicalutamide</i>	1	MO
ERLEADA	2	PA LA
<i>flutamide</i>	1	MO

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Drug name	Drug tier	Requirements/Limits
<i>nilutamide</i>	1	MO
NUBEQA	3	QL (120 EA per 30 days) PA
XTANDI	2	PA LA
ZYTIGA	2	PA LA
Antiangiogenic Agents		
POMALYST CAPS 1MG, 2MG	3	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	3	QL (21 EA per 28 days) PA LA
REVLIMID	3	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	3	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	3	QL (56 EA per 28 days) PA
Antiestrogens/Modifiers		
EMCYT	3	MO
FARESTON	3	PA MO
SOLTAMOX	3	MO
<i>tamoxifen citrate tabs</i>	1	MO
<i>toremifene citrate</i>	1	PA MO
Antimetabolites		
<i>clofarabine</i>	1	
DROXIA	2	MO
<i>fluorouracil inj 1gm/20ml</i>	1	B/D
<i>hydroxyurea caps</i>	1	MO
<i>mercaptopurine tabs</i>	1	MO
PURIXAN	3	
TABLOID	3	MO
Antineoplastics, Other		
ABRAXANE	3	
<i>adrucil</i>	1	B/D
ALIMTA	3	
<i>arsenic trioxide</i>	1	
AVASTIN	3	PA LA
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB	3	PA
BRAFTOVI	3	PA LA MO
<i>carboplatin</i>	1	
<i>carmustine</i>	1	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
<i>cladribine</i>	1	B/D

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

Drug name	Drug tier	Requirements/Limits
COPIKTRA	3	PA LA MO
<i>cytarabine aqueous</i>	1	B/D
<i>dacarbazine</i>	1	
<i>dactinomycin</i>	1	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	3	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	
<i>decitabine</i>	1	
<i>dexrazoxane</i>	1	
DOCETAXEL INJ 160MG/16ML, 20MG/2ML, 80MG/8ML	3	B/D
<i>docetaxel inj 160mg/8ml, 200mg/10ml, 20mg/ml, 80mg/4ml</i>	1	B/D
<i>doxorubicin hcl liposome 2mg/ml pf</i>	1	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	1	
FASLODEX	3	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
<i>fulvestrant</i>	1	
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	1	
<i>gemcitabine hydrochloride inj 100mg/ml</i>	1	
<i>gemcitabine inj 38mg/ml</i>	1	
HERCEPTIN INJ 440MG	3	PA
<i>idarubicin hcl</i>	1	
IFEX	3	
<i>ifosfamide</i>	1	
INTRON A	3	
<i>irinotecan</i>	1	
KADCYLA	3	
KHAPZORY	3	PA
KISQALI	3	PA
<i>leucovorin calcium tabs</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	1	
<i>levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml</i>	1	
LEVOLEUCOVORIN INJ 175MG	3	
<i>levoleucovorin inj 50mg</i>	1	
LIBTAYO	3	PA
LONSURF	3	PA
LUMOXITI	3	PA
LYNPARZA TABS	3	PA LA
MEKTOVI	3	PA LA
<i>mesna</i>	1	
MESNEX TABS	3	MO
<i>mitomycin inj 20mg, 40mg, 5mg</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mutamycin</i>	1	
NERLYNX	3	PA LA
NINLARO	3	PA
NIPENT	3	
<i>oxaliplatin</i>	1	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
<i>romidepsin</i>	1	
RUBRACA	3	PA LA
RYDAPT	3	PA
SYNRIBO	3	PA
TALZENNA	3	PA LA
TAXOTERE INJ 80MG/4ML	3	B/D
TRISENOX INJ 12MG/6ML	3	
VELCADE	3	PA
VERZENIO	3	PA LA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
VIZIMPRO	3	PA LA
XPOVIO 100 MG ONCE WEEKLY	3	QL (20 EA per 28 days) PA MO
XPOVIO 60 MG ONCE WEEKLY	3	QL (12 EA per 28 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
XPOVIO 80 MG ONCE WEEKLY	3	QL (32 EA per 28 days) PA MO
XPOVIO 80 MG TWICE WEEKLY	3	QL (32 EA per 28 days) PA MO
YERVOY	3	PA
ZEJULA	3	PA LA MO
ZOLINZA	3	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	MO
<i>exemestane</i>	1	MO
<i>letrozole</i>	1	MO
Enzyme Inhibitors		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
TOPOTECAN HCL INJ 4MG/4ML	3	
<i>topotecan hcl inj 4mg</i>	1	
Molecular Target Inhibitors		
AFINITOR	3	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	3	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	3	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	3	QL (90 EA per 30 days) PA
ALECENSA	3	PA LA
ALUNBRIG	3	PA LA
BALVERSA TABS 5MG	3	QL (28 EA per 28 days) PA MO
BALVERSA TABS 4MG	3	QL (56 EA per 28 days) PA MO
BALVERSA TABS 3MG	3	QL (84 EA per 28 days) PA MO
BELEODAQ	3	PA
BOSULIF	3	PA
CABOMETYX	3	QL (30 EA per 30 days) PA LA
CALQUENCE	3	PA LA MO
CAPRELSA	3	PA LA MO
COMETRIQ	3	PA LA MO
COTELLIC	3	PA LA
DAURISMO	3	PA LA
ERIVEDGE	3	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	1	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	1	QL (90 EA per 30 days) PA
FARYDAK	3	PA LA

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

Drug name	Drug tier	Requirements/Limits
GILOTRIF	3	PA LA MO
IBRANCE	2	QL (21 EA per 28 days) PA LA
ICLUSIG	3	PA LA MO
IDHIFA	3	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	1	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	1	QL (90 EA per 30 days) PA
IMBRUVICA	3	PA LA MO
INLYTA TABS 5MG	3	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	3	QL (180 EA per 30 days) PA LA
INREBIC	3	QL (120 EA per 30 days) PA
IRESSA	3	PA LA MO
JAKAFI	3	QL (60 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	3	PA LA MO
LENVIMA 12MG DAILY DOSE	3	PA LA MO
LENVIMA 14 MG DAILY DOSE	3	PA LA MO
LENVIMA 18 MG DAILY DOSE	3	PA LA MO
LENVIMA 20 MG DAILY DOSE	3	PA LA MO
LENVIMA 24 MG DAILY DOSE	3	PA LA MO
LENVIMA 4 MG DAILY DOSE	3	PA LA MO
LENVIMA 8 MG DAILY DOSE	3	PA LA MO
LORBRENA	3	PA LA
MEKINIST	3	PA LA
NEXAVAR	3	PA LA
ODOMZO	3	PA LA
PIQRAY 200MG DAILY DOSE	3	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	3	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	3	QL (56 EA per 28 days) PA
ROZLYTREK CAPS 100MG	3	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	3	QL (90 EA per 30 days) PA
SPRYCEL	2	PA
STIVARGA	3	PA LA
SUTENT	3	QL (30 EA per 30 days) PA
TAFINLAR	3	PA LA
TAGRISSO	3	QL (30 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	3	QL (30 EA per 30 days) PA LA
TARCEVA TABS 25MG	3	QL (90 EA per 30 days) PA LA
TASIGNA	3	PA
<i>temsirolimus</i>	1	

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

Drug name	Drug tier	Requirements/Limits
TIBSOVO	3	PA LA
TURALIO	3	QL (120 EA per 30 days) PA MO
TYKERB	3	PA LA
VENCLEXTA	3	PA LA MO
VENCLEXTA STARTING PACK	3	PA LA MO
VITRAKVI	3	PA LA
VOTRIENT	3	PA LA
XALKORI	3	PA LA
XOSPATA	3	PA LA MO
ZELBORAF	3	PA LA
ZYDELIG	3	PA LA
ZYKADIA TABS	3	PA
ZYKADIA CAPS	3	PA LA
Monoclonal Antibody/Antibody-Drug Conjugate		
HERCEPTIN HYLECTA	3	PA
HERCEPTIN INJ 150MG	3	PA
KEYTRUDA INJ 100MG/4ML	3	PA
MYLOTARG	3	PA LA
POLIVY	3	PA
POTELIGEO	3	PA
RITUXAN	3	PA LA
RITUXAN HYCELA	3	PA LA
TECENTRIQ INJ 840MG/14ML	3	PA
TECENTRIQ INJ 1200MG/20ML	3	PA LA
Retinoids		
<i>bexarotene</i>	1	PA
PANRETIN	3	QL (60 GM per 30 days) MO
TARGRETIN GEL	3	QL (60 GM per 30 days) PA
<i>tretinoin caps 10mg</i>	1	MO
Treatment Adjuncts		
ELITEK	3	

ANTIPARASITICS

Anthelmintics

<i>albendazole tabs</i>	1	MO
ALBENZA	3	MO
BILTRICIDE	2	MO
EMVERM	3	QL (12 EA per 365 days) MO
<i>ivermectin tabs</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>praziquantel tabs</i>	1	MO
Antiprotozoals		
ALINIA	3	MO
<i>atovaquone</i>	1	PA MO
<i>atovaquone/proguanil hcl</i>	1	MO
<i>chloroquine phosphate tabs</i>	1	MO
COARTEM	3	MO
<i>hydroxychloroquine sulfate tabs</i>	1	MO
<i>mefloquine hcl</i>	1	MO
NEBUPENT	3	B/D MO
PENTAM 300	3	MO
<i>pentamidine isethionate inj</i>	1	
<i>primaquine phosphate tabs</i>	2	MO
<i>quinine sulfate caps 324mg</i>	1	PA MO
Pediculicides/Scabicides		
<i>malathion</i>	1	MO
<i>permethrin crea</i>	1	MO

ANTIPARKINSON AGENTS

Anticholinergics

<i>benztropine mesylate inj, tabs</i>	1	PA MO
<i>trihexyphenidyl hcl soln</i>	1	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	1	PA MO

Antiparkinson Agents, Other

<i>amantadine hcl caps, syr, tabs</i>	1	MO
<i>entacapone</i>	1	MO

Dopamine Agonists

APOKYN INJ 30MG/3ML	2	QL (60 ML per 30 days) PA LA
<i>bromocriptine mesylate caps, tabs</i>	1	MO
NEUPRO	3	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	1	MO
<i>ropinirole er tb24 6mg</i>	1	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	1	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	1	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	1	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>carbidopa/levodopa/entacapone</i>	1	MO
<i>carbidopa tabs</i>	1	MO
STALEVO 100	3	ST MO
STALEVO 125	3	ST MO
STALEVO 150	3	ST MO
STALEVO 200	3	ST MO
STALEVO 50	3	ST MO
STALEVO 75	3	ST MO
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	1	MO
<i>selegiline hcl caps, tabs</i>	1	MO

ANTIPSYCHOTICS

1st Generation/Typical

<i>chlorpromazine hcl tabs</i>	1	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	1	
<i>chlorpromazine hcl inj 25mg/ml</i>	1	MO
<i>compro</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	MO
<i>fluphenazine hcl conc, inj, tabs</i>	1	MO
<i>fluphenazine hydrochloride</i>	1	MO
<i>haloperidol decanoate inj</i>	1	MO
<i>haloperidol lactate inj</i>	1	MO
<i>haloperidol conc, tabs</i>	1	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	1	MO
<i>loxapine caps 10mg</i>	1	MO
<i>molindone hydrochloride</i>	1	
<i>perphenazine tabs</i>	1	MO
<i>pimozide</i>	1	MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	MO
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine supp 25mg</i>	1	MO
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	PA MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	MO
<i>trifluoperazine hcl tabs</i>	1	MO
2nd Generation/Atypical		
ABILIFY MAINTENA	2	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	1	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	1	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	1	QL (900 ML per 30 days) MO
ARISTADA INITIO	2	
ARISTADA INJ 441MG/1.6ML	2	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	2	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	2	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	2	QL (3.9 ML per 56 days)
FANAPT	3	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	3	PA MO
GEODON INJ	3	QL (6 EA per 3 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	2	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	2	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	2	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	2	QL (1.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	2	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	2	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	2	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	2	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	3	QL (60 EA per 30 days) MO
NUPLAZID	3	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>olanzapine inj</i>	1	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	1	QL (60 EA per 30 days) MO
PERSERIS	2	QL (1 EA per 30 days)
<i>quetiapine fumarate er tb24 50mg</i>	1	QL (180 EA per 30 days) MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	1	QL (30 EA per 30 days) MO
<i>quetiapine fumarate er tb24 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	1	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	1	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	1	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	2	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	2	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	2	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	1	MO
<i>risperidone tabs 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
SAPHRIS	3	QL (60 EA per 30 days) MO
VRAYLAR CAP THERAPY PACK	3	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	3	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	3	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ZYPREXA RELPREVV INJ 405MG	3	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 210MG, 300MG	3	QL (2 EA per 28 days) PA
Treatment-Resistant		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	1	PA
<i>clozapine odt tbdp 200mg</i>	1	QL (135 EA per 30 days) PA
<i>clozapine odt tbdp 150mg</i>	1	QL (180 EA per 30 days) PA
<i>clozapine odt tbdp 100mg</i>	1	QL (270 EA per 30 days) PA
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
VERSACLOZ	3	QL (600 ML per 30 days) PA

ANTISPASTICITY AGENTS

Antispasticity Agents

<i>baclofen tabs</i>	1	MO
<i>dantrolene sodium caps</i>	1	MO
<i>tizanidine hcl caps</i>	1	MO
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO

ANTIVIRALS

Anti-cytomegalovirus (CMV) Agents

<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D
PREVYMIS TABS	3	QL (28 EA per 28 days) MO
<i>valganciclovir oral soln</i>	1	MO
<i>valganciclovir tabs</i>	1	MO

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE SOLN	3	MO
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	3	MO
<i>lamivudine tabs 100mg</i>	1	MO
VEMLIDY	3	MO

Anti-hepatitis C (HCV) Agents, Direct Acting Agents

EPCLUSA	2	PA
HARVONI TABS 90MG; 400MG	2	PA
HARVONI TABS 45MG; 200MG	2	QL (28 EA per 28 days) PA
MAVYRET	2	PA
VOSEVI	2	PA

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

Drug name	Drug tier	Requirements/Limits
Anti-hepatitis C (HCV) Agents, Other		
PEGASYS	3	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	3	PA
REBETOL SOLN	3	
RIBASPHERE RIBAPAK TBPK 1000 DOSE PAK, 1200 DOSE PAK	3	
<i>ribasphere caps</i>	1	
RIBASPHERE TABS 600MG	3	
<i>ribasphere tabs 200mg</i>	1	
<i>ribavirin caps 200mg</i>	1	
<i>ribavirin tabs 200mg</i>	1	
SYLATRON	3	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ATRIPLA	3	MO
BIKTARVY	3	MO
GENVOYA	3	MO
ISENTRESS PACK	2	MO
ISENTRESS TABS	3	MO
ISENTRESS CHEW 25MG	2	MO
ISENTRESS CHEW 100MG	3	MO
TIVICAY TABS 10MG	2	MO
TIVICAY TABS 25MG, 50MG	3	MO
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	MO
EDURANT	3	MO
<i>efavirenz</i>	1	MO
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	3	MO
<i>nevirapine er tb24 100mg</i>	1	
<i>nevirapine er tb24 400mg</i>	1	MO
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	MO
ODEFSEY	3	MO
RESCRIPTOR TABS 200MG	3	MO
STRIBILD	3	MO
SUSTIVA TABS	3	MO
SUSTIVA CAPS 200MG, 50MG	3	MO

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

Drug name	Drug tier	Requirements/Limits
VIRAMUNE SUSP	3	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	1	MO
<i>abacavir sulfate/lamivudine</i>	1	MO
<i>abacavir sulfate/ lamivudine/zidovudine</i>	1	MO
CIMDUO	2	MO
DESCOVY	3	MO
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1	MO
DOVATO	3	MO
EMTRIVA	2	MO
EPZICOM	3	MO
JULUCA	3	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lamivudine soln 10mg/ml</i>	1	MO
<i>lamivudine tabs 150mg, 300mg</i>	1	MO
<i>stavudine caps</i>	1	MO
SYMFI	2	MO
SYMFI LO	2	MO
TEMIXYS	3	MO
<i>tenofovir tabs</i>	1	MO
TRIUMEQ	3	MO
TRUVADA	3	QL (30 EA per 30 days) MO
VIDEX EC CPDR 125MG	3	MO
VIDEX PEDIATRIC	3	MO
VIREAD POWD	3	MO
VIREAD TABS 150MG, 200MG, 250MG	3	MO
<i>zidovudine</i>	1	MO
Anti-HIV Agents, Other		
DELSTRIGO	3	MO
FUZEON	3	
ISENTRESS HD	3	MO
PIFELTRO	3	MO
SELZENTRY SOLN	3	
SELZENTRY TABS 25MG, 75MG	3	
SELZENTRY TABS 150MG, 300MG	3	MO
TROGARZO	3	LA

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

Drug name	Drug tier	Requirements/Limits
TYBOST	3	MO
Anti-HIV Agents, Protease Inhibitors		
APTIVUS SOLN	3	
APTIVUS CAPS	3	MO
<i>atazanavir sulfate</i>	1	MO
CRIXIVAN CAPS 200MG, 400MG	3	MO
EVOTAZ	2	MO
<i>fosamprenavir calcium</i>	1	MO
INVIRASE TABS	3	MO
KALETRA TABS	3	MO
LEXIVA SUSP	3	MO
<i>lopinavir/ritonavir</i>	1	MO
NORVIR TABS	2	MO
NORVIR PACK, SOLN	3	MO
PREZCOBIX	3	MO
PREZISTA SUSP	3	QL (400 ML per 30 days) MO
PREZISTA TABS 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	3	QL (30 EA per 30 days) MO
PREZISTA TABS 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABS 600MG	3	QL (60 EA per 30 days) MO
REYATAZ	3	MO
<i>ritonavir</i>	1	MO
SYMTUZA	3	MO
VIRACEPT	3	MO
Anti-influenza Agents		
<i>oseltamivir phosphate caps, oral susp</i>	1	MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>rimantadine hydrochloride</i>	1	MO
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps, susp, tabs</i>	1	MO
<i>acyclovir oint</i>	1	QL (30 GM per 30 days) MO
<i>famciclovir tabs 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>valacyclovir hcl tabs 1gm</i>	1	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
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ANXIOLYTICS

Anxiolytics, Other

<i>buspirone hcl tabs 15mg, 30mg</i>	1	MO
<i>buspirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	MO
<i>doxepin hcl caps 100mg, 10mg, 150mg, 50mg, 75mg</i>	1	PA MO
<i>doxepin hcl oral conc</i>	1	PA MO
<i>doxepin hydrochloride caps 25mg</i>	1	PA MO
<i>meprobamate</i>	1	PA MO

Benzodiazepines

<i>alprazolam er tb24 0.5mg, 1mg</i>	1	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	1	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	1	QL (90 EA per 30 days) MO
<i>alprazolam intensol oral soln conc</i>	1	QL (300 ML per 30 days) MO
<i>alprazolam immediate release tabs 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>alprazolam immediate release tabs 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	1	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hcl caps 25mg</i>	1	QL (120 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	1	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) MO
<i>diazepam oral conc 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO
<i>diazepam inj 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln 5mg/5ml</i>	1	QL (1200 ML per 30 days) PA MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>lorazepam oral conc</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) MO
<i>lorazepam tabs 1mg</i>	1	QL (180 EA per 30 days) MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) MO
<i>temazepam</i>	1	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	1	QL (60 EA per 30 days) MO

BIPOLAR AGENTS

Mood Stabilizers

<i>lithium carbonate er tabs</i>	1	MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>lithium carbonate caps, tabs</i>	1	MO
LITHIUM ORAL SOLN	3	MO

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) MO
BYDUREON PEN	2	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	3	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 30 days) MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide/metformin hydrochloride</i>	1	MO
<i>glipizide tabs</i>	1	MO
<i>glyburide micronized tabs 3mg, 6mg</i>	1	PA MO
<i>glyburide/metformin hydrochloride</i>	1	PA MO
<i>glyburide tabs</i>	1	PA MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	2	QL (60 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
KORLYM	3	PA LA MO
<i>metformin hcl er tb24 (generic Glucophage XR) 500mg, 750mg</i>	1	MO
<i>metformin hcl er tb24 (generic Glumetza and Fortamet) 500mg</i>	1	QL (150 EA per 30 days) PA MO
<i>metformin hydrochloride tabs</i>	1	MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	2	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	2	QL (3 ML per 28 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
SYMLINPEN 120	3	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	3	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) MO
VICTOZA	2	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
<i>Glycemic Agents</i>		
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
PROGLYCEM	3	MO
<i>Insulins</i>		
BASAGLAR KWIKPEN	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	B/D MO
HUMULIN R U-500 KWIKPEN	2	MO

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

Drug name	Drug tier	Requirements/Limits
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
SOLIQUA 100/33 PREFILLED PEN	2	QL (30 ML per 30 days) MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6 PREFILLED PEN	2	QL (15 ML per 30 days) MO

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

Anticoagulants

COUMADIN TABS	2	MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium</i>	1	MO
FRAGMIN INJ	3	MO
HEPARIN SODIUM/D5W INJ 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	3	
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	1	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml</i>	1	
HEPARIN SODIUM/NACL 0.45% INJ 12500UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium inj 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO
<i>jantoven</i>	1	MO
PRADAXA	3	QL (60 EA per 30 days) MO
<i>warfarin sodium tabs</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	2	QL (60 EA per 30 days) MO
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	1	MO
ARANESP ALBUMIN FREE INJ 500MCG/ML	2	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	2	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	2	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	2	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	2	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	2	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
<i>azacitidine</i>	1	B/D
PROCRIT	2	PA
PROMACTA POWDER PACK	3	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	3	QL (30 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
PROMACTA TABS 50MG, 75MG	3	QL (60 EA per 30 days) PA LA
ZARXIO	3	PA
Hemostasis Agents		
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	1	QL (30 EA per 30 days) MO
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tabs</i>	1	PA MO
<i>prasugrel</i>	1	MO
CARDIOVASCULAR AGENTS		
Alpha-adrenergic Agonists		
<i>clonidine hcl weekly patch</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hcl tabs 0.1mg, 0.3mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.2mg</i>	1	MO
<i>guanfacine hcl</i>	1	PA MO
<i>methyldopa tabs 250mg, 500mg</i>	1	PA MO
<i>midodrine hcl</i>	1	MO
NORTHERA CAPS 200MG, 300MG	3	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	3	QL (90 EA per 30 days) PA LA
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tabs</i>	1	MO
<i>prazosin hcl caps 1mg, 5mg</i>	1	MO
<i>prazosin hydrochloride caps 2mg</i>	1	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
Angiotensin II Receptor Antagonists		
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/ valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
<i>candesartan</i>	1	QL (30 EA per 30 days) MO
<i>cilexetil/hydrochlorothiazide tabs</i> 32mg; 12.5mg, 32mg; 25mg		
<i>candesartan</i>	1	QL (60 EA per 30 days) MO
<i>cilexetil/hydrochlorothiazide tabs</i> 16mg; 12.5mg		
EDARBI	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) ST MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/</i> <i>hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/</i> <i>hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/</i> <i>hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>captopril tabs</i>	1	MO
<i>enalapril maleate/</i> <i>hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril</i> <i>sodium/hydrochlorothiazide</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hcl tabs 200mg, 400mg</i>	1	MO
<i>amiodarone hcl inj 150mg/3ml, 450mg/9ml</i>	1	
<i>amiodarone hydrochloride tabs 100mg</i>	1	MO
<i>disopyramide phosphate caps</i>	1	PA MO
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl in d5w inj 4mg/ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl tabs</i>	1	MO
<i>propafenone hydrochloride er</i>	1	MO
<i>quinidine sulfate tabs</i>	1	MO
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af) tabs 160mg</i>	1	MO
<i>sotalol hcl (af) tabs 120mg, 80mg</i>	1	MO
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	MO
<i>acebutolol hydrochloride caps 400mg</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>atenolol tabs</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	3	QL (60 EA per 30 days) MO
<i>carvedilol phosphate caps</i>	1	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride tabs</i>	1	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	1	MO
<i>metoprolol succinate er tabs</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge inj 1mg/ml</i>	1	
<i>metoprolol tartrate vial inj 5mg/5ml</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>nadolol/bendroflumethiazide</i>	1	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MO
<i>pindolol tabs</i>	1	MO
<i>propranolol hcl er caps cp24 120mg, 160mg</i>	1	MO
<i>propranolol hcl inj</i>	1	
<i>propranolol hcl oral soln</i>	1	MO
<i>propranolol hcl tabs 40mg, 80mg</i>	1	MO
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	1	MO
<i>propranolol hcl tabs 10mg, 20mg, 60mg</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine besylate tabs</i>	1	MO
<i>cartia xt</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>dilt-xr</i>	1	MO
<i>diltiazem cd cp24 360mg</i>	1	MO
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 120mg</i>	1	MO
<i>diltiazem hcl er caps, tabs cp24 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	MO
<i>diltiazem hcl er caps, tabs cp12, tb24</i>	1	MO
<i>diltiazem hcl tabs</i>	1	MO
<i>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride inj</i>	1	
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl caps</i>	1	MO
<i>nifedical xl tb24 60mg</i>	1	
<i>nifedipine er</i>	1	MO
<i>nimodipine caps</i>	1	MO
<i>nisoldipine er</i>	1	MO
NYMALIZE ORAL SOLN	3	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
<i>verapamil hcl er caps, tabs cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er caps, tabs tbc</i>	1	MO
<i>verapamil hcl sr cp24</i>	1	MO
<i>verapamil hcl sr tbc 240mg</i>	1	MO
<i>verapamil hcl tabs 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er cp24</i>	1	MO
<i>verapamil hydrochloride inj, tabs</i>	1	MO
Cardiovascular Agents, Other		
CORLANOR SOLN	3	
CORLANOR TABS	3	MO
DEMSER	3	PA MO
<i>digitek tabs 0.125mg</i>	1	
<i>digitek tabs 0.25mg</i>	1	PA

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Drug name	Drug tier	Requirements/Limits
<i>digoxin oral soln</i>	1	PA MO
<i>digoxin inj 0.25mg/ml</i>	1	PA MO
<i>digoxin tabs 125mcg</i>	1	MO
<i>digoxin tabs 250mcg</i>	1	PA MO
<i>digox tabs 125mcg</i>	1	
<i>digox tabs 250mcg</i>	1	PA
ENTRESTO	2	MO
<i>pentoxifylline cr</i>	1	MO
<i>pentoxifylline er</i>	1	MO
RANEXA	2	MO
<i>ranolazine er</i>	1	MO
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er caps</i>	1	MO
<i>acetazolamide tabs</i>	1	MO
<i>methazolamide</i>	1	MO
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	1	MO
<i>furosemide inj, oral soln, tabs</i>	1	MO
<i>torseamide tabs</i>	1	MO
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>spironolactone tabs</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs</i>	1	MO
Diuretics, Thiazide		
<i>chlorothiazide tabs</i>	1	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide tabs</i>	1	MO
<i>metolazone</i>	1	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 67mg, 134mg, 200mg</i>	1	MO
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	1	MO

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Drug name	Drug tier	Requirements/Limits
<i>fenofibrate tabs</i>	1	MO
FENOFIBRIC ACID TABS	2	MO
<i>fenofibric acid dr</i>	1	MO
<i>gemfibrozil tabs</i>	1	MO
LIPOFEN	3	MO
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TB24 40MG, 60MG	3	QL (30 EA per 30 days) ST MO
ALTOPREV TB24 20MG	3	QL (60 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er caps</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin tabs</i>	1	QL (60 EA per 30 days) MO
LIVALO	3	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tabs</i>	1	QL (30 EA per 30 days) MO
Dyslipidemics, Other		
<i>cholestyramine light pack, powd</i>	1	MO
<i>cholestyramine pack, powd</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
JUXTAPID	3	PA LA MO
<i>niacin er tbc 1000mg, 750mg</i>	1	MO
<i>niacin er tbc 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	1	MO
NIACOR	3	MO
<i>omega-3-acid ethyl esters</i>	1	QL (120 EA per 30 days) MO
PRALUENT	3	PA MO
<i>prevalite pack, powd</i>	1	MO
VASCEPA	3	MO
WELCHOL	2	MO
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	MO
ISORDIL TITRADOSE TABS 40MG, 5MG	3	MO
<i>isosorbide dinitrate er tabs 40mg</i>	1	MO

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Drug name	Drug tier	Requirements/Limits
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er tabs</i>	1	MO
<i>isosorbide mononitrate immediate release tabs</i>	1	MO
<i>minitran patch</i>	1	
NITRO-BID	2	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	MO
<i>nitroglycerin lingual spray soln</i>	1	MO
<i>nitroglycerin patch</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	MO
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	1	MO
<i>hydralazine hcl tabs 10mg</i>	1	MO
<i>hydralazine hcl tabs 100mg, 25mg, 50mg</i>	1	MO
<i>minoxidil tabs</i>	1	MO

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine/dextroamphetamine er cp24</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	1	QL (90 EA per 30 days) MO
<i>dextroamphetamine sulfate er caps</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	1	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate oral soln</i>	1	QL (1800 ML per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	1	QL (180 EA per 30 days)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine caps 10mg, 18mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	1	QL (60 EA per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>dexmethylphenidate hcl er caps</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs</i>	1	QL (60 EA per 30 days) MO
<i>guanfacine er</i>	1	QL (30 EA per 30 days) PA MO
<i>metadate er tbc 20mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er cp24 (generic Ritalin la) 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er cp24 (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er cpcr 30mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 18mg (generic Concerta), 27mg (generic Concerta), 36mg (generic Concerta), 54mg (generic Concerta), 72mg (generic Relexxii)</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chew</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hcl oral soln 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hcl oral soln 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
Central Nervous System, Other		
AUSTEDO TABS 12MG, 9MG	2	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	2	QL (60 EA per 30 days) PA LA
LYRICA CR	2	QL (60 EA per 30 days) PA MO
NUEDEXTA	3	QL (60 EA per 30 days) PA MO
<i>riluzole</i>	1	MO
<i>tetrabenazine tabs 25mg</i>	1	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	1	QL (90 EA per 30 days) PA
XENAZINE TABS 25MG	3	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	3	QL (90 EA per 30 days) PA LA

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Drug name	Drug tier	Requirements/Limits
Multiple Sclerosis Agents		
AMPYRA	2	PA LA
BETASERON	2	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	2	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	2	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	1	PA
GILENYA CAPS 0.5MG	2	QL (28 EA per 28 days) PA
REBIF	3	QL (6 ML per 28 days) PA
REBIF REBIDOSE	3	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	3	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	3	QL (8.4 ML per 365 days) PA

DERMATOLOGICAL AGENTS

Dental and Oral Agents

<i>cevimeline hydrochloride</i>	1	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>dentagel</i>	1	QL (56 GM per 30 days) MO
<i>fluoridex</i>	1	
<i>fluoridex sensitivity relief/sls free</i>	1	
<i>oralone dental paste</i>	1	
<i>paroex oral soln</i>	1	
<i>periogard oral soln</i>	1	
<i>pilocarpine hydrochloride</i>	1	MO
<i>sf gel 1.1%</i>	1	QL (56 GM per 30 days) MO
<i>sodium fluoride gel 1.1%</i>	1	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	1	MO

DERMATOLOGICAL AGENTS

Dermatological Agents

<i>acitretin</i>	1	PA MO
<i>ammonium lactate crea, lotn</i>	1	MO
<i>amneestem</i>	1	
<i>avita crea</i>	1	QL (45 GM per 30 days) PA
<i>avita gel</i>	1	QL (45 GM per 30 days) PA MO
<i>azelaic acid</i>	1	QL (50 GM per 30 days) MO
<i>calcipotriene/betamethasone dipropionate oint</i>	1	QL (100 GM per 30 days) PA MO
<i>calcipotriene crea, oint</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	1	QL (60 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>calcitrene</i>	1	QL (120 GM per 30 days) PA MO
<i>calcitriol oint 3mcg/gm</i>	1	QL (100 GM per 30 days) MO
CARAC	3	QL (30 GM per 30 days) PA MO
<i>claravis</i>	1	
<i>clindacin etz pledgets</i>	1	MO
<i>clindacin-p pad 1%</i>	1	MO
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%;1.2%, 5%;1.2%</i>	1	MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	1	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	1	MO
<i>clindamycin/benzoyl peroxide gel 5%;1%</i>	1	MO
<i>dapsone gel 5%</i>	1	QL (90 GM per 30 days) MO
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days) PA MO
<i>doxepin hydrochloride crea 5%</i>	1	QL (45 GM per 30 days) PA MO
<i>doxycycline cpdr 40mg</i>	1	QL (30 EA per 30 days) PA MO
ENSTILAR	3	QL (120 GM per 30 days) PA MO
<i>ery pad 2%</i>	1	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO
<i>erythromycin gel 2%</i>	1	MO
<i>erythromycin pads 2%</i>	1	MO
<i>erythromycin soln 2%</i>	1	MO
FINACEA	3	QL (50 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	1	QL (118.28 ML per 30 days) MO
<i>fluorouracil crea 0.5%</i>	1	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	1	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>gentamicin sulfate crea 0.1%</i>	1	MO
<i>gentamicin sulfate oint 0.1%</i>	1	MO
<i>imiquimod pump</i>	1	QL (7.5 GM per 30 days) MO
<i>imiquimod crea</i>	1	QL (24 EA per 30 days) MO
<i>isotretinoin caps</i>	1	
<i>mafenide acetate</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>methoxsalen caps</i>	1	MO
<i>metronidazole crea 0.75%</i>	1	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotn 0.75%</i>	1	MO
<i>mupirocin</i>	1	QL (30 GM per 30 days) MO
<i>myorisan</i>	1	
<i>neuac gel</i>	1	MO
NORITATE	3	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PICATO GEL 0.05%	3	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	3	QL (3 EA per 30 days) MO
<i>podofilox soln</i>	1	MO
RECTIV	3	QL (30 GM per 30 days) MO
REGRANEX	2	QL (30 GM per 30 days) PA MO
<i>rosadan gel</i>	1	
<i>rosadan crea</i>	1	QL (45 GM per 30 days)
SANTYL	3	MO
<i>selenium sulfide lotn</i>	1	MO
<i>silver sulfadiazine</i>	1	MO
SSD 1% CREA	2	
STELARA INJ 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	3	QL (1 ML per 28 days) PA
<i>sulfacetamide sodium lotn 10%</i>	1	MO
SULFAMYLON	3	MO
<i>tacrolimus oint 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
<i>tazarotene crea</i>	1	QL (60 GM per 30 days) PA MO
TAZORAC CREA 0.05%	3	QL (60 GM per 30 days) PA MO
<i>tretinoin microsphere gel</i>	1	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere pump gel</i>	1	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	1	
ZYCLARA CREA	3	QL (56 EA per 28 days) MO
ZYCLARA PUMP	3	QL (15 GM per 30 days) MO

ELECTROLYTES/MINERALS/METALS/VITAMINS

Electrolyte/Mineral Replacement

AMINOSYN II INJ 10%	3	B/D
AMINOSYN-PF 10%	3	B/D

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

Drug name	Drug tier	Requirements/Limits
AMINOSYN-PF 7%	3	B/D
AMINOSYN INJ 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
<i>dextrose 10%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 5%</i>	1	MO
<i>dextrose 5%/lactated ringers</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
DEXTROSE 5%/NACL 0.225%	3	
<i>dextrose 5%/nacl 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	MO
<i>dextrose 50%</i>	1	B/D
<i>dextrose 70%</i>	1	B/D
<i>fluoride chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	MO
<i>fluoritab chew 0.5mg, 1mg</i>	1	
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>glucose 5%</i>	1	MO
HEPATAMINE	3	B/D
INTRALIPID INJ 20GM/100ML	2	B/D
INTRALIPID INJ 30GM/100ML	3	B/D
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	

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

Drug name	Drug tier	Requirements/Limits
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
KLOR-CON M15	2	MO
<i>klor-con m20</i>	1	MO
KLOR-CON POW 20MEQ	2	
<i>klor-con sprinkle cpcr 8meq</i>	1	
<i>klor-con/ef tabs</i>	1	MO
<i>lactated ringers viaflex inj</i>	1	
<i>ludent</i>	1	MO
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	1	
NEPHRAMINE	3	B/D
NORMOSOL-M IN D5W	3	
NORMOSOL-R IN D5W	3	
NORMOSOL-R INJ PH 7.4	3	
NUTRILIPID	2	B/D
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>plenamine</i>	1	B/D
<i>potassium chloride cr tbcr 10meq, 20meq</i>	1	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	1	MO
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride sr tbcr 8meq</i>	1	MO
<i>potassium chloride/dextrose/sodium chloride</i>	1	
POTASSIUM CHLORIDE/DEXTROSE INJ 5%; 40MEQ/L	3	

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

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	MO
<i>potassium chloride pack, oral soln</i>	1	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	1	
<i>potassium chloride inj 20meq/50ml, 10meq/100ml, 2meq/ml</i>	1	MO
<i>potassium citrate er</i>	1	MO
PREMASOL INJ 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	MO
<i>sodium fluoride chew 0.25mg, 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	MO
<i>sodium fluoride soln 0.5mg/ml</i>	1	MO
<i>sodium fluoride tabs 1mg</i>	1	
<i>sterile water irrigation</i>	1	MO
TPN ELECTROLYTES	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE	3	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	3	MO
<i>deferasirox tabs 360mg, 90mg</i>	1	PA
DEPEN TITRATABS	3	MO
EXJADE	3	PA
<i>fomepizole</i>	1	
JADENU SPRINKLE GRANULES	3	PA LA
JADENU TABS	3	PA LA
<i>kionex susp</i>	1	
<i>levocarnitine soln, tabs</i>	1	MO
<i>sodium bicarbonate inj</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sodium bicarbonate inj partial fill 4.2%</i>	1	
<i>sodium polystyrene sulfonate rectal susp</i>	1	
<i>sodium polystyrene sulfonate powd, oral susp</i>	1	MO
<i>sps oral susp 15gm/60ml</i>	1	MO
<i>trientine hydrochloride</i>	1	PA MO
Phosphate Binders		
AURYXIA	2	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps 667mg</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO
RENAGEL TABS 800MG	3	ST MO
<i>sevelamer carbonate</i>	1	MO
Vitamins		
<i>adc/fluoride soln 35mg/ml; 400unit/ml; 0.5mg/ml; 1500unit/ml</i>	1	MO
BAL-CARE DHA	2	MO
C-NATE DHA	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL BLOOM	2	MO
CITRANATAL HARMONY CAPS	2	MO
CITRANATAL MEDLEY	2	
CITRANATAL RX TABS	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
DUET DHA 400	2	MO
DUET DHA BALANCED	2	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
FOLET ONE	2	MO
FOLIVANE-OB	2	MO
M-NATAL PLUS	2	MO
MARNATAL-F CAPS	2	MO
<i>multi-vitamin/fluoride chew 0.5mg</i>	1	
<i>multi vitamin/fluoride chew 1mg</i>	1	MO
<i>multi-vit/fluoride drops 0.25mg/ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>multi-vit/iron/fluoride drops 0.25mg/ml</i>	1	MO
<i>multi-vitamin/fluoride/iron drops 0.25mg/ml</i>	1	MO
<i>multi-vitamin/fluoride drops 0.5mg/ml</i>	1	MO
<i>multivitamin with fluoride chew 0.25mg</i>	1	MO
<i>multivitamin/fluoride soln 0.5mg/ml</i>	1	
<i>mvc-fluoride</i>	1	MO
NATACHEW TABS	2	MO
NEONATAL PLUS	2	MO
NESTABS ONE	2	MO
NESTABS TABS	2	MO
NEXA PLUS CAPS	2	MO
NIVA-PLUS	2	MO
O-CAL FA TABS	2	MO
O-CAL PRENATAL	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO
OB COMPLETE TABS	2	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
PNV TABS 29-1	2	MO
PNV-DHA	2	MO
PNV-OMEGA	2	MO
PNV-SELECT	2	MO
<i>poly-vitamin/fluoride drops 0.25mg/ml</i>	1	
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATA	2	MO
PRENATAL 19 CHEW TABS	2	MO
PRENATAL 19 TABS	2	MO
PRENATAL PLUS IRON TABS	2	MO

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

Drug name	Drug tier	Requirements/Limits
PRENATAL PLUS TABS	2	MO
PRENATAL VITAMINS PLUS LOW IRON	2	MO
PRENATAL TABS	2	MO
PRENATE AM	2	MO
PRENATE CHEW	2	MO
PRENATE DHA CAPS 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	2	MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL CAPS	2	MO
PRENATE MINI CAPS	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PREPLUS TABS	2	MO
PRETAB	2	MO
PRIMACARE CAPS	2	MO
PROVIDA DHA	2	MO
PROVIDA OB	2	MO
PUREFE OB PLUS	2	
SE-NATAL 19	2	MO
SELECT-OB	2	MO
TARON-C DHA	2	MO
TARON-PREX	2	MO
THRIVITE RX	2	MO
TL-SELECT	2	MO
<i>tri-vitamin/fluoride</i>	1	MO
TRICARE PRENATAL DHA ONE/ FOLATE	2	MO
TRICARE PRENATAL DHA ONE CAPS 60MG; 300MCG; 800UNIT; 2MG; 100MCG; 215MG; 25MG; 45MG; 27MG; 500MG; 1MG; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 10MG	2	
TRICARE PRENATAL TABS	2	MO
TRINATAL RX 1	2	MO

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

Drug name	Drug tier	Requirements/Limits
TRISTART DHA	2	MO
TRISTART ONE	2	
VENA-BAL DHA	2	MO
VIRT-C DHA	2	MO
VIRT-NATE DHA	2	MO
VIRT-PN	2	MO
VIRT-PN DHA CAPS	2	MO
VIRT-PN PLUS	2	MO
VITAFOL FE+ CPPK	2	MO
VITAFOL GUMMIES	2	MO
VITAFOL STRIPS	2	
VITAFOL ULTRA	2	MO
VITAFOL-NANO	2	MO
VITAFOL-OB	2	MO
VITAFOL-ONE	2	MO
VITAMEDMD ONE RX/QUATREFOLIC	2	MO
<i>vitamins a/c/d/fluoride</i>	1	MO
VOL-NATE	2	MO
VOL-PLUS	2	MO
VP-PNV-DHA	2	MO
ZATEAN-PN DHA	2	MO
ZATEAN-PN PLUS	2	MO

GASTROINTESTINAL AGENTS

Antispasmodics, Gastrointestinal

<i>dicyclomine hcl soln</i>	1	MO
<i>dicyclomine hydrochloride inj</i>	1	
<i>dicyclomine hydrochloride caps, tabs</i>	1	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	1	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	MO
<i>methscopolamine bromide tabs</i>	1	PA MO

Gastrointestinal Agents, Other

<i>cromolyn sodium oral conc 100mg/5ml</i>	1	MO
<i>diphenoxylate/atropine</i>	1	MO
GATTEX	3	PA LA
<i>loperamide hcl caps</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>metoclopramide hcl inj, oral soln</i>	1	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl tabs 10mg</i>	1	MO
<i>metoclopramide odt</i>	1	MO
MOVANTIK TABS 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	2	QL (60 EA per 30 days) MO
RELISTOR INJ	2	PA MO
<i>ursodiol caps, tabs</i>	1	MO
Histamine2 (H2) receptor Antagonists		
<i>cimetidine hcl oral soln</i>	1	MO
<i>cimetidine tabs</i>	1	MO
<i>famotidine premixed inj 20mg/50ml</i>	1	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine oral susp 40mg/5ml</i>	1	MO
<i>famotidine tabs 20mg, 40mg</i>	1	MO
<i>nizatidine</i>	1	MO
<i>ranitidine hcl syrp</i>	1	MO
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	1	MO
<i>ranitidine hcl tabs 300mg</i>	1	MO
<i>ranitidine hydrochloride caps</i>	1	MO
<i>ranitidine hydrochloride tabs 150mg</i>	1	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	1	QL (60 EA per 30 days) MO
AMITIZA CAPS 8MCG	2	QL (180 EA per 30 days) MO
AMITIZA CAPS 24MCG	2	QL (60 EA per 30 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
Laxatives		
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	1	MO
GOLYTELY	2	MO
<i>lactulose soln</i>	1	MO
NULYTELY/FLAVOR PACKS	2	MO

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

Drug name	Drug tier	Requirements/Limits
OSMOPREP	3	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
<i>polyethylene glycol 3350 pack</i>	1	MO
PREPOPIK	3	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte</i>	1	
Protectants		
CARAFATE	3	MO
<i>misoprostol</i>	1	MO
SUCRALFATE SUSP	3	MO
<i>sucralfate tabs</i>	1	MO
Proton Pump Inhibitors		
DEXILANT	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	1	
ESOMEPRAZOLE STRONTIUM CPDR 49.3MG	3	QL (60 EA per 30 days) MO
<i>lansoprazole caps dr, odt tabs</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pantoprazole sodium dr tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	1	MO

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

ADAGEN	3	PA LA MO
ALDURAZYME	3	PA LA
ARALAST NP	3	PA LA
CARBAGLU	3	PA LA MO
CERDELGA	3	PA
CEREZYME	3	PA LA
CREON CPEP 6000UNIT, 12000UNIT, 24000UNIT, 30000UNIT, 36000UNIT	2	MO
CYSTADANE	3	LA MO

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

Drug name	Drug tier	Requirements/Limits
CYSTAGON	3	PA LA
FABRAZYME	3	PA LA
KUVAN	3	PA LA
LUMIZYME	3	PA LA
<i>miglustat</i>	1	PA
NAGLAZYME	3	PA LA
<i>nitisinone</i>	1	PA
NITYR	3	PA LA MO
ORFADIN CAPS 10MG, 20MG, 2MG, 5MG	3	PA LA MO
PROLASTIN-C	2	PA LA MO
<i>sodium phenylbutyrate powd, tabs</i>	1	PA
ZEMAIRA	3	PA LA
ZENPEP CPEP 3000UNIT, 5000UNIT, 10000UNIT, 15000UNIT, 20000UNIT, 25000UNIT, 40000UNIT	3	MO

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO
<i>flavoxate hcl</i>	1	MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	1	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	1	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate er caps</i>	1	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate tabs</i>	1	QL (60 EA per 30 days) ST MO
TOVIAZ	2	QL (30 EA per 30 days) MO
<i>trospium chloride er caps</i>	1	QL (30 EA per 30 days) MO
<i>trospium chloride tabs</i>	1	QL (60 EA per 30 days) MO
VESICARE	3	QL (30 EA per 30 days) ST MO

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride caps</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
RAPAFLO	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>silodosin</i>	1	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrigation soln</i>	1	MO
<i>bethanechol chloride tabs</i>	1	MO
ELMIRON	3	MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>ala-cort crea 1%</i>	1	QL (90 GM per 30 days)
<i>alclometasone dipropionate</i>	1	MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>beseer lotn</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate crea, lotn, oint</i>	1	MO
<i>betamethasone valerate crea, foam, lotn, oint</i>	1	MO
<i>budesonide cpep 3mg</i>	1	MO
<i>clobetasol propionate emollient foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient crea</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	1	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	1	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	1	QL (60 GM per 30 days) MO
<i>clodan shampoo</i>	1	QL (118 ML per 30 days)
<i>colocort</i>	1	
<i>cortisone acetate tabs 25mg</i>	1	MO
<i>decadron elix</i>	1	
<i>deltasone tabs 20mg</i>	1	
<i>desonide lotn</i>	1	QL (118 ML per 30 days) MO
<i>desonide crea, oint</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	1	QL (100 GM per 30 days) MO
<i>desoximetasone gel</i>	1	QL (60 GM per 30 days) MO
DEXAMETHASONE INTENSOL ORAL SOLN CONC	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone elix, soln</i>	1	MO
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO
<i>diflorasone diacetate</i>	1	QL (60 GM per 30 days) MO
<i>fludrocortisone acetate tabs</i>	1	MO
<i>fluocinolone acetonide crea 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide topical soln 0.01%</i>	1	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base crea</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	1	QL (60 ML per 30 days) MO
<i>flurandrenolide crea</i>	1	QL (120 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	1	MO
<i>fluticasone propionate lotn 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	1	MO
<i>halobetasol propionate crea, oint</i>	1	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate crea, oint</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone external crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone external crea 1%</i>	1	QL (90 GM per 30 days) MO
<i>hydrocortisone rectal crea, enem, tabs</i>	1	MO
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	1	MO
<i>methylprednisolone dose pack tbpk</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylprednisolone sodium succinate inj 500mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	1	MO
<i>methylprednisolone tabs</i>	1	MO
MICORT-HC	3	QL (28.4 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	1	MO
<i>mometasone furoate oint 0.1%</i>	1	MO
<i>mometasone furoate soln/lotn 0.1%</i>	1	MO
<i>nolix crea</i>	1	QL (120 GM per 30 days)
<i>prednicarbate</i>	1	QL (60 GM per 30 days) MO
<i>prednisolone sodium phosphate odt</i>	1	MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	MO
<i>prednisolone oral soln</i>	1	MO
PREDNISON INTENSOL ORAL SOLN CONC	3	B/D MO
<i>prednisone oral soln, dose pack</i>	1	MO
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
SOLU-CORTEF INJ 1000MG	3	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	3	MO
TEXACORT SOLN 2.5%	3	MO
<i>tovet</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide crea 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide aers spray, lotn</i>	1	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	1	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triderm crea 0.5%</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>triderm crea 0.1%</i>	1	QL (454 GM per 30 days)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate inj, nasal soln, tabs</i>	1	MO
GENOTROPIN INJ 12MG, 5MG	2	PA
GENOTROPIN MINIQUICK	2	PA
INCRELEX	3	PA LA
STIMATE SOLN	3	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

Anabolic Steroids

ANADROL-50	3	PA MO
<i>oxandrolone tabs 2.5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	1	QL (60 EA per 30 days) PA MO

Androgens

ANDRODERM PATCH 2MG/24HR, 4MG/24HR	3	QL (30 EA per 30 days) PA MO
<i>danazol caps</i>	1	MO
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	PA MO
<i>testosterone enanthate inj</i>	1	MO
<i>testosterone pump gel 1% (12.5mg/act)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	1	MO
<i>testosterone gel 1% (25mg, 50mg)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone soln 30mg/act</i>	1	QL (180 ML per 30 days) PA MO

Estrogens

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	PA MO
<i>amethia</i>	1	
AMETHIA LO	2	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
CAMRESE	2	
CAMRESE LO	2	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	MO
DELESTROGEN INJ 10MG/ML	3	MO
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dotti</i>	1	QL (8 EA per 28 days) PA
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl</i>	1	MO
<i>estradiol/levomefolate calcium</i>		
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>estarylla</i>	1	
ESTRACE CREA	2	MO
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	MO
<i>estradiol/norethindrone acetate 1mg;0.5mg, 0.5mg;0.1mg</i>	1	PA MO
<i>estradiol vaginal crea, vaginal tabs</i>	1	MO
<i>estradiol oral tabs</i>	1	PA MO
<i>estradiol weekly patch</i>	1	QL (4 EA per 28 days) PA MO
<i>estradiol twice weekly patch</i>	1	QL (8 EA per 28 days) PA MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	MO
<i>femynor</i>	1	
<i>fyavolv</i>	1	PA MO
GIANVI	2	MO
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jinteli</i>	1	PA
JOLESSA	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
LEENA	2	MO
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>lopreeza</i>	1	PA
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	MO
<i>melodetta 24 fe</i>	1	
<i>mibelas 24 fe</i>	1	MO
MICROGESTIN 1.5/30	2	MO
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
<i>mimvey</i>	1	PA
<i>mimvey lo</i>	1	PA
<i>mono-linyah</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	PA MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	MO
OCELLA	2	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
PREMARIN CREA	3	MO
PREMARIN INJ	3	PA MO
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	PA MO
PREMPRO	3	PA MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	MO
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>yuvafem</i>	1	MO
<i>zarah</i>	1	
<i>zovia 1/35e</i>	1	
<i>zumandimine</i>	1	
Progesterone Agonists/Antagonists		
ELLA	2	
Progestins		
<i>camila</i>	1	MO
<i>deblitane</i>	1	
DEPO-PROVERA INJ 400MG/ML	3	
<i>errin</i>	1	MO
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
JOLIVETTE	2	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate inj, tabs</i>	1	MO
<i>megestrol acetate susp, tabs</i>	1	PA MO
NORA-BE	2	

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

Drug name	Drug tier	Requirements/Limits
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone caps, inj</i>	1	MO
<i>sharobel</i>	1	
SLYND	2	MO
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	3	PA MO
<i>raloxifene hydrochloride</i>	1	MO

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	MO
<i>levothyroxine sodium inj</i>	1	
<i>100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>		
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	1	MO
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	MO
<i>liothyronine sodium inj</i>	1	
<i>liothyronine sodium tabs</i>	1	MO
SYNTHROID TABS	3	MO
UNITHROID	2	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

Hormonal Agents, Suppressant (Adrenal)

LYSODREN	2	
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HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	1	MO
<i>leuprolide acetate inj</i>	1	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	3	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	3	PA

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

Drug name	Drug tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	3	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	3	PA
<i>octreotide acetate inj 1000mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate inj 100mcg/ml</i>	1	PA MO
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ ML, 0.9MG/ML	3	PA LA MO
SOMATULINE DEPOT	3	PA
SOMAVERT	3	PA LA
SYNAREL	3	MO
TRELSTAR MIXJECT INJ 11.25MG, 3.75MG	2	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Antithyroid Agents

<i>methimazole tabs 10mg, 5mg</i>	1	MO
<i>propylthiouracil tabs</i>	1	MO

IMMUNOLOGICAL AGENTS

Angioedema Agents

BERINERT	3	QL (24 EA per 30 days) PA LA
FIRAZYR	3	QL (27 ML per 30 days) PA
<i>icatibant acetate</i>	1	QL (27 ML per 30 days) PA

Immune Suppressants

<i>azathioprine inj</i>	1	B/D
<i>azathioprine tabs</i>	1	B/D MO
BENLYSTA	3	PA
<i>cyclosporine modified caps, soln</i>	1	B/D MO
<i>cyclosporine caps, inj</i>	1	B/D MO
<i>engraf caps 100mg, 25mg</i>	1	B/D
<i>engraf soln</i>	1	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	PA
HUMIRA PEN	2	QL (6 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER	2	PA
HUMIRA PEN-PS/UV STARTER	2	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	2	QL (2 EA per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA
<i>methotrexate sodium pf inj</i>	1	
<i>1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>		
<i>methotrexate pf inj 50mg/2ml</i>	1	
<i>methotrexate tabs 2.5mg</i>	1	MO
<i>mycophenolate mofetil inj</i>	1	B/D
<i>mycophenolate mofetil caps, oral susp, tabs</i>	1	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	3	B/D
PROGRAF GRANULES	3	B/D MO
RAPAMUNE SOLN	3	B/D MO
REMICADE	3	PA
RENFLEXIS	3	PA
SANDIMMUNE ORAL SOLN	2	B/D MO
<i>sirolimus soln, tabs</i>	1	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D MO
XATMEP	3	MO
XELJANZ	2	QL (60 EA per 30 days) PA
XELJANZ XR	2	QL (30 EA per 30 days) PA
ZORTRESS	3	B/D MO
<i>Immunizing Agents, Passive</i>		
BIVIGAM	3	PA
FLEBOGAMMA DIF	3	PA
GAMASTAN	2	B/D
GAMASTAN S/D	2	B/D
GAMMAGARD LIQUID	3	PA
GAMMAGARD S/D INJ 5GM, 10GM	3	PA
GAMMAKED	3	PA
GAMMAPLEX 5%, 10%	3	PA
GAMUNEX-C	3	PA
<i>methotrexate tabs 2.5mg</i>	1	MO
OCTAGAM INJ 10GM/100ML, 1GM/20ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/50ML	3	PA

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

Drug name	Drug tier	Requirements/Limits
OCTAGAM INJ 10GM/200ML, 2.5GM/50ML, 5GM/100ML	3	PA MO
PANZYGA	3	PA
PRIVIGEN	3	PA
Immunomodulators		
ACTIMMUNE	3	PA LA
ARCALYST	3	PA
<i>leflunomide tabs</i>	1	MO
XOLAIR	3	PA LA
Vaccines		
ACTHIB INJ	2	
ADACEL	2	
BCG VACCINE	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	B/D
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D

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

Drug name	Drug tier	Requirements/Limits
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	QL (2 EA per 999 days)
TDVAX	2	B/D
TENIVAC	2	B/D
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 EA per 999 days)

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

<i>balsalazide disodium caps</i>	1	MO
CANASA SUPP 1000MG	3	MO
DELZICOL	3	MO
<i>mesalamine dr tabs 800mg, 1.2gm</i>	1	MO
<i>mesalamine kit, supp</i>	1	MO
<i>mesalamine enem</i>	1	QL (1680 ML per 28 days) MO

Sulfonamides

<i>sulfasalazine tabs, dr tabs</i>	1	MO
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METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

<i>alendronate sodium soln</i>	1	MO
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal soln</i>	1	MO
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol oral soln 1mcg/ml</i>	1	MO
<i>cinacalcet hydrochloride tabs 30mg, 90mg</i>	1	QL (120 EA per 30 days) B/D
<i>cinacalcet hydrochloride tabs 60mg</i>	1	QL (60 EA per 30 days) B/D
<i>doxercalciferol inj</i>	1	
<i>doxercalciferol caps</i>	1	MO
<i>etidronate disodium</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
FORTEO INJ 600MCG/2.4ML	2	PA
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	1	QL (3 ML per 90 days) MO
NATPARA	3	PA
<i>pamidronate disodium</i>	1	
<i>paricalcitol</i>	1	MO
PROLIA	3	QL (1 ML per 180 days)
RAYALDEE	3	MO
<i>risedronate sodium dr tabs 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	1	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
SENSIPAR TABS 30MG, 90MG	3	QL (120 EA per 30 days) B/D
SENSIPAR TABS 60MG	3	QL (60 EA per 30 days) B/D
TYMLOS	2	PA
XGEVA	3	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	

MISCELLANEOUS THERAPEUTIC AGENTS

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS	2	MO
BD INSULIN SYRINGE	2	MO
SAFETYGLIDE/1ML/29G X 1/2"		
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
ENDARI	3	PA LA MO
HAEGARDA INJ 3000UNIT	3	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	3	QL (30 EA per 30 days) PA LA
<i>methergine tabs</i>	1	MO
<i>methylergonovine maleate tabs</i>	1	MO
ORFADIN SUSP 4MG/ML	3	PA LA MO

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

Drug name	Drug tier	Requirements/Limits
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OPHTHALMIC AGENTS

Ophthalmic Prostaglandin and Prostanoid Analogs

COMBIGAN	2	MO
<i>latanoprost soln</i>	1	MO
LUMIGAN	2	MO
TRAVATAN Z	2	MO

Ophthalmic Agents, Other

ATROPINE SULFATE OPHTHALMIC SOLN 1%	2	MO
AZASITE	3	MO
<i>bacitracin ophthalmic oint 500unit/gm</i>	1	MO
<i>bacitracin/polymyxin b ophthalmic oint</i>	1	MO
BESIVANCE	2	MO
BLEPHAMIDE S.O.P. OINT	3	MO
CILOXAN OINT	2	MO
<i>ciprofloxacin hcl ophthalmic soln 0.3%</i>	1	MO
CYSTARAN	3	PA LA MO
<i>erythromycin oint 5mg/gm</i>	1	MO
<i>gatifloxacin soln</i>	1	MO
<i>gentak oint</i>	1	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	1	MO
MOXEZA	2	MO
NATACYN	3	MO
<i>neo-polycin</i>	1	MO
<i>neomycin/bacitracin/polymyxin ophthalmic oint</i>	1	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	1	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
<i>sodium sulfacetamide ophthalmic soln 10%</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate ophthalmic soln</i>	1	MO
<i>sulfacetamide sodium ophthalmic oint 10%</i>	1	MO
<i>sulfacetamide sodium ophthalmic soln 10%</i>	1	MO
TOBRADEX OINT	2	MO
TOBRADEX ST SUSP	2	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>tobramycin/dexamethasone susp</i>	1	MO
<i>trifluridine</i>	1	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
ZIRGAN	3	MO
ZYLET	2	MO
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	MO
BEPREVE	2	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
LASTACAFT	3	MO
<i>olopatadine hcl ophthalmic soln (generic Patanol) 0.1%</i>	1	MO
<i>olopatadine hcl ophthalmic soln (generic Pataday) 0.2%</i>	1	MO
PAZEO	2	MO
Ophthalmic Anti-inflammatories		
ALREX	2	MO
<i>bromfenac</i>	1	MO
BROMSITE	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	MO
DUREZOL	2	MO
<i>fluorometholone</i>	1	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	1	MO
ILEVRO	2	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	MO
LOTEMAX	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	1	MO
PRED FORTE	3	MO
<i>prednisolone acetate ophthalmic soln 1%</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	MO
PROLENSA	2	MO
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	2	MO
AZOPT	2	MO
<i>betaxolol hcl soln 0.5%</i>	1	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	MO
RHOPRESSA	2	MO
SIMBRINZA	2	MO
<i>timolol maleate ophthalmic gel forming soln</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic soln</i>	1	MO
CIPRO HC OTIC SUSP	3	MO
CIPRODEX	2	MO
<i>flac</i>	1	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	1	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic soln 0.3%</i>	1	MO

RESPIRATORY TRACT/PULMONARY AGENTS		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL (60 EA per 30 days) MO
ADVAIR HFA	2	QL (12 GM per 30 days) MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	1	QL (34 GM per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) ST MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
SYMBICORT	2	QL (10.2 GM per 30 days) MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	1	QL (30 ML per 25 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>azelastine hcl nasal soln 0.1%</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln, tabs</i>	1	PA MO
<i>cetirizine hydrochloride soln 1mg/ml</i>	1	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	1	PA MO
<i>cyproheptadine hcl syrp</i>	1	PA MO
<i>cyproheptadine hydrochloride tabs</i>	1	PA MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine tabs</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	1	PA MO
<i>hydroxyzine hcl syrp</i>	1	PA MO
<i>hydroxyzine hcl inj 25mg/ml</i>	1	PA MO
<i>hydroxyzine hcl tabs 50mg</i>	1	PA MO
<i>hydroxyzine hcl inj 50mg/ml</i>	1	PA MO
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	PA MO
<i>hydroxyzine pamoate caps</i>	1	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	1	QL (300 ML per 30 days) MO
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (30.5 GM per 30 days) MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	1	PA MO
<i>promethazine hcl inj 25mg/ml, 50mg/ml</i>	1	PA MO
<i>promethazine hcl tabs 12.5mg</i>	1	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	PA MO
<i>promethazine/phenylephrine syrp</i>	1	PA MO
Antileukotrienes		
<i>montelukast sodium chew, granules, tabs</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	1	B/D MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (45 ML per 30 days) MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er tabs</i>	1	MO
<i>albuterol sulfate hfa (generic Ventolin HFA)</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	1	B/D MO
<i>albuterol sulfate syrp, tabs</i>	1	MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml junior, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
EIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	1	B/D MO
<i>metaproterenol sulfate syrp, tabs</i>	1	MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj, tabs</i>	1	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
Cystic Fibrosis Agents		
CAYSTON	3	PA LA
KALYDECO	3	PA MO
ORKAMBI	3	PA MO
PULMOZYME	3	PA
SYMDEKO TBPK 75MG; 50MG	3	PA
SYMDEKO TAB 150MG; 100MG	3	PA LA
<i>tobramycin nebu 300mg/5ml</i>	1	QL (280 ML per 56 days) B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	
DALIRESP	3	MO
THEO-24	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>theophylline cr tab</i> <i>12hr 100mg, 200mg</i>	1	MO
<i>theophylline er tab 24hr</i>	1	MO
<i>theophylline er tab 12hr 300mg,</i> <i>450mg</i>	1	MO
<i>theophylline oral soln 80mg/15ml</i>	1	MO
Pulmonary Antihypertensives		
ADEMPAS	2	QL (90 EA per 30 days) PA LA
<i>alyq</i>	1	PA
<i>ambrisentan</i>	1	QL (30 EA per 30 days) PA
<i>bosentan tabs 62.5mg</i>	1	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	1	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	1	B/D LA
LETAIRIS	3	QL (30 EA per 30 days) PA LA
OPSUMIT	2	QL (30 EA per 30 days) PA LA
REMODULIN	3	PA LA
<i>sildenafil citrate tabs 20mg</i>	1	QL (90 EA per 30 days) PA MO
<i>sildenafil inj</i>	1	QL (1125 ML per 30 days) PA
<i>tadalafil tabs (generic Adcirca) 20mg</i>	1	PA
TRACLEER TABS FOR ORAL SUSP	3	QL (120 EA per 30 days) PA
TRACLEER TABS 62.5MG	3	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	3	QL (60 EA per 30 days) PA LA
<i>treprostinil</i>	1	PA
VENTAVIS	3	PA
Pulmonary Fibrosis Agents		
ESBRIET	3	PA
OFEV	3	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inj</i>	1	
<i>acetylcysteine inhalation soln</i>	1	B/D MO
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
NUCALA INJ 100MG	3	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	3	QL (3 ML per 28 days) PA MO
<i>ribavirin nebu soln 6gm</i>	1	

SKELETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>chlorzoxazone tabs 250mg</i>	1	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 500mg</i>	1	QL (180 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO

SLEEP DISORDER AGENTS

GABA Receptor Modulators

<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	1	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs, subl</i>	1	QL (30 EA per 30 days) PA MO

Sleep Disorders, Other

<i>armodafinil</i>	1	QL (30 EA per 30 days) PA MO
HETLIOZ	3	PA LA MO
<i>modafinil tabs 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	1	QL (60 EA per 30 days) PA MO
SILENOR	2	QL (30 EA per 30 days) MO
XYREM	3	QL (540 ML per 30 days) PA LA MO

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

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<i>amphotericin b</i>	26	<i>aubra eq</i>	75	BD INSULIN SYRINGE	85
<i>ampicillin</i>	17	<i>augmented</i>	71	BD INSULIN SYRINGE	85
<i>ampicillin sodium</i>	17	<i>betamethasone</i>		SAFETYGLIDE/1ML/ 29G X 1/2	
<i>ampicillin-sulbactam</i>	17	<i>dipropionate</i>		BD INSULIN SYRINGE	85
AMPYRA	58	AUGMENTIN	18	ULTRAFINE/0.3ML/ 31G X 5/16	
ANADROL-50	74	AUGMENTIN-ES	17	BD PEN NEEDLE	85
<i>anagrelide</i>	48	<i>aurovela 24 fe</i>	75	<i>bekyree</i>	75
<i>hydrochloride</i>		<i>aurovela fe 1.5/30</i>	75	BELEODAQ	33
<i>anastrozole</i>	33	<i>aurovela fe 1/20</i>	75	<i>benazepril hcl</i>	50
ANDRODERM	74	AURYXIA	64	<i>benazepril hcl/</i>	50
ANORO ELLIPTA	92	AUSTEDO	57	<i>hydrochlorothiazide</i>	
APOKYN	36	AVASTIN	30	<i>benazepril</i>	50
<i>aprepitant</i>	26	<i>aviane</i>	75	<i>hydrochloride</i>	
<i>apri</i>	74	<i>avita</i>	58	BENDEKA	29
APTIOM	20	<i>ayuna</i>	75	BENLYSTA	81
APTIVUS	43	<i>azacitidine</i>	48	<i>benztropine mesylate</i>	36
ARALAST NP	69	AZACTAM	17	BEPREVE	87
<i>aranelle</i>	74	AZACTAM IN ISO- OSMOTIC DEXTROSE	17	BERINERT	81
ARANESP ALBUMIN FREE	48	AZASITE	86	<i>beser</i>	71
ARCALYST	83	<i>azathioprine</i>	81	BESIVANCE	86
<i>aripiprazole</i>	38	<i>azelaic</i>	58	<i>betamethasone</i>	71
<i>aripiprazole odt</i>	38	<i>azelastine hcl</i>	87, 89, 90	<i>dipropionate</i>	
ARISTADA	38	<i>azithromycin</i>	18	<i>betamethasone valerate</i>	71
ARISTADA INITIO	38	AZITHROMYCIN	18	BETASERON	58
<i>armodafinil</i>	93	AZOPT	88	<i>betaxolol hcl</i>	52, 88
ARNUITY ELLIPTA	89	<i>aztreonam</i>	17	<i>bethanechol chloride</i>	71
<i>arsenic trioxide</i>	30	<i>azurette</i>	75	BETOPTIC-S	88
<i>ashlyna</i>	74	<i>bacitracin</i>	86	BEVESPI AEROSPHERE	91
<i>aspirin/dipyridamole</i>	49	<i>bacitracin/polymyxin b</i>	86	<i>bexarotene</i>	35
<i>atazanavir sulfate</i>	43	<i>baclofen</i>	40	BEXSERO	83
<i>atenolol</i>	51	BAL-CARE DHA	64	<i>bicalutamide</i>	29
<i>atenolol/chlorthalidone</i>	51	<i>balsalazide disodium</i>	84	BICILLIN L-A	18
<i>atomoxetine</i>	56				
<i>atorvastatin calcium</i>	55				

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BIDIL	55	<i>bupropion</i>	14	CARAC	59
BIKTARVY	41	<i>hydrochloride er</i>		CARAFATE	69
BILTRICIDE	35	<i>bupropion</i>	23	CARBAGLU	69
<i>bisoprolol fumarate</i>	52	<i>hydrochloride er (sr)</i>		<i>carbamazepine</i>	22
<i>bisoprolol fumarate/</i>	52	<i>bupropion</i>	23	<i>carbamazepine er</i>	22
<i>hydrochlorothiazide</i>		<i>hydrochloride er (xl)</i>		<i>carbidopa</i>	37
BIVIGAM	82	<i>bupropion hydrochlorid</i>	23	<i>carbidopa/levodopa</i>	37
<i>bleomycin sulfate</i>	30	<i>er (xl)</i>		<i>carbidopa/levodopa/</i>	37
BLEPHAMIDE	86	<i>buspirone hcl</i>	44	<i>entacapone</i>	
BLEPHAMIDE S.O.P.	86	<i>buspirone</i>	44	<i>carbidopa/levodopa er</i>	37
OINT		<i>hydrochloride</i>		<i>carbidopa/levodopa odt</i>	37
<i>blisovi 24 fe</i>	75	<i>busulfan</i>	29	<i>carbinoxamine maleate</i>	90
<i>blisovi fe 1.5/30</i>	75	<i>butorphanol tartrate</i>	11	<i>carboplatin</i>	30
<i>blisovi fe 1/20</i>	75	BYDUREON BCISE	45	<i>carmustine</i>	30
BOOSTRIX	83	BYDUREON PEN	45	<i>carteolol hcl</i>	88
BORTEZOMIB	30	BYETTA	45	<i>cartia xt</i>	52
<i>bosentan</i>	92	BYSTOLIC	52	<i>carvedilol</i>	52
BOSULIF	33	<i>cabergoline</i>	80	<i>carvedilol phosphate</i>	52
BRAFTOVI	30	CABOMETYX	33	<i>caspofungin acetate</i>	26
BREO ELLIPTA	89	<i>calcipotriene</i>	58	CAYSTON	91
<i>briellyn</i>	75	<i>calcipotriene/</i>	58	<i>caziant</i>	75
BRILINTA	49	<i>betamethasone</i>		<i>cefaclor</i>	16
<i>brimonidine tartrate</i>	88	<i>dipropionate</i>		<i>cefaclor er</i>	16
BRIVIACT	20	<i>calcitonin-salmon</i>	84	<i>cefadroxil</i>	16
<i>bromfenac</i>	87	<i>calcitrene</i>	59	CEFAZOLIN	16
<i>bromocriptine mesylate</i>	36	<i>calcitriol</i>	59,	<i>cefazolin sodium</i>	16
BROMSITE	87		84	CEFAZOLIN SODIUM	16
<i>budesonide</i>	71,	<i>calcium acetate</i>	64	<i>cefdinir</i>	16
	89	CALQUENCE	33	<i>cefepime</i>	16
<i>bumetanide</i>	54	CAMBIA	10	<i>cefixime</i>	16
<i>buprenorphine</i>	11	<i>camila</i>	79	<i>cefotetan</i>	16
<i>buprenorphine hcl</i>	13	CAMRESE	75	<i>cefoxitin sodium</i>	16
<i>buprenorphine hcl/</i>	13	CAMRESE LO	75	<i>cefpodoxime proxetil</i>	16
<i>naloxone hcl</i>		CANASA	84	<i>cefprozil</i>	16
<i>buprenorphine</i>	14	<i>candesartan cilexetil</i>	50	<i>ceftazidime</i>	16,
<i>hydrochloride/naloxone</i>		<i>candesartan cilexetil/</i>	50		17
<i>hydrochloride</i>		<i>hydrochlorothiazide</i>		CEFTAZIDIME/	16
<i>bupropion</i>	23	CAPRELSA	33	DEXTROSE	
<i>bupropion</i>	23	<i>captopril</i>	50	<i>ceftriaxone in iso-</i>	17
<i>hydrochloride</i>		<i>captopril/</i>	50	<i>osmotic dextrose</i>	
		<i>hydrochlorothiazide</i>		<i>ceftriaxone sodium</i>	17

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<i>cefuroxime axetil</i>	17	<i>ciprofloxacin hcl</i>	19,	CLINIMIX 4.25%/	61
<i>cefuroxime sodium</i>	17		86	DEXTROSE 25%	
<i>celecoxib</i>	10	<i>ciprofloxacin</i>	19	CLINIMIX 5%/	61
CELONTIN	20	<i>hydrochloride</i>		DEXTROSE 15%	
<i>cephalexin</i>	17	<i>ciprofloxacin i.v.-in d5w</i>	19	CLINIMIX 5%/	61
CERDELGA	69	CIPRO HC	89	DEXTROSE 20%	
CEREZYME	69	<i>cisplatin</i>	30	CLINIMIX 5%/	61
<i>cetirizine hydrochloride</i>	90	<i>citalopram</i>	23	DEXTROSE 25%	
<i>cevimeline</i>	58	<i>hydrobromide</i>		<i>clinisol sf 15%</i>	61
<i>hydrochloride</i>		CITRANATAL 90 DHA	64	CLINOLIPID	61
CHANTIX	14	CITRANATAL B-CALM	64	<i>clinpro 5000</i>	58
CHANTIX CONTINUING	14	CITRANATAL BLOOM	64	<i>clobazam</i>	20
MONTH PAK		CITRANATAL	64	<i>clobetasol propionate</i>	71
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MONTH PAK		CITRANATAL MEDLEY	64	<i>emollient</i>	
<i>chateal</i>	75	CITRANATAL RX	64	<i>clobetasol propionate</i>	71
<i>chateal eq</i>	75	<i>cladribine</i>	30	<i>emollient foam</i>	
CHEMET	63	<i>claravis</i>	59	<i>clobetasol propionate</i>	71
<i>chloramphenicol</i>	14	<i>clarithromycin</i>	18	<i>spray</i>	
<i>chlordiazepoxide/</i>	25	<i>clarithromycin er</i>	18	<i>clodan</i>	71
<i>amitriptyline</i>		<i>clemastine fumarate</i>	90	<i>clofarabine</i>	30
<i>chlordiazepoxide hcl</i>	44	<i>clindacin etz pledgets</i>	59	<i>clomipramine hcl</i>	25
<i>chlorhexidine gluconate</i>	58	<i>clindacin-p</i>	59	<i>clonazepam</i>	21
<i>chloroquine phosphate</i>	36	<i>clindamycin/benzoyl</i>	59	<i>clonazepam odt</i>	20
<i>chlorothiazide</i>	54	<i>peroxide</i>		<i>clonidine hcl</i>	49
<i>chlorpromazine hcl</i>	37	<i>clindamycin hcl</i>	15	<i>clonidine hydrochloride</i>	49
<i>chlorthalidone</i>	54	<i>clindamycin</i>	15	<i>clopidogrel</i>	49
<i>chlorzoxazone</i>	92	<i>hydrochloride</i>		<i>clorazepate</i>	44
<i>cholestyramine</i>	55	<i>clindamycin palmitate</i>	15	<i>dipotassium</i>	
<i>cholestyramine light</i>	55	<i>hcl</i>		<i>clotrimazole</i>	26
<i>ciclopirox</i>	26	<i>clindamycin phosphate</i>	15,	<i>clotrimazole/</i>	26
<i>ciclopirox olamine</i>	26		59	<i>betamethasone</i>	
<i>cilostazol</i>	49	<i>clindamycin phosphate/</i>	59	<i>dipropionate</i>	
CIMDUO	42	<i>benzoyl peroxide</i>		<i>clozapine</i>	40
<i>cimetidine</i>	68	<i>clindamycin phosphate/</i>	15	<i>clozapine odt</i>	40
<i>cimetidine hcl</i>	68	<i>dextrose</i>		C-NATE DHA	64
<i>cinacalcet hydrochloride</i>	84	CLINDAMYCIN/	15	COARTEM	36
CIPRODEX	89	SODIUM CHLORIDE		<i>codeine sulfate</i>	11
<i>ciprofloxacin</i>	19	CLINIMIX 4.25%/	61	<i>colchicine</i>	27
CIPROFLOXACIN	19	DEXTROSE 5%		COLCRYS	27
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		DEXTROSE 10%			

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<i>colestipol hcl</i>	55	CYSTARAN	86	<i>desogestrel/ethinyl estradiol</i>	75
<i>colistimethate</i>	15	<i>cytarabine aqueous</i>	31	<i>desonide</i>	71
<i>colocort</i>	71	<i>dacarbazine</i>	31	<i>desoximetasone</i>	71
COMBIGAN	86	<i>dactinomycin</i>	31	<i>desvenlafaxine er</i>	23
COMBIVENT RESPIMAT	90	<i>dalfampridine er</i>	58	DESVENLAFAXINE ER	23
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COMPLERA	41	<i>danazol</i>	74	DEXAMETHASONE	71
COMPLETENATE	64	<i>dantrolene sodium</i>	40	INTENSOL	
<i>compro</i>	37	<i>dapsone</i>	28, 59	<i>dexamethasone sodium phosphate</i>	72, 88
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<i>constulose</i>	68	DAPTOMYCIN	15	<i>dexmethylphenidate hcl er</i>	57
COPAXONE	58	<i>darifenacin hydrobromide er</i>	70	<i>dexrazoxane</i>	31
COPIKTRA	31	<i>dasetta 1/35</i>	75	<i>dextroamphetamine sulfate</i>	56
CORLANOR	53	<i>dasetta 7/7/7</i>	75	<i>dextroamphetamine sulfate er</i>	56
<i>cortisone acetate</i>	71	<i>daunorubicin hydrochloride</i>	31	<i>dextrose 2.5%/nacl 0.45%</i>	61
COTELIC	33	DAUNORUBICIN	31	<i>dextrose 5%</i>	61
COUMADIN	47	HYDROCHLORIDE		DEXTROSE 5% /	61
CREON	69	DAURISMO	33	ELECTROLYTE #48	
CRIXIVAN	43	<i>daysee</i>	75	VIAFLEX	
<i>cromolyn sodium</i>	67, 87, 91	<i>deblitane</i>	79	<i>dextrose 5%/lactated ringers</i>	61
<i>cryselle-28</i>	75	<i>decadron</i>	71	<i>dextrose 5%/nacl 0.2%</i>	61
CURITY GAUZE PADS 2	85	<i>decitabine</i>	31	<i>dextrose 5%/nacl 0.3%</i>	61
<i>cyclafem 1/35</i>	75	<i>deferasirox</i>	63	<i>dextrose 5%/nacl 0.9%</i>	61
<i>cyclafem 7/7/7</i>	75	DELESTROGEN	75	<i>dextrose 5%/nacl 0.33%</i>	61
<i>cyclobenzaprine hydrochloride</i>	93	DELSTRIGO	42	<i>dextrose 5%/nacl 0.45%</i>	61
<i>cyclophosphamide</i>	29	<i>deltasone</i>	71	DEXTROSE 5%/NACL	61
<i>cycloserine</i>	28	<i>delyla</i>	75	0.225%	
<i>cyclosporine</i>	81	DELZICOL	84	<i>dextrose 10%</i>	61
<i>cyclosporine modified</i>	81	DEM SER	53	<i>dextrose 10%/nacl 0.2%</i>	61
<i>cyproheptadine hcl</i>	90	<i>dentagel</i>	58	DEXTROSE 10%/NACL	61
<i>cyproheptadine hydrochloride</i>	90	DEPEN TITRATABS	63	0.45%	
<i>cyred</i>	75	DEPO-PROVERA	79	<i>dextrose 50%</i>	61
<i>cyred eq</i>	75	DESCOVY	42	<i>dextrose 70%</i>	61
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		<i>desloratadine</i>	90		
		<i>desloratadine odt</i>	90		

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<i>diclofenac potassium</i>	10	<i>disulfiram</i>	13	DROXIA	30
<i>diclofenac sodium</i>	59, 88	<i>divalproex sodium</i>	21	DUAVEE	80
<i>diclofenac sodium dr</i>	10	<i>divalproex sodium dr</i>	21	DUET DHA	64
<i>diclofenac sodium er</i>	10	<i>divalproex sodium er</i>	21	DUET DHA BALANCED	64
<i>diclofenac sodium/ misoprostol</i>	10	<i>docetaxel</i>	31	DUEXIS	10
<i>dicloxacillin</i>	18	DOCETAXEL	31	<i>duloxetine hcl</i>	24
<i>dicyclomine hcl</i>	67	<i>dofetilide</i>	51	<i>duloxetine</i>	24
<i>dicyclomine</i>	67	<i>donepezil hcl</i>	22	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>donepezil hydrochloride</i>	22	DUREZOL	88
<i>didanosine</i>	42	<i>doxolamide hcl</i>	88	<i>dutasteride</i>	70
DIFICID	18	<i>doxolamide hcl/timolol</i>	88	<i>dutasteride/tamsulosin</i>	70
<i>diflorasone diacetate</i>	72	<i>maleate</i>		<i>hcl</i>	
<i>diflunisal</i>	10	<i>dorzolamide</i>	88	<i>econazole nitrate</i>	26
<i>digitek</i>	53	<i>hydrochloride/timolol</i>		EDARBI	50
<i>digox</i>	54	<i>maleate</i>		EDARBYCLOR	50
<i>digoxin</i>	54	<i>dotti</i>	75	EDURANT	41
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<i>mesylate</i>		<i>doxepin hcl</i>	44	<i>eletriptan</i>	28
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<i>diltiazem hcl er</i>	53	<i>hydrochloride liposomal</i>		ELITE-OB	64
<i>diltiazem hydrochloride</i>	53	<i>doxy 100</i>	19	ELLA	79
<i>diltiazem hydrochloride</i>	53	<i>doxycycline</i>	19, 59	ELMIRON	71
<i>er</i>		<i>doxycycline hyclate</i>	19	EMCYT	30
<i>dilt-xr</i>	53	<i>doxycycline</i>	19	EMEND	26
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<i>diphenoxylate/atropine</i>	67	<i>dronabinol</i>	26	EMSAM	23
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<i>enoxaparin sodium</i>	47	<i>erythromycin base</i>	18	<i>famotidine</i>	68
<i>enpresse-28</i>	75	<i>erythromycin/benzoyl peroxide</i>	59	<i>famotidine premixed</i>	68
<i>enskyce</i>	75	<i>erythromycin dr</i>	18	FANAPT	38
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<i>entacapone</i>	36	<i>ethylsuccinate</i>		PACK	
<i>entecavir</i>	40	<i>erythromycin stearate</i>	18	FARESTON	30
ENTRESTO	54	ESBRIET	92	FARXIGA	45
<i>enulose</i>	68	<i>escitalopram oxalate</i>	24	FARYDAK	33
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EPIDIOLEX	20	<i>magnesium</i>		<i>fayosim</i>	76
<i>epinastine hcl</i>	87	<i>esomeprazole sodium</i>	69	<i>febuxostat</i>	27
<i>epinephrine inj</i>	91	ESOMEPRAZOLE	69	<i>felbamate</i>	21
EPIPEN 2-PAK	91	STRONTIUM		<i>felodipine er</i>	53
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<i>epitol</i>	22	<i>estradiol</i>	76		55
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<i>eplerenone</i>	54	<i>estradiol vaginal</i>	76	<i>fenofibric acid dr</i>	55
<i>epoprostenol sodium</i>	92	<i>estradiol valerate</i>	76	<i>fenoprofen calcium</i>	10
<i>eprosartan mesylate</i>	50	ESTRING	76	<i>fentanyl citrate oral</i>	12
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<i>ertapenem</i>	17	<i>etodolac</i>	10	FIASP FLEXTOUCH	46
<i>ery</i>	59	<i>etodolac er</i>	10	FIASP PENFILL	46
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ERYTHROCIN	18	EVOTAZ	43	<i>finasteride</i>	70
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STEARATE		<i>ezetimibe</i>	55	<i>flavoxate hcl</i>	70
		<i>ezetimibe/simvastatin</i>	55	FLEBOGAMMA DIF	82
				<i>flecainide acetate</i>	51
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<i>fluconazole</i>	26	<i>flurbiprofen sodium</i>	88	GARDASIL 9	83
<i>fluconazole in nacl</i>	26	<i>flutamide</i>	29	<i>gatifloxacin</i>	86
<i>fluconazole oral susp</i>	26	<i>fluticasone propionate</i>	72, 89	GATTEX	67
<i>flucytosine</i>	26	<i>fluvastatin</i>	55	<i>gavilyte-c</i>	68
<i>fludarabine phosphate</i>	31	<i>fluvastatin sodium er</i>	55	<i>gavilyte-g</i>	68
<i>fludrocortisone acetate</i>	72	<i>fluvoxamine maleate</i>	24	<i>gavilyte-n/fluor pack</i>	68
<i>flunisolide</i>	89	<i>fluvoxamine maleate er</i>	24	<i>gemcitabine</i>	31
<i>fluocinolone acetonide</i>	72	FOLET ONE	64	<i>gemcitabine hcl</i>	31
<i>fluocinolone acetonide body</i>	59	FOLIVANE-OB	64	<i>gemcitabine hydrochloride</i>	31
<i>fluocinolone acetonide otic oil</i>	89	<i>fomepizole</i>	63	<i>gemfibrozil</i>	55
<i>fluocinolone acetonide scalp</i>	59	<i>fondaparinux sodium</i>	47	<i>generlac</i>	68
<i>fluocinolone acetonide topical</i>	72	FORTEO	85	<i>gengraf</i>	81
<i>fluocinonide</i>	72	<i>fosamprenavir calcium</i>	43	GENOTROPIN	74
<i>fluocinonide emulsified base</i>	72	<i>fosinopril sodium</i>	50	GENOTROPIN	74
<i>fluoride chew</i>	61	<i>fosinopril sodium/hydrochlorothiazide</i>	50	MINIQUICK	
<i>fluoridex</i>	58	<i>fosphenytoin sodium</i>	22	<i>gentak</i>	86
<i>fluoridex sensitivity relief/sls free</i>	58	FRAGMIN	47	<i>gentamicin sulfate</i>	14, 59, 86
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<i>fluorometholone</i>	88	FREAMINE III	61	<i>gentamicin sulfate pediatric</i>	14
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<i>fluorouracil external</i>	59	<i>fulvestrant</i>	31	GEODON	38
<i>fluoxetine</i>	24	<i>furosemide</i>	54	GIANVI	76
<i>fluoxetine dr</i>	24	FUZEON	42	GILENYA	58
<i>fluoxetine hcl</i>	24	<i>fyavolv</i>	76	GILOTRIF	34
<i>fluoxetine hydrochloride</i>	24	FYCOMPA	20	GLEOSTINE	29
FLUOXETINE	24	<i>gabapentin</i>	21	<i>glimepiride</i>	45
HYDROCHLORIDE		GABITRIL	21	<i>glipizide</i>	45
<i>fluphenazine decanoate</i>	37	<i>galantamine hydrobromide</i>	22	<i>glipizide er</i>	45
<i>fluphenazine hcl</i>	37	<i>galantamine hydrobromide er</i>	22	<i>glipizide/metformin hydrochloride</i>	45
<i>fluphenazine hydrochloride</i>	37	GAMASTAN	82	<i>glipizide xl</i>	45
<i>flurandrenolide</i>	72	GAMASTAN S/D	82	GLUCAGEN HYPOKIT	46
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<i>hydrochloride</i>		HUMIRA PEDIATRIC	81	<i>icatibant acetate</i>	81
<i>glyburide micronized</i>	45	CROHNS DISEASE		ICLUSIG	34
<i>glycopyrrolate</i>	67	STARTER PACK		<i>idarubicin hcl</i>	31
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<i>griseofulvin microsize</i>	26	HUMULIN R U-500	46	<i>ifosfamide</i>	31
<i>griseofulvin</i>	27	(CONCENTRATED)		ILEVRO	88
<i>ultramicrosize</i>		HUMULIN R U-500	46	<i>imatinib mesylate</i>	34
<i>guanfacine er</i>	57	KWIKPEN		IMBRUVICA	34
<i>guanfacine hcl</i>	49	<i>hydralazine hcl</i>	56	<i>imipenem/cilastatin</i>	17
GUANIDINE HCL	28	<i>hydrochlorothiazide</i>	54	<i>imipramine hcl</i>	25
HAEGARDA	85	<i>hydrocodone/</i>	12	<i>imipramine</i>	25
<i>hailey 1.5/30</i>	76	<i>acetaminophen</i>		<i>hydrochloride</i>	
<i>haily 24 fe</i>	76	<i>hydrocodone bitartrate/</i>	12	<i>imipramine pamoate</i>	25
<i>halobetasol</i>	37,	<i>acetaminophen</i>		<i>imiquimod</i>	59
	72	<i>hydrocodone/ibuprofen</i>	12	<i>imiquimod pump</i>	59
<i>haloperidol decanoate</i>	37	<i>hydrocortisone</i>	72	IMOVAX RABIES	83
<i>haloperidol lactate</i>	37	<i>hydrocortisone/acetic</i>	89	(H.D.C.V.)	
HARVONI	40	<i>acid</i>		<i>incassia</i>	79
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<i>heparin sodium/d5w</i>	47	<i>hydrocortisone external</i>	72	INFANRIX	83
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<i>heparin sodium/sodium</i>	48	<i>hydroxychloroquine</i>	36	INVEGA SUSTENNA	38
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	35	<i>hydroxyzine</i>	90	DEXTROSE 5%	
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<i>isosorbide dinitrate er</i>	55	<i>kariva</i>	76	KUVAN	70
<i>isosorbide mononitrate</i>	56	<i>kcl 0.3%/d5w/nacl 0.9%</i>	62	<i>labetalol hydrochloride</i>	52
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<i>itraconazole</i>	27	<i>kcl 0.075%/d5w/nacl 0.45%</i>	62	<i>lamotrigine</i>	22
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<i>latanoprost</i>	86	<i>levoleucovorin</i>	32	<i>lorcet plus</i>	12
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<i>leflunomide</i>	83	<i>levonest</i>	77	<i>losartan potassium/ hydrochlorothiazide</i>	50
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<i>levetiracetam/sodium chloride</i>	20	<i>lisinopril/ hydrochlorothiazide</i>	51	<i>lyza</i>	79
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		<i>lithium carbonate er</i>	44	<i>magnesium sulfate</i>	62
		LIVALO	55	<i>malathion</i>	36
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<i>meclofenamate sodium</i>	10	<i>methoxsalen</i>	60	<i>miglitol</i>	45
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<i>meloxicam</i>	10	<i>methylphenidate hydrochloride cd</i>	57	<i>minocycline hydrochloride</i>	19
<i>melphalan</i>	29	<i>methylphenidate hydrochloride er</i>	57	<i>minocycline hydrochloride er</i>	19
<i>melphalan hydrochloride</i>	29	<i>methylprednisolone</i>	73	<i>minoxidil</i>	56
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<i>metformin hcl er</i>	45	MICORT-HC	73	<i>mono-lynyah</i>	77
<i>metformin hydrochloride</i>	45	MICROGESTIN 1.5/30	77	<i>montelukast sodium</i>	90
<i>methadone hcl</i>	11			<i>morgidox 1x50mg</i>	20
<i>methazolamide</i>	54			<i>morgidox 1x100mg</i>	20
<i>methenamine hippurate</i>	15			<i>morgidox 2x100mg</i>	20
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	65	NATPARA	85	<i>nimodipine</i>	53
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<i>multi-vit/fluoride</i>	64	<i>hydrochloride</i>		NITRO-DUR	56
<i>multi-vit/iron/fluoride</i>	65	<i>neomycin</i>	14	<i>nitrofurantoin</i>	15
<i>mupirocin</i>	60	<i>neomycin/bacitracin/</i>	86	<i>nitrofurantoin</i>	15
<i>mutamycin</i>	32	<i>polymyxin</i>		<i>macrocrystals</i>	
<i>mvc-fluoride</i>	65	<i>neomycin/polymyxin/</i>	86	<i>nitrofurantoin</i>	15
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<i>mycophenolate mofetil</i>	82	<i>hydrocortisone</i>		<i>nitroglycerin</i>	56
<i>mycophenolic acid dr</i>	82	<i>neomycin/polymyxin/</i>	86	<i>nitroglycerin lingual</i>	56
MYLOTARG	35	<i>dexamethasone</i>		<i>spray</i>	
<i>myorisan</i>	60	<i>neomycin/polymyxin/</i>	86	NITYR	70
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<i>myzilra</i>	77	<i>neomycin/polymyxin/</i>	86,	<i>nizatidine</i>	68
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<i>nafcellin sodium</i>	18	NERLYNX	32	<i>norethindrone acetate/</i>	77,
<i>naftifine hcl</i>	27	NESTABS	65	<i>ethinyl estradiol</i>	78
<i>naftifine hydrochloride</i>	27	NESTABS ONE	65	<i>norethindrone acetate/</i>	77
NAGLAZYME	70	<i>neuac</i>	60	<i>ethinyl estradiol/ferrous</i>	
<i>nalbuphine hcl</i>	12	NEUPRO	36	<i>fumarate</i>	
<i>naloxone hcl</i>	14	<i>nevirapine</i>	41	<i>norethindrone/ethinyl</i>	78
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<i>nortriptyline hydrochloride</i>	25	ODEFSEY	41	<i>oxybutynin chloride</i>	70
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NOVOLIN 70/30	47	<i>ofloxacin</i>	86, 89	<i>oxycodone/aspirin</i>	13
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NOVOLIN R	47	<i>olanzapine odt</i>	38	<i>oxycodone/ibuprofen</i>	13
NOVOLOG	47	<i>olmesartan medoxomil</i>	50	<i>oxymorphone hydrochloride</i>	13
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<i>tranylcypromine sulfate</i>	23	<i>tri-lo-mili</i>	79	VALCHLOR	29
TRAVASOL 10%	63	<i>tri-lo-sprintec</i>	79	<i>valganciclovir</i>	40
TRAVATAN Z	86	<i>trilyte</i>	69	<i>valproate sodium</i>	21
<i>trazodone</i>	24	<i>trimethobenzamide hcl</i>	26	<i>valproic acid</i>	21
<i>hydrochloride</i>		<i>trimethoprim</i>	15	<i>valsartan</i>	50
TRECATOR	29	<i>trimethoprim sulfate/</i>	87	<i>valsartan/</i>	50
TRELEGY ELLIPTA	89	<i>polymyxin b sulfate</i>		<i>hydrochlorothiazide</i>	
TRELSTAR MIXJECT	81	<i>tri-mili</i>	79	VANCOMYCIN	16
<i>treprostinil</i>	92	<i>trimipramine maleate</i>	25	<i>vancomycin hcl</i>	16
TRESIBA	47	TRINATAL RX 1	66	VANCOMYCIN HCL	16
TRESIBA FLEXTOUCH	47	TRINTELLIX	23		

Drug name	Page	Drug name	Page	Drug name	Page
<i>vancomycin</i>	16	VIIBRYD	25	<i>vyfemla</i>	79
<i>hydrochloride</i>		VIIBRYD STARTER	25	<i>vylibra</i>	79
VANCOMYCIN	16	PACK		VYVANSE	56
HYDROCHLORIDE		VIMOVO	11	<i>warfarin sodium</i>	48
VANDAZOLE	16	VIMPAT	22	WELCHOL	55
VAQTA	84	<i>vinblastine sulfate</i>	32	<i>wera</i>	79
VARIVAX	84	<i>vincasar pfs</i>	32	<i>wymzya fe</i>	79
VASCEPA	55	<i>vincristine sulfate</i>	32	XALKORI	35
VELCADE	32	<i>vinorelbine tartrate</i>	32	XARELTO	48
<i>velivet</i>	79	<i>viorele</i>	79	XARELTO STARTER	48
VEMLIDY	40	VIRACEPT	43	PACK	
VENA-BAL DHA	67	VIRAMUNE	42	XATMEP	82
VENCLEXTA	35	VIREAD	42	XELJANZ	82
VENCLEXTA STARTING	35	VIRT-C DHA	67	XELJANZ XR	82
PACK		VIRT-NATE DHA	67	XENAZINE	57
<i>venlafaxine hcl</i>	24, 25	VIRT-PN	67	XGEVA	85
<i>venlafaxine hcl er</i>	25	VIRT-PN DHA	67	XIFAXAN	16
<i>venlafaxine</i>	25	VIRT-PN PLUS	67	XIGDUO XR	46
<i>hydrochloride er</i>		VITAFOL	67	XOLAIR	83
VENTAVIS	92	VITAFOL FE+	67	XOSPATA	35
VENTOLIN HFA	91	VITAFOL GUMMIES	67	XPOVIO	32, 33
<i>verapamil</i>	53	VITAFOL-NANO	67	XTANDI	30
<i>verapamil hcl er</i>	53	VITAFOL-OB	67	XULTOPHY	47
<i>verapamil hcl sr</i>	53	VITAFOL-ONE	67	XYREM	93
<i>verapamil</i>	53	VITAFOL ULTRA	67	YERVOY	33
<i>hydrochloride</i>		VITAMEDMD ONE RX/ QUATREFOLIC	67	YF-VAX	84
<i>verapamil</i>	53	<i>vitamins a/c/d/fluoride</i>	67	<i>yuvafem</i>	79
<i>hydrochloride er</i>		VITRAKVI	35	<i>zafirlukast</i>	90
VERSACLOZ	40	VIVITROL	13	<i>zaleplon</i>	93
VERZENIO	32	VIZIMPRO	32	<i>zarah</i>	79
VESICARE	70	VOL-NATE	67	ZARXIO	49
<i>vicodin</i>	13	VOL-PLUS	67	ZATEAN-PN DHA	67
<i>vicodin es</i>	13	<i>voriconazole</i>	27	ZATEAN-PN PLUS	67
<i>vicodin hp</i>	13	VOSEVI	40	ZEJULA	33
VICTOZA	46	VOTRIENT	35	ZELBORAF	35
VIDEX EC	42	VP-PNV-DHA	67	ZEMAIRA	70
VIDEX PEDIATRIC	42	VRAYLAR	39	<i>zenatane</i>	60
<i>vienva</i>	79	VRAYLAR CAP	39	ZENPEP	70
<i>vigabatrin</i>	21	THERAPY PACK		<i>zenzedi</i>	56
<i>vigadrone</i>	21				

Drug name	Page
<i>zidovudine</i>	42
<i>ziprasidone hcl</i>	39
ZIRGAN	87
<i>zoledronic acid</i>	85
ZOLINZA	33
<i>zolmitriptan</i>	28
<i>zolmitriptan odt</i>	28
<i>zolpidem tartrate</i>	93
<i>zonisamide</i>	20
ZORTRESS	82
ZOSTAVAX	84
<i>zovia 1/35e</i>	79
<i>zumandimine</i>	79
ZYCLARA	60
ZYDELIG	35
ZYKADIA	35
ZYLET	87
ZYPREXA RELPREVV	40
ZYTIGA	30

Enhanced Drug Benefit List*

Please check your Prescription Drug Schedule of Cost Sharing to find out if your plan includes an “Enhanced Drug Benefit.” The enhanced drugs are listed in this guide by Enhanced Drug Benefit Categories. If your plan includes enhanced drug benefits, look for the Enhanced Drug Benefit Category in the following pages to determine which drugs are covered. For example, if your Prescription Drug Schedule of Cost Sharing says that your plan includes coverage for “Vitamins and Minerals” and “Erectile Dysfunction”, find the lists titled “Vitamins and Minerals” and “Erectile Dysfunction” to find which drugs are covered. For more information, call the toll-free telephone number on your Aetna identification card or our member service center at **1-800-594-9390**. Representatives are available to assist you 8 a.m. to 6 p.m. local time, Monday through Friday. For TTY assistance please dial **711**.

Key**

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3 = Copay tier level	QL = Quantity Limit PA = Prior Authorization
<i>Lowercase italics</i> = Generic medications		

Drug name Drug tier Requirements/Limits

COSMETIC		
<i>alphaquin hp</i>	1	
AVAGE	2	
BOTOX COSMETIC	2	
EPIQUIN MICRO	2	
<i>finasteride</i>	1	
<i>hydroquinone</i>	1	
<i>hydroquinone time release</i>	1	
KYBELLA	2	
LATISSE	2	
LUSTRA	2	
LUSTRA-AF	2	
LUSTRA-ULTRA	2	
<i>melpaque hp</i>	1	
<i>melquin hp</i>	1	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your Prescription Drug Schedule of Cost Sharing to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

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

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, call the phone number listed in this material.

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TTY: 711

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Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)

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Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)

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Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ስነድ ላይ የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

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This formulary was updated on 02/01/2020. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-594-9390** or for **TTY users: 711**, 8 a.m. to 6 p.m. local time, Monday through Friday, or visit **www.AetnaRetireePlans.com**, choose "Manage your prescription drugs".



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