

# 2019 Comprehensive Formulary

## Aetna Medicare (List of Covered Drugs) Open 2 Plus 3 Tier

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

This formulary was updated on 12/01/2019. 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](http://www.AetnaRetireePlans.com)**, choose "Manage your prescription drugs".

**Formulary ID Number: 19076 Version 19**

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

You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. 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, which is called CVS Caremark® Mail Service Pharmacy.

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 12/01/2019. 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, 2020, 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** When adding a new generic drug, we may move the brand drug 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 the steps you may take 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 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 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.

The enclosed formulary is current as of 12/01/2019. 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 154. 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 154.

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 our plan has any special requirements for coverage of your drug.

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

**QL:** Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *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 "mail-order" drugs in our Drug List or MO. 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 2019 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2019 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 2019 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost Sharing) that was included in your Evidence of Coverage (EOC) packet.

<b>Copay tier</b>	<b>Type of drug</b>
<b>Tier 1</b>	Generic Drugs
<b>Tier 2</b>	Preferred Brand Drugs
<b>Tier 3</b>	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 2019 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

#### **Analgesics**

ALLZITAL	3	QL (180 EA per 30 days) PA MO
<i>ascomp/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>bupap tabs 300mg; 50mg</i>	1	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen caps</i>	1	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen tabs</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO
ESGIC TABS	3	QL (180 EA per 30 days) PA MO
<i>esgic caps</i>	1	QL (180 EA per 30 days) PA MO
FIORICET CAPS	3	QL (180 EA per 30 days) PA MO
FIORINAL	3	QL (180 EA per 30 days) PA MO
FIORINAL/CODEINE #3	3	QL (180 EA per 30 days) PA MO
<i>phrenilin forte caps 300mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA
<i>tencon tabs 325mg; 50mg</i>	1	QL (180 EA per 30 days) PA
<i>vanatol lq oral soln</i>	1	QL (2700 ML per 30 days) PA MO
<i>vanatol s oral soln</i>	1	QL (2700 ML per 30 days) PA MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA MO

#### **Nonsteroidal Anti-inflammatory Drugs**

ARTHROTEC 50 TABS	3	MO
ARTHROTEC 75 TBEC	3	MO
CAMBIA	3	PA MO
CELEBREX CAPS 400MG	3	QL (30 EA per 30 days) ST 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
CELEBREX CAPS 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST 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
DAYPRO	3	MO
<i>diclofenac epolamine</i>	1	QL (60 EA per 30 days) PA 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>diclofenac sodium transdermal soln 1.5%</i>	1	QL (450 ML per 30 days) PA MO
<i>diflunisal tabs 500mg</i>	1	MO
DUEXIS	3	MO
EC-NAPROXEN	3	ST MO
<i>etodolac er</i>	1	MO
<i>etodolac caps, tabs</i>	1	MO
FELDENE	3	MO
<i>fenoprofen calcium caps 400mg</i>	1	MO
<i>fenoprofen calcium tabs 600mg</i>	1	MO
FLECTOR	3	QL (60 EA per 30 days) PA 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	MO
INDOCIN SUPP, ORAL SUSP	3	PA MO
<i>indomethacin er</i>	1	PA MO
<i>indomethacin immediate release caps</i>	1	PA MO
<i>ketoprofen er cp24 200mg</i>	1	MO
<i>ketoprofen caps 50mg, 75mg</i>	1	
<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>klofensaid ii</i>	1	QL (450 ML per 30 days) PA
LODINE TABS 400MG	3	ST MO
<i>meclofenamate sodium 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>mefenamic acid caps</i>	1	MO
<i>meloxicam tabs</i>	1	MO
MOBIC TABS	3	MO
<i>nabumetone tabs</i>	1	MO
NALFON TABS	3	ST MO
NALFON CAPS 400MG	3	ST MO
NAPRELAN	3	ST MO
<i>naproxen dr tabs 375mg, 500mg</i>	1	MO
<i>naproxen sodium er tb24 375mg</i>	1	MO
<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	
QMIIZ ODT	3	QL (30 EA per 30 days) ST MO
<i>salsalate tabs 750mg</i>	1	QL (120 EA per 30 days) MO
<i>salsalate tabs 500mg</i>	1	QL (180 EA per 30 days) MO
SPRIX	3	QL (5 EA per 30 days) PA
<i>sulindac tabs</i>	1	MO
TIVORBEX	3	PA MO
<i>tolmetin sodium caps</i>	1	MO
<i>tolmetin sodium tabs 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	MO
VIMOVO	3	MO
VIVLODEX	3	ST MO
VOLTAREN GEL	3	QL (1000 GM per 30 days) PA MO
ZIPSOR	3	ST MO
ZORVOLEX	3	QL (90 EA per 30 days) MO
<b>Opioid Analgesics, Long-acting</b>		
ARYMO ER TBEA 15MG	3	QL (240 EA per 30 days) ST MO
ARYMO ER TBEA 60MG	3	QL (60 EA per 30 days) ST MO
ARYMO ER TBEA 30MG	3	QL (90 EA per 30 days) ST MO
BELBUCA	3	QL (60 EA per 30 days) PA MO
<i>buprenorphine weekly patch</i>	1	QL (4 EA per 28 days) PA MO
BUTRANS	3	QL (4 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
CONZIP	3	QL (30 EA per 30 days) PA MO
DOLOPHINE TABS	3	QL (180 EA per 30 days) PA MO
DURAGESIC	3	QL (15 EA per 30 days) PA MO
EMBEDA	3	QL (60 EA per 30 days) PA MO
EXALGO	3	QL (30 EA per 30 days) PA MO
<i>fentanyl transdermal patches</i>	1	QL (15 EA per 30 days) PA MO
<i>hydromorphone hcl er 32mg</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hcl er 12mg, 16mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
INFUMORPH 200 INJ	3	B/D
INFUMORPH 500 INJ	3	B/D
KADIAN ER CAPS 100MG, 10MG, 200MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	3	QL (60 EA per 30 days) PA MO
<i>levorphanol tartrate tabs 3mg</i>	1	QL (180 EA per 30 days) PA
<i>levorphanol tartrate tabs 2mg</i>	1	QL (180 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 oral conc</i>	1	QL (360 ML per 30 days) PA MO
METHADOSE SUGAR-FREE ORAL CONC 10MG/ML	3	QL (360 ML per 30 days) PA MO
METHADOSE ORAL CONC 10MG/ML	3	QL (360 ML per 30 days) PA MO
<i>mitigo</i>	1	B/D
MORPHABOND ER TAB 100MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
MORPHABOND ER TAB 15MG	3	QL (90 EA 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 (generic MS Contin) 100mg, 200mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc (generic MS Contin) 15mg</i>	1	QL (90 EA per 30 days) PA MO
MS CONTIN ER TABS 100MG, 200MG, 30MG, 60MG	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
MS CONTIN ER TABS 15MG	3	QL (90 EA per 30 days) PA MO
NUCYNTA ER TB12 100MG, 200MG, 250MG, 50MG	2	QL (60 EA per 30 days) PA MO
NUCYNTA ER TB12 150MG	2	QL (90 EA per 30 days) PA MO
<i>oxycodone hcl er t12a 15mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) PA
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days) PA MO
<i>oxycodone hcl er t12a 80mg</i>	3	QL (120 EA per 30 days) PA MO
OXYCONTIN ER TAB 12HR 80MG	3	QL (120 EA per 30 days) PA MO
OXYCONTIN ER TAB 12HR 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tb12 40mg</i>	1	QL (120 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	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 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days) PA MO
XTAMPZA ER 12HR CAPS 36MG	3	QL (240 EA per 30 days) PA MO
XTAMPZA ER 12HR CAPS 13.5MG, 18MG, 27MG, 9MG	3	QL (60 EA per 30 days) PA MO
ZOHYDRO ER 12HR CAPS	3	QL (60 EA per 30 days) PA MO
<b>Opioid Analgesics, Short-acting</b>		
ABSTRAL	3	QL (120 EA per 30 days) PA
<i>acetaminophen/caffeine/dihydrocodeine bitartrate tabs 325mg; 30mg; 16mg</i>	1	QL (300 EA per 30 days)
<i>acetaminophen/caffeine/dihydrocodeine caps</i>	1	QL (300 EA per 30 days) MO
<i>acetaminophen/codeine tabs</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine oral soln</i>	1	QL (4500 ML per 30 days) MO
ACTIQ	3	QL (120 EA per 30 days) PA MO
BUPRENEX	3	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
COCAINE HYDROCHLORIDE	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
<i>codeine sulfate tabs</i>	1	QL (180 EA per 30 days) MO
DEMEROL INJ 100MG/2ML, 25MG/0.5ML, 25MG/ML, 75MG/1.5ML, 75MG/ML	3	PA
DEMEROL INJ 100MG/ML, 50MG/ML	3	PA MO
DEMEROL TABS 100MG	3	QL (120 EA per 30 days) PA MO
DILAUDID ORAL LIQD	3	QL (2400 ML per 30 days) MO
DILAUDID INJ 1MG/ML, 2MG/ML	3	B/D
DILAUDID TABS 2MG, 4MG, 8MG	3	QL (180 EA per 30 days) MO
DURAMORPH INJ	3	B/D
<i>dvorah</i>	1	QL (300 EA per 30 days)
<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
FENTANYL CITRATE INJ 500MCG/10ML	3	
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 50mcg/ ml</i>	1	
<i>fentanyl citrate inj 250mcg/5ml</i>	1	MO
<i>fentanyl citrate tabs 100mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate tabs 200mcg, 400mcg, 600mcg, 800mcg</i>	1	QL (120 EA per 30 days) PA MO
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	QL (120 EA per 30 days) PA MO
GOPRELTO	3	PA
<i>hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 10mg/15ml</i>	1	QL (5500 ML per 30 days)
<i>hydrocodone/acetaminophen oral soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (5550 ML per 30 days) MO
<i>hydrocodone/acetaminophen tabs 10mg/300mg, 5mg/300mg,7.5mg/300mg, 2.5/325mg</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

\*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>hydromorphone hcl immediate release tabs</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral soln</i>	1	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 10mg/ml, 50mg/5ml</i>	1	B/D
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml</i>	1	B/D MO
<i>hydromorphone hcl preservative free inj 1mg/ml, 2mg/ml</i>	1	B/D
<i>hydromorphone hcl preservative free inj 4mg/ml</i>	1	B/D MO
IBUDONE TABS 10MG; 200MG	3	QL (150 EA per 30 days) MO
<i>ibudone tabs 5mg; 200mg</i>	1	QL (150 EA per 30 days)
LAZANDA NASAL SPRAY	3	QL (30 EA per 30 days) PA 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)
LORTAB ELIX 300MG/15ML; 10MG/15ML	3	QL (2040 ML per 30 days) MO
<i>meperidine hcl tabs</i>	1	QL (120 EA per 30 days) PA MO
<i>meperidine hcl oral soln</i>	1	QL (3600 ML per 30 days) PA MO
<i>meperidine hcl inj 10mg/ml, 25mg/ml</i>	1	PA
<i>meperidine hcl inj 100mg/ml, 50mg/ml</i>	1	PA MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml pf, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D
<i>morphine sulfate 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>morphine sulfate supp 30mg, 5mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate supp 10mg, 20mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	1	QL (180 EA per 30 days) MO
<i>morphine sulfate tabs 15mg</i>	1	QL (60 EA per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	MO
NALOCET	3	QL (180 EA per 30 days)
NORCO	3	QL (180 EA per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
NUCYNTA	3	QL (180 EA per 30 days) MO
OPANA TABS	3	QL (180 EA per 30 days) MO
<i>opium tincture</i>	1	MO
OXAYDO	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl caps</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hcl oral conc</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hcl tabs 10mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hcl oral soln</i>	1	QL (5400 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 15mg</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 hcl immediate release tabs</i>	1	QL (180 EA per 30 days) MO
<i>panlor tabs</i>	1	QL (300 EA per 30 days)
<i>pentazocine/naloxone hcl</i>	1	QL (360 EA per 30 days) PA MO
PERCOCET TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	QL (180 EA per 30 days) MO
PRIMLEV	3	QL (180 EA per 30 days) MO
<i>reprexain tabs 10mg; 200mg</i>	1	QL (150 EA per 30 days)
ROXICODONE TABS 30MG	3	QL (120 EA per 30 days) MO
ROXICODONE TABS 15MG, 5MG	3	QL (180 EA per 30 days) MO
ROXYBOND TABS 15MG, 30MG	3	QL (180 EA per 30 days)
ROXYBOND TABS 5MG	3	QL (180 EA per 30 days) MO
SUBSYS LIQD 1200MCG	3	QL (360 EA per 30 days) PA
SUBSYS LIQD 100MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	QL (360 EA per 30 days) PA MO
<i>tramadol hcl immediate release tabs</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/ acetaminophen</i>	1	QL (240 EA per 30 days) MO
TREZIX CAPS 320.5MG; 30MG; 16MG	3	QL (300 EA per 30 days)
TYLENOL/CODEINE #3	3	QL (180 EA per 30 days) MO
TYLENOL/CODEINE #4	3	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ULTRACET	3	QL (240 EA per 30 days) MO
ULTRAM	3	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>bupivacaine hcl inj 0.25%, 0.75%</i>	1	
<i>bupivacaine hcl inj 0.5%</i>	1	MO
<i>bupivacaine/epinephrine inj 0.25%; 1:200000, 0.5%; 1:200000</i>	1	
<i>bupivacaine/epinephrine inj 0.5%; 1:200000</i>	1	MO
<i>glydo gel</i>	1	QL (60 ML per 30 days) MO
<i>lidocaine hcl jelly gel</i>	1	QL (60 ML per 30 days) MO
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	QL (60 ML per 30 days) MO
<i>lidocaine hcl topical soln 4%</i>	1	MO
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine viscous oral topical soln</i>	1	MO
<i>lidocaine/epinephrine inj 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 1.5%, 1:200000; 2%</i>	1	
<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
LIDODERM	3	QL (90 EA per 30 days) PA MO
MARCAINE/EPINEPHRINE INJ 0.25%; 1:200000	3	
MARCAINE/EPINEPHRINE INJ 0.5%; 1:200000	3	MO
MARCAINE INJ 0.25%, 0.75%	3	
MARCAINE INJ 0.5%	3	MO
NAROPIN INJ	3	
PLIAGLIS CREAM	3	QL (30 GM per 30 days) PA
<i>ropivacaine</i>	1	
<i>ropivacaine hcl inj</i>	1	
<i>sensorcaine-mpf inj</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
SENSORCAINE-MPF/EPINEPHRINE INJ 0.5%; 1:200000, 0.75%; 1:200000	3	
<i>sensorcaine-mpf/epinephrine inj 0.25%; 1:200000</i>	1	
<i>sensorcaine/epinephrine</i>	1	
<i>sensorcaine inj 0.25%</i>	1	
<i>sensorcaine inj 0.5%</i>	1	MO
SYNERA PATCH	3	QL (10 EA per 30 days) PA MO
<i>xylocaine dental inj</i>	1	
XYLOCAINE-MPF INJ 0.5%, 1%, 1.5%, 2%	3	
XYLOCAINE/EPINEPHRINE INJ 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%	3	
XYLOCAINE INJ 0.5%, 1%, 2%	3	
XYLOCANINE-MPF/EPINEPHRINE INJ	3	
ZTLIDO	3	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
ANTABUSE	3	MO
<i>disulfiram tabs</i>	1	MO
<i>naltrexone hcl tabs</i>	1	MO
VIVITROL INJ	3	MO

#### **Opioid Dependence Treatments**

BUNAVAIL FILM 2.1MG; 0.3MG, 4.2MG; 0.7MG	3	QL (30 EA per 30 days)
BUNAVAIL FILM 6.3MG; 1MG	3	QL (30 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl subl</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hcl inj</i>	1	MO
<i>buprenorphine hcl subl</i>	1	QL (90 EA per 30 days) PA MO
<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
LUCEMYRA	3	PA MO
SUBLOCADE INJ 100MG/0.5ML	3	QL (1 ML per 30 days) PA MO
SUBLOCADE INJ 300MG/1.5ML	3	QL (1.5 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
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL (90 EA per 30 days) MO
ZUBSOLV SUBL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV SUBL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV SUBL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO
<b>Opioid Reversal Agents</b>		
EVZIO INJ 2MG/0.4ML	3	PA MO
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml</i>	1	
<i>naloxone hcl inj 0.4mg/ml, 4mg/10ml</i>	1	MO
NARCAN NASAL SPRAY	2	MO
<b>Smoking Cessation Agents</b>		
<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 NASAL SPRAY	3	MO
ZYBAN	3	QL (60 EA per 30 days) MO

## ANTI-INFLAMMATORY AGENTS

### Glucocorticoids

EPIFOAM AEROSOL 1-1%	3	QL (10 GM per 30 days) MO
PRAMOSONE CREA 1%; 1%	3	QL (57 GM per 30 days) MO
PRAMOSONE LOTN 2.5%; 1%	3	QL (118 ML per 30 days) MO
PRAMOSONE LOTN 1%; 1%	3	QL (236 ML per 30 days) MO

## ANTIBACTERIALS

### Aminoglycosides

<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	MO
ARIKAYCE	3	PA MO
<i>gentamicin sulfate inj 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml, 1mg/ml, 2mg/ml</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml</i>	1	MO
<i>gentamicin sulfate inj 40mg/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>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	MO
<i>neomycin sulfate tabs</i>	1	MO
<i>paromomycin sulfate 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
ZEMDRI	3	PA
<b>Antibacterials, Other</b>		
<i>baciim inj</i>	1	
<i>bacitracin inj 50000unit</i>	1	MO
BACTROBAN NASAL	3	QL (10 GM per 30 days) MO
BETADINE OPHTHALMIC PREP	3	MO
<i>chloramphenicol sodium succinate inj</i>	1	
CLEOCIN	3	MO
CLEOCIN IN D5W	3	
CLEOCIN PEDIATRIC GRANULES FOR ORAL SOLN	3	MO
CLEOCIN PHOSPHATE INJ 300MG/2ML, 600MG/4ML, 600MG/50ML; 5%, 900MG/50ML; 5%, 900MG/6ML, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML, 900MG/6ML	3	MO
<i>clindamycin hcl caps</i>	1	MO
<i>clindamycin palmitate hcl oral soln 75mg/5ml</i>	1	MO
<i>clindamycin phosphate in d5w inj</i>	1	
<i>clindamycin phosphate inj 900mg/60ml</i>	1	
<i>clindamycin phosphate vaginal crea 2%</i>	1	MO
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE IV SOLN	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
CLINDESSE CREAM	3	QL (5 GM per 30 days) MO
<i>colistimethate sodium inj</i>	1	PA MO
COLY-MYCIN M	3	PA MO
CUBICIN	3	
CUBICIN RF	3	
DALVANCE	3	
<i>daptomycin inj 350mg</i>	1	
<i>daptomycin inj 500mg</i>	1	MO
FIRVANQ	3	MO
FLAGYL	3	MO
FURADANTIN FOR ORAL SOLN	3	MO
HIPREX	3	MO
IMPAVIDO	3	QL (90 EA per 30 days) PA MO
ISOPROPYL ALCOHOL WIPES	2	
<i>lansoprazole/amoxicillin/ clarithromycin</i>	1	QL (224 EA per 365 days) MO
LINCOGIN INJ	3	MO
<i>lincomycin hcl inj</i>	1	
<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
MACRODANTIN	3	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	1	MO
METROGEL-VAGINAL	3	MO
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal gel</i>	1	MO
<i>metronidazole caps 375mg</i>	1	MO
METRONIDAZOLE INJ 500MG/100ML; 0.74%	3	
<i>metronidazole inj 5mg/ml</i>	1	
<i>metronidazole tabs 250mg, 500mg</i>	1	MO
MONUROL	3	MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>nitrofurantoin susp</i>	1	MO
NUVESSA GEL	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
ORBACTIV INJ	3	
<i>polymyxin b sulfate inj</i>	1	
PREVPAC	3	QL (224 EA per 365 days) MO
PYLERA	3	MO
<i>silver nitrate soln 0.5%</i>	1	QL (960 ML per 30 days) MO
SIVEXTRO INJ	3	
SIVEXTRO TABS	3	MO
SYNERCID INJ 500MG	3	
<i>tigecycline inj</i>	1	
TINDAMAX	3	MO
<i>tinidazole</i>	1	MO
<i>trimethoprim tabs</i>	1	MO
TYGACIL INJ	3	
VANCOGIN	3	QL (240 EA per 30 days) MO
VANCOGIN HCL CAPS 125MG	3	QL (120 EA per 30 days) MO
VANCOMYCIN HCL IN DEXTROSE INJ	3	
VANCOMYCIN HCL IN 0.9% SODIUM CHLORIDE INJ 1GM/200ML	3	
<i>vancomycin hcl inj 100gm, 10gm, 1gm, 5gm, 750mg</i>	1	
<i>vancomycin hcl inj 500mg</i>	1	MO
<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
<i>vancomycin hydrochloride oral solr</i>	1	MO
VANCOMYCIN HCL INJ 1.25GM, 1.5GM, 250MG	3	
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VANDAZOLE VAGINAL GEL	3	MO
VIBATIV	3	PA
XIFAXAN TABS 550MG	3	PA MO
XIFAXAN TABS 200MG	3	QL (9 EA per 3 days) PA MO
ZYVOX INJ	3	PA
ZYVOX ORAL SUSP	3	QL (1800 ML per 28 days) PA MO
ZYVOX TABS	3	QL (56 EA per 28 days) PA MO
<b><i>Beta-lactam, Cephalosporins</i></b>		
AVYCAZ	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
<i>cefaclor er tb</i> 12 500mg	1	MO
<i>cefaclor caps</i>	1	MO
<i>cefaclor oral susp</i> 125mg/5ml, 250mg/5ml, 375mg/5ml	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN/ DEXTROSE INJ 1GM/50ML, 2 GM/50ML	3	
CEFAZOLIN/ DEXTROSE INJ 1GM/50ML	3	
<i>cefazolin sodium inj</i> 100gm, 1gm, 20gm, 300gm	1	
<i>cefazolin sodium inj</i> 10gm, 1gm, 500mg	1	MO
CEFAZOLIN/DEXTROSE INJ 2GM/100ML	3	
<i>cefdinir</i>	1	MO
CEFEPIME/DEXTROSE INJ 1GM/50ML, 2GM/50ML	3	
CEFEPIME INJ 1GM/50ML, 2GM/100ML	3	
<i>cefepime inj</i> 1gm, 2gm	1	MO
<i>cefixime</i>	1	MO
CEFOTAN INJ 1GM, 2GM	3	
<i>cefotaxime sodium inj</i> 10gm, 2gm, 500mg	1	
<i>cefotaxime sodium inj</i> 1gm	1	MO
<i>cefotetan inj</i>	1	
CEFOTETAN/DEXTROSE INJ	3	
CEFOXITIN/DEXTROSE 1GM, 2GM	3	
<i>cefoxitin sodium inj</i> 10gm, 1gm, 2gm	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME/DEXTROSE IV INJ	3	
<i>ceftazidime inj</i> 6gm	1	
<i>ceftazidime inj</i> 1gm, 2gm	1	MO
CEFTIN ORAL SUSP	3	MO
<i>ceftriaxone sodium inj</i> 100gm, 1gm	1	
<i>ceftriaxone sodium inj</i> 10gm, 1gm, 250mg, 2gm, 500mg	1	MO
CEFTRIAZONE/DEXTROSE INJ	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>ceftriaxone/dextrose iv soln</i>	1	
<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
DAXBIA	3	
MAXIPIME INJ 1GM, 2GM	3	
SUPRAX CAPS	2	MO
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	MO
SUPRAX ORAL SUSP 500MG/5ML	2	
SUPRAX ORAL SUSP 100MG/5ML, 200MG/5ML	3	MO
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	3	
ZERBAXA	3	
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM/50ML, 2GM/50ML	3	
AZACTAM INJ 1GM, 2GM	3	
<i>aztreonam</i>	1	MO
DORIPENEM	3	
<i>ertapenem</i>	1	MO
<i>imipenem/cilastatin</i>	1	MO
INVANZ IV 1GM	3	
INVANZ INJ 1GM	3	MO
<i>meropenem vial</i>	1	MO
MEROPENEM/SODIUM CHLORIDE	3	
MERREM	3	MO
PRIMAXIN IV INJ 500MG; 500MG	3	MO
VABOMERE	3	PA
<b>Beta-lactam, Penicillins</b>		
<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, 250mg, 2gm</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>ampicillin sodium inj 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam inj</i>	1	
<i>ampicillin caps 500mg</i>	1	MO
AUGMENTIN ES-600 ORAL SUSP	3	MO
AUGMENTIN XR	3	
AUGMENTIN ORAL SUSP 125MG/5ML, 250MG/5ML	3	MO
AUGMENTIN TABS 500MG, 875MG	3	MO
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	MO
<i>dicloxacillin sodium</i>	1	MO
NAFCILLIN INJ 1GM/50ML, 2GM/100ML	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</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
OXACILLIN INJ 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJ	3	
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	1	MO
<i>penicillin g procaine inj</i>	1	MO
<i>penicillin g sodium inj</i>	1	
<i>penicillin v potassium</i>	1	MO
PFIZERPEN INJ 20000000UNIT	3	
PFIZERPEN INJ 5000000UNIT	3	MO
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	
<i>piperacillin soduim/ tazobactam sodium 36gm; 4.5gm</i>	1	
<i>piperacillin/tazobactam inj 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 4gm; 0.5gm</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
UNASYN INJ 15GM BULK PACK	3	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	MO
ZOSYN INJ	3	
<b>Macrolides</b>		
AZITHROMYCIN 1 GM PACK FOR ORAL SUSPENSION	2	MO
<i>azithromycin susr, 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	3	MO
E.E.S. 400 TABS	3	MO
E.E.S. GRANULES ORAL SUSP	3	MO
ERY-TAB	3	
ERYPED 200 ORAL SUSP	3	MO
ERYPED 400 ORAL SUSP	3	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	MO
<i>erythromycin base tabs</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate oral susp, tabs</i>	1	MO
<i>erythromycin stearate tabs 250mg</i>	1	MO
<i>erythromycin caps dr 250mg</i>	1	MO
PCE	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZITHROMAX INJ, 1GM ORAL POWDER PACK, ORAL SUSP, TABS	3	MO
<b>Quinolones</b>		
AVELOX	3	MO
BAXDELA INJ	3	PA
BAXDELA TABS	3	PA MO
CETRAXAL OTIC SOLN	3	MO
CIPRO IV IN D5W INJ 400MG/200ML	3	
CIPRO XR TABS 1000MG, 500MG	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
CIPRO ORAL SUSP	3	MO
<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 iv in d5w 200mg/100ml iv soln</i>	1	
<i>ciprofloxacin iv in d5w 400mg/200ml iv soln</i>	1	MO
CIPROFLOXACIN OTIC SOLN	2	MO
<i>ciprofloxacin inj</i>	1	
<i>ciprofloxacin oral susp 250mg/5ml</i>	1	
<i>ciprofloxacin oral susp 500mg/5ml</i>	1	MO
CIPRO TABS 250MG, 500MG	3	MO
FLOXIN OTIC	3	MO
LEVAQUIN TABS 500MG, 750MG	3	MO
<i>levofloxacin in d5w iv soln</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 hcl/sodium chloride 400mg/250ml iv soln</i>	1	
<i>moxifloxacin hcl inj</i>	1	
<i>moxifloxacin hcl ophthalmic soln, tabs</i>	1	MO
<i>ofloxacin tabs 300mg, 400mg</i>	1	MO
<b>Sulfonamides</b>		
AVC VAGINAL CREAM	3	QL (120 GM per 30 days) MO
BACTRIM DS	3	MO
BACTRIM TABS	3	MO
<i>sulfadiazine tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
SULFATRIM PEDIATRIC	3	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1	MO
DORYX MPC	3	ST MO
DORYX TBEC 200MG, 50MG	3	ST MO
<i>doxy 100 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>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	1	MO
<i>doxycycline hyclate caps, inj, tabs</i>	1	MO
<i>doxycycline monohydrate caps, tabs</i>	1	MO
<i>doxycycline oral susp 25mg/5ml</i>	1	MO
<i>doxycycline tabs 50mg</i>	1	MO
MINOCIN INJ	3	
MINOCIN CAPS 100MG, 50MG	3	ST MO
<i>minocycline hcl er</i>	1	ST MO
<i>minocycline hcl caps 75mg</i>	1	MO
<i>minocycline hcl tabs</i>	1	ST MO
<i>minocycline hydrochloride er tb24 65mg</i>	1	ST MO
<i>minocycline hydrochloride er tb24 105mg, 115mg, 55mg, 80mg</i>	1	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	MO
<i>mondoxyne nl</i>	1	
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg caps</i>	1	
<i>morgidox 2x100mg caps</i>	1	
NUZYRA	3	PA MO
<i>okebo</i>	1	
SOLODYN ER TAB 105MG, 115MG, 55MG, 65MG, 80MG	3	ST MO
<i>soloxide</i>	1	
TARGADOX	3	ST MO
<i>tetracycline hydrochloride caps</i>	1	MO
VIBRAMYCIN ORAL SUSP, SYRP	3	ST MO
VIBRAMYCIN CAPS 100MG	3	ST MO
XERAVA	3	
XIMINO	3	ST MO

## ANTICONVULSANTS

### *Anticonvulsants, Other*

APTOM TABS 200MG	3	QL (180 EA per 30 days) MO
APTOM TABS 600MG, 800MG	3	QL (60 EA per 30 days) MO
APTOM TABS 400MG	3	QL (90 EA per 30 days) MO
BRIVIACT INJ	3	PA
BRIVIACT ORAL SOLN, TABS	3	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
EPIDIOLEX	3	PA
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
KEPPRA	3	MO
KEPPRA XR	3	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride inj</i> <i>1000mg/100ml; 750mg/100ml,</i> <i>500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>levetiracetam inj 5mg/ml, 10mg/ml,</i> <i>15mg/ml</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	MO
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	3	MO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPS 300MG	3	MO
<i>ethosuximide</i>	1	MO
LYRICA ORAL SOLN	2	QL (946 ML per 30 days) MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	2	QL (120 EA per 30 days) MO
LYRICA CAPS 225MG, 300MG	2	QL (60 EA per 30 days) MO
LYRICA CAPS 200MG	2	QL (90 EA per 30 days) MO
<i>pregabalin caps 100mg, 150mg,</i> <i>25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) MO
<i>pregabalin caps 225mg, 300mg</i>	1	QL (60 EA per 30 days) MO
<i>pregabalin caps 200mg</i>	1	QL (90 EA per 30 days) MO
<i>pregabalin soln</i>	1	QL (946 ML per 30 days) MO
ZARONTIN	3	MO
ZONEGRAN CAPS 100MG, 25MG	3	MO
<i>zonisamide</i>	1	MO
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<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,</i> <i>0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<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
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLE CAPS	3	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 soln</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin caps</i>	1	QL (90 EA 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
KLONOPIN TABS 1MG	3	QL (120 EA per 30 days) MO
KLONOPIN TABS 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABS 0.5MG	3	QL (90 EA per 30 days) MO
MYSOLINE TABS	3	MO
NAYZILAM	3	
NEURONTIN SOLN	3	QL (2160 ML per 30 days) MO
NEURONTIN CAPS	3	QL (90 EA per 30 days) MO
NEURONTIN TABS 600MG	3	QL (180 EA per 30 days) MO
NEURONTIN TABS 800MG	3	QL (90 EA per 30 days) MO
ONFI SUSP	3	PA MO
ONFI TABS 10MG, 20MG	3	PA MO
<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 POWDER PACK	3	QL (180 EA per 30 days) PA
SABRIL TABS	3	QL (180 EA per 30 days) PA LA
SYMPAZAN	3	PA MO
<i>tiagabine hydrochloride</i>	1	MO
<i>valproate sodium inj 100mg/ml</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>valproic acid caps, soln</i>	1	MO
<i>vigabatrin</i>	1	QL (180 EA per 30 days) PA
<i>vigadrone</i>	1	QL (180 EA per 30 days) PA
<b>Glutamate Reducing Agents</b>		
<i>felbamate</i>	1	MO
FELBATOL	3	MO
LAMICTAL CHEWABLE DISPERSIBLE	3	MO
LAMICTAL ODT	3	MO
LAMICTAL STARTER BLUE (35)	3	MO
LAMICTAL STARTER GREEN (98)	3	MO
LAMICTAL STARTER ORANGE (49)	3	MO
LAMICTAL XR	3	MO
LAMICTAL TABS	3	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
<i>lamotrigine chew, tabs</i>	1	MO
QUDEXY XR	3	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	
TOPAMAX	3	MO
TOPAMAX SPRINKLE	3	MO
<i>topiramate er</i>	1	MO
<i>topiramate sprinkle caps, tabs</i>	1	MO
TROKENDI XR	3	MO
<b>Sodium Channel Agents</b>		
BANZEL	3	PA MO
<i>carbamazepine er</i>	1	MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
CARBATROL	3	MO
CEREBYX INJ 100MG PE/2ML	3	
CEREBYX INJ 500MG PE/10ML	3	MO
DILANTIN INFATABS CHEW TABS	2	MO
DILANTIN-125 ORAL SUSP	3	MO
DILANTIN CAPS	2	MO

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



Drug name	Drug tier	Requirements/Limits
<i>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
OXTELLAR XR	3	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
TEGRETOL-XR	3	MO
TEGRETOL SUSP, TABS	3	MO
TRILEPTAL	3	MO
VIMPAT INJ	3	
VIMPAT ORAL SOLN	3	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	3	QL (120 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) MO

## ANTIDEMENTIA AGENTS

### **Antidementia Agents, Other**

<i>ergoloid mesylates tabs</i>	1	PA MO
NAMZARIC	3	MO

### **Cholinesterase Inhibitors**

ARICEPT TABS 23MG, 5MG	3	QL (30 EA per 30 days) MO
ARICEPT TABS 10MG	3	QL (60 EA per 30 days) MO
<i>donepezil hcl odt</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
EXELON PATCH	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er caps</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
RAZADYNE ER	3	QL (30 EA per 30 days) MO
RAZADYNE TABS	3	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	1	QL (30 EA per 30 days) MO
<i>rivastigmine tartrate</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
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl</i>	1	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hcl er</i>	1	PA MO
<i>memantine hcl soln</i>	1	QL (360 ML per 30 days) PA MO
NAMENDA TITRATION PAK	3	QL (98 EA per 365 days) PA MO
NAMENDA XR	3	PA MO
NAMENDA XR TITRATION PACK	3	PA MO
NAMENDA TABS	3	QL (60 EA per 30 days) PA MO

## ANTIDEPRESSANTS

### ***Antidepressants, Other***

APLENZIN TB24 348MG, 522MG	3	QL (30 EA per 30 days) ST MO
APLENZIN TB24 174MG	3	QL (60 EA per 30 days) ST MO
<i>bupropion hcl tabs 100mg</i>	1	QL (180 EA per 30 days) MO
<i>bupropion hcl er (sr) tb12 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hcl er (xl) tb24 150mg, 300mg, 450mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs 75mg</i>	1	QL (180 EA per 30 days) MO
FORFIVO XL	3	QL (30 EA per 30 days) ST 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
REMERON	3	QL (30 EA per 30 days) MO
REMERON SOLTAB	3	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
WELLBUTRIN SR	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	3	QL (30 EA per 30 days) ST MO

### ***Monoamine Oxidase Inhibitors***

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

### ***SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor***

BRISDELLE	3	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
CELEXA TABS 10MG	3	QL (120 EA per 30 days) ST MO
CELEXA TABS 40MG	3	QL (30 EA per 30 days) ST MO
CELEXA TABS 20MG	3	QL (60 EA per 30 days) ST MO
<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
CYMBALTA CAPS DR 20MG, 60MG	3	QL (60 EA per 30 days) MO
CYMBALTA CAPS DR 30MG	3	QL (90 EA per 30 days) MO
DESVENLAFAXINE ER TB24 (BRANDED GENERIC KHEDEZLA) 100MG, 50MG	2	QL (30 EA per 30 days) MO
<i>desvenlafaxine er tb24 (generic Pristiq) 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA
DRIZALMA SPRINKLE CSDR 40MG	3	QL (90 EA per 30 days) PA
<i>duloxetine hcl dr caps 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>duloxetine hcl dr caps 60mg</i>	1	QL (60 EA per 30 days) MO
<i>duloxetine hcl dr caps 30mg</i>	1	QL (90 EA per 30 days) MO
EFFEXOR XR CP24 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO
EFFEXOR XR CP24 150MG	3	QL (60 EA per 30 days) ST 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 ER CAP 20MG	3	QL (180 EA per 30 days) PA MO
FETZIMA ER CAP 120MG, 80MG	3	QL (30 EA per 30 days) PA MO
FETZIMA ER CAP 40MG	3	QL (90 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</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 hcl caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	1	MO
FLUOXETINE HCL TABS 60MG	2	MO
<i>fluoxetine hcl tabs (generic Prozac) 10mg, 20mg</i>	1	MO
<i>fluoxetine hcl tabs (generic Sarafem ) 20mg</i>	1	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluoxetine hcl tabs (generic Sarafem )10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvoxamine maleate</i>	1	MO
<i>fluvoxamine maleate er</i>	1	QL (60 EA per 30 days) MO
KHEDEZLA	3	QL (30 EA per 30 days) ST MO
LEXAPRO TABS 20MG	3	QL (30 EA per 30 days) MO
LEXAPRO TABS 10MG, 5MG	3	QL (45 EA per 30 days) MO
<i>maprotiline hcl</i>	1	MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	1	MO
<i>nefazodone hcl tabs 200mg, 250mg, 50mg</i>	1	MO
<i>olanzapine/fluoxetine</i>	1	QL (30 EA per 30 days) MO
<i>paroxetine</i>	1	PA 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 CR TB24 37.5MG	3	QL (60 EA per 30 days) ST MO
PAXIL CR TB24 12.5MG, 25MG	3	QL (90 EA per 30 days) ST MO
PAXIL SUSP	3	QL (900 ML per 30 days) MO
PAXIL TABS 10MG, 20MG	3	QL (30 EA per 30 days) ST MO
PAXIL TABS 30MG, 40MG	3	QL (60 EA per 30 days) ST MO
PEXEVA TABS 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
PEXEVA TABS 30MG	3	QL (60 EA per 30 days) ST MO
PRISTIQ	3	QL (30 EA per 30 days) ST MO
PROZAC CAPS 20MG	3	QL (120 EA per 30 days) ST MO
PROZAC CAPS 10MG	3	QL (30 EA per 30 days) ST MO
PROZAC CAPS 40MG	3	QL (60 EA per 30 days) ST 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
SYMBYAX	3	QL (30 EA per 30 days) MO
<i>trazodone hydrochloride</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</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>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 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
ZOLOFT TABS 25MG	3	QL (30 EA per 30 days) ST MO
ZOLOFT TABS 100MG, 50MG	3	QL (60 EA per 30 days) ST MO
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	1	PA MO
<i>amoxapine</i>	1	MO
ANAFRANIL	3	PA 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 hcl tabs 10mg</i>	1	PA MO
<i>imipramine pamoate caps</i>	1	PA MO
NORPRAMIN TABS 10MG, 25MG	3	MO
<i>nortriptyline hcl caps 10mg, 25mg, 75mg</i>	1	MO
<i>nortriptyline hcl soln</i>	1	MO
<i>nortriptyline hydrochloride caps 50mg</i>	1	MO
PAMELOR CAPS	3	MO
<i>perphenazine/amitriptyline</i>	1	PA MO
<i>protriptyline hcl</i>	1	MO
SURMONTIL	3	PA MO
TOFRANIL TABS	3	PA MO
<i>trimipramine maleate caps</i>	1	PA MO

## ANTIEMETICS

### **Antiemetics, Other**

AKYNZEO INJ	3	
AKYNZEO CAPS	3	QL (4 EA per 30 days) B/D MO
BONJESTA	3	QL (60 EA per 30 days) MO
DICLEGIS	3	QL (120 EA per 30 days) MO
<i>dimenhydrinate inj</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>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL (120 EA per 30 days) MO
<i>droperidol inj</i>	1	MO
<i>meclizine hcl tabs</i>	1	MO
<i>phenadoz supp 25mg</i>	1	PA
<i>phenadoz supp 12.5mg</i>	1	PA MO
<i>phenergan supp 12.5mg, 25mg, 50mg</i>	1	PA
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	1	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	1	PA
<i>promethegan supp 50mg</i>	1	PA MO
<i>scopolamine transdermal patch</i>	1	QL (10 EA per 30 days) PA MO
TIGAN INJ	3	PA MO
TIGAN CAPS 300MG	3	PA MO
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride</i>	1	PA MO
<b>Emetogenic Therapy Adjuncts</b>		
ALOXI INJ 0.25MG/5ML	3	MO
ANZEMET TABS 50MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABS 100MG	3	QL (5 EA per 30 days) B/D MO
<i>aprepitant</i>	1	B/D MO
CESAMET	3	QL (180 EA per 30 days) B/D MO
CINVANTI	3	
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	3	B/D MO
EMEND CAPS, SUSR	3	B/D MO
EMEND INJ	3	MO
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl tabs</i>	1	QL (60 EA per 30 days) B/D MO
<i>granisetron hcl inj 0.1mg/ml</i>	1	
<i>granisetron hcl inj 1mg/ml</i>	1	MO
MARINOL	3	QL (60 EA per 30 days) PA 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</i>	1	B/D MO
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	MO
<i>ondansetron odt</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>palonosetron hydrochloride</i>	1	
SANCUSO	3	QL (4 EA per 28 days) MO
SUSTOL INJ	3	
SYNDROS	3	PA MO
VARUBI INJ	3	
VARUBI TABS	3	QL (4 EA per 30 days) B/D
ZOFRAN ODT	3	B/D MO
ZOFRAN SOLN	3	QL (900 ML per 30 days) B/D MO
ZOFRAN TABS 4MG, 8MG	3	B/D MO
ZUPLENZ FILM 4MG	3	QL (180 EA per 30 days) B/D MO
ZUPLENZ FILM 8MG	3	QL (90 EA per 30 days) B/D MO

## ANTIFUNGALS

### *Antifungals*

ABELCET INJ	3	B/D
AMBISOME INJ	3	B/D
<i>amphotericin b inj</i>	1	B/D MO
ANCOBON CAPS 250MG	3	
ANCOBON CAPS 500MG	3	MO
CANCIDAS INJ 50MG	3	
CANCIDAS INJ 70MG	3	MO
<i>caspofungin acetate</i>	1	
<i>ciclodan topical soln</i>	1	
<i>ciclopirox nail lacquer</i>	1	MO
<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 lotn</i>	1	QL (30 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
CRESEMBA INJ	3	QL (36 EA per 30 days)
CRESEMBA CAPS	3	QL (70 EA per 30 days) MO
DIFLUCAN	3	MO
<i>econazole nitrate crea</i>	1	QL (85 GM per 30 days) MO
ERAXIS	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
ERTACZO CREA	3	QL (60 GM per 30 days) MO
EXELDERM SOLN	3	QL (30 ML per 30 days) MO
EXELDERM CREA	3	QL (60 GM per 30 days) MO
EXTINA	3	QL (100 GM per 30 days) MO
<i>fluconazole in d5w iv inj 200mg/100ml, 400mg/200ml</i>	1	
<i>fluconazole in sodium chloride 0.9% iv soln 200mg/100ml, 400mg/200ml</i>	1	
<i>fluconazole oral susp, tabs</i>	1	MO
<i>flucytosine caps</i>	1	MO
GRIS-PEG	3	MO
<i>griseofulvin microsize oral susp, tabs</i>	1	MO
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	MO
GYNAZOLE-1	3	QL (5 GM per 30 days) MO
<i>itraconazole caps</i>	1	PA MO
<i>itraconazole soln</i>	1	QL (600 ML per 30 days) PA MO
JUBLIA	3	QL (8 ML per 30 days) PA MO
KERYDIN	3	QL (10 ML per 30 days) PA MO
<i>ketoconazole tabs</i>	1	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
LAMISIL TABS	3	ST MO
LOPROX SHAMPOO	3	QL (120 ML per 30 days) MO
LOPROX CREA	3	QL (90 GM per 30 days) MO
LOPROX SUSP 0.77%	3	QL (60 ML per 30 days) MO
LOTRISONE	3	QL (45 GM per 30 days) MO
<i>luliconazole</i>	1	QL (60 GM per 30 days) ST MO
LUZU	3	QL (60 GM per 30 days) ST MO
MENTAX	3	QL (30 GM per 30 days) MO
<i>miconazole 3 supp</i>	1	MO
<i>miconazole nitrate/zinc oxide/white petrolatum</i>	1	QL (50 GM per 30 days) PA 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 hcl 2% cream</i>	1	QL (60 GM per 30 days) MO
<i>naftifine hydrochloride gel</i>	1	QL (90 GM per 30 days)

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



Drug name	Drug tier	Requirements/Limits
NAFTIN CREA 2%	3	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	3	QL (90 GM per 30 days) MO
NIZORAL SHAM	3	QL (120 ML per 30 days) MO
NOXAFIL INJ	3	
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/triamcinolone</i>	1	QL (60 GM per 30 days) MO
<i>nystatin 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
ORAVIG	3	MO
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days) MO
OXISTAT LOTN	3	QL (60 ML per 30 days) MO
OXISTAT CREA	3	QL (90 GM per 30 days) MO
PENLAC NAIL LACQUER	3	MO
<i>posaconazole dr</i>	1	QL (93 EA per 30 days)
SPORANOX PULSEPAK	3	PA MO
SPORANOX CAPS	3	PA MO
SPORANOX SOLN	3	QL (600 ML per 30 days) PA MO
TERAZOL 7	3	MO
<i>terbinafine hcl tabs</i>	1	MO
<i>terconazole</i>	1	MO
TOLSURA	3	PA
VFEND	3	MO
VFEND IV	3	
<i>voriconazole inj</i>	1	
<i>voriconazole oral susp, tabs</i>	1	MO
VUSION	3	QL (50 GM per 30 days) PA MO

## ANTIGOUT AGENTS

### *Antigout Agents*

<i>allopurinol sodium inj</i>	1	
<i>allopurinol tabs</i>	1	MO
ALOPRIM	3	
<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

\*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
DUZALLO	3	QL (30 EA per 30 days) PA MO
<i>febuxostat</i>	1	ST MO
KRYSTEXXA	3	QL (2 ML per 28 days) PA
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tabs</i>	1	MO
ULORIC	2	ST MO
ZURAMPIC	3	QL (30 EA per 30 days) PA MO
ZYLOPRIM	3	MO

## ANTIMIGRAINE AGENTS

### ***Ergot Alkaloids***

CAFERGOT TABS	3	MO
D.H.E. 45	3	PA MO
<i>dihydroergotamine mesylate inj</i>	1	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	1	QL (8 ML per 28 days) PA MO
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	1	MO
MIGERGOT	3	QL (20 EA per 28 days) MO
MIGRANAL	3	QL (8 ML per 28 days) PA MO

### ***Prophylactic***

AIMOVIG INJ 140MG/ML	3	QL (1 ML per 23 days) PA MO
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 23 days) PA MO
AJOVY	3	QL (1.5 ML per 28 days) PA MO
EMGALITY INJ 120MG/ML	3	QL (2 ML per 30 days) PA MO
EMGALITY INJ 100MG/ML	3	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
AMERGE	3	QL (9 EA per 30 days) ST MO
AXERT	3	QL (8 EA per 30 days) ST MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
FROVA	3	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM	3	QL (4 ML per 30 days) ST MO
IMITREX NASAL SOLN	3	QL (12 EA per 30 days) ST MO
IMITREX INJ	3	QL (4 ML per 30 days) ST MO
IMITREX TABS	3	QL (9 EA per 30 days) ST MO
MAXALT	3	QL (12 EA per 30 days) ST 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
MAXALT-MLT	3	QL (12 EA per 30 days) ST MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
ONZETRA XSAIL	3	QL (16 EA per 30 days) ST MO
RELPAK	3	QL (12 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 nasal spray</i>	1	QL (12 EA per 30 days) MO
TOSYMRA	3	QL (12 EA per 30 days) ST
TREXIMET TABS 60MG; 10MG	3	QL (10 EA per 30 days) ST MO
TREXIMET TABS 500MG; 85MG	3	QL (9 EA per 30 days) ST MO
ZEMBRACE SYMTOUCH INJ	3	QL (8 ML per 30 days) ST 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
ZOMIG ZMT	3	QL (6 EA per 30 days) ST MO
ZOMIG NASAL SPRAY	3	QL (12 EA per 30 days) ST MO
ZOMIG TABS	3	QL (6 EA per 30 days) ST MO

## ANTIMYASTHENIC AGENTS

### *Parasympathomimetics*

GUANIDINE HCL	3	
MESTINON TIMESPAN ER TABS	3	MO
MESTINON SOLN, TABS	3	MO
<i>pyridostigmine bromide er</i>	1	MO
<i>pyridostigmine bromide soln</i>	1	MO
<i>pyridostigmine bromide tabs 30mg</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	MO
REGONOL INJ 10MG/2ML	3	

## ANTIMYCOBACTERIALS

### *Antimycobacterials, Other*

<i>dapsone tabs 100mg, 25mg</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
MYCOBUTIN	3	MO
<i>rifabutin</i>	1	MO
<b>Antituberculars</b>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1	MO
<i>ethambutol hcl tabs 100mg</i>	1	MO
<i>ethambutol hydrochloride</i>	1	MO
<i>isoniazid inj</i>	1	
<i>isoniazid syrp, tabs</i>	1	MO
MYAMBUTOL	3	MO
PASER	3	MO
PRIFTIN	3	MO
<i>pyrazinamide tabs</i>	1	MO
RIFADIN INJ	3	
RIFADIN CAPS	3	MO
RIFAMATE	3	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**

ALKERAN INJ	3	
ALKERAN TABS	3	B/D MO
BENDEKA INJ	3	
<i>busulfan inj</i>	1	
BUSULFEX	3	
<i>cyclophosphamide inj</i>	1	
<i>cyclophosphamide caps</i>	1	B/D MO
EVOMELA	3	
GLEOSTINE CAPS 5MG	3	
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	MO
HEXALEN	3	MO
KISQALI FEMARA 200MG-2.5MG CO-PACK	3	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	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
KISQALI FEMARA 600MG-2.5MG CO-PACK	3	PA
LEUKERAN	3	MO
MATULANE	3	LA
<i>melphalan hcl tablet</i>	1	
<i>melphalan inj</i>	1	B/D MO
MUSTARGEN	3	
TEMODAR INJ	3	
<i>thiotepa inj 15mg</i>	1	
TREANDA INJ 100MG, 25MG	3	
VALCHLOR	3	QL (60 GM per 30 days) PA MO
YONDELIS	3	PA
<b>Antiandrogens</b>		
<i>abiraterone acetate</i>	1	PA
<i>bicalutamide</i>	1	MO
CASODEX	3	MO
ERLEADA	3	PA LA
<i>flutamide</i>	1	MO
NILANDRON TABS 150MG	3	MO
<i>nilutamide</i>	1	MO
NUBEQA	3	QL (120 EA per 30 days) PA
XTANDI	3	PA LA
YONSA	3	PA
ZYTIGA	3	PA LA
<b>Antiangiogenic Agents</b>		
POMALYST	3	PA LA
REVLIMID	3	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	3	QL (30 EA per 30 days) PA
THALOMID CAPS 150MG, 200MG	3	QL (60 EA per 30 days) PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	MO
FARESTON	3	MO
SOLTAMOX	3	MO
<i>tamoxifen citrate tabs</i>	1	MO
<i>toremifene citrate</i>	1	MO
<b>Antimetabolites</b>		
<i>clofarabine</i>	1	
DROXIA	2	MO
<i>fluorouracil inj 1gm/20ml</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
HYDREA	3	MO
<i>hydroxyurea caps</i>	1	MO
<i>mercaptopurine tabs</i>	1	MO
PURIXAN	3	
TABLOID	3	MO
VYXEOS	3	PA
<b>Antineoplastics, Other</b>		
ABRAXANE	3	
<i>adriamycin inj 10mg, 2mg/ml, 50mg</i>	1	B/D
<i>adrucil</i>	1	B/D
ALIMTA	3	
ARRANON	3	
<i>arsenic trioxide</i>	1	
AVASTIN	3	PA LA
BICNU	3	
BLEO 15K	3	B/D
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB	3	PA
BRAFTOVI	3	PA MO
CAMPTOSAR	3	
<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
CLOLAR	3	
COPIKTRA	3	QL (56 EA per 28 days) PA MO
COSMEGEN	3	
<i>cytarabine aqueous inj</i>	1	B/D
<i>dacarbazine</i>	1	
DACOGEN	3	
<i>dactinomycin</i>	1	
<i>daunorubicin hcl inj 5mg/ml</i>	1	
DAUNORUBICIN HCL INJ 20MG/4ML, 50MG/10ML	3	
<i>decitabine</i>	1	
<i>dexrazoxane</i>	1	
DOCETAXEL INJ 160MG/16ML, 20MG/2ML, 80MG/8ML	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>docetaxel inj 160mg/8ml, 200mg/10ml, 20mg/ml, 80mg/4ml</i>	1	
DOXIL INJ	3	
<i>doxorubicin hcl inj 10mg, 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hcl liposomal</i>	1	
<i>doxorubicin hydrochloride liposome</i>	1	
ELLENCE	3	
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	1	
ERBITUX	3	PA
ERWINAZE	3	PA
ETHYOL	3	
FASLODEX	3	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	
<i>fulvestrant</i>	1	
FUSILEV	3	
<i>gemcitabine</i>	1	
<i>gemcitabine hcl</i>	1	
GEMZAR	3	
HALAVEN	3	PA
HERCEPTIN INJ 440MG	3	PA
IDAMYCIN PFS INJ 10MG/10ML, 20MG/20ML, 5MG/5ML	3	
<i>idarubicin hcl</i>	1	
IFEX	3	
<i>ifosfamide</i>	1	
INFUGEM	3	
INTRON A INJ 10MU/ML, 10MU, 18MU	3	
<i>irinotecan</i>	1	
ISTODAX (OVERFILL)	3	
IXEMPRA KIT	3	PA
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</i>	1	
LEVOLEUCOVORIN INJ 175MG	3	
<i>levoleucovorin inj 50mg</i>	1	
LIBTAYO	3	PA
LONSURF	3	PA
LUMOXITI	3	PA
LYNPARZA TABS 100MG, 150MG	3	PA LA
MARQIBO INJ	3	PA
MEKTOVI	3	PA
<i>mitomycin inj 20mg, 40mg, 5mg</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mutamycin</i>	1	
MVASI	3	PA
NAVELBINE	3	
NERLYNX	3	PA LA
NINLARO	3	PA
NIPENT INJ	3	
ONCASPAR INJ	3	
ONIVYDE INJ	3	PA
<i>oxaliplatin</i>	1	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
PERJETA	3	PA LA
PORTRAZZA	3	PA
PROLEUKIN	3	
<i>romidepsin</i>	1	
RUBRACA	3	PA LA
RYDAPT	3	PA
SYNRIBO	3	PA
TALZENNA CAPS 1MG	3	QL (30 EA per 30 days) PA
TALZENNA CAPS 0.25MG	3	QL (90 EA per 30 days) PA
TAXOTERE INJ 20MG/ML, 80MG/4ML	3	
TICE BCG	3	
TRISENOX INJ 12MG/6ML	3	
UVADEX	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>valrubicin</i>	1	
VALSTAR	3	
VECTIBIX	3	PA
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	QL (30 EA per 30 days) PA
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
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
ZALTRAP INJ 100MG/4ML	3	PA
ZALTRAP INJ 200MG/8ML	3	PA LA
ZANOSAR	3	
ZEJULA	3	PA LA MO
ZINECARD	3	
ZOLINZA	3	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
<i>exemestane</i>	1	MO
FEMARA	3	MO
<i>letrozole</i>	1	MO
<b>Enzyme Inhibitors</b>		
ETOPOPHOS	3	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
HYCAMTIN INJ	3	
KYPROLIS	3	PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
TOPOTECAN HCL INJ 4MG/4ML	3	
<i>topotecan hcl inj 4mg</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
<b><i>Molecular Target Inhibitors</i></b>		
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
ALIQOPA	3	QL (3 EA per 28 days) PA
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
CYRAMZA	3	PA
DAURISMO TABS 100MG	3	QL (30 EA per 30 days) PA
DAURISMO TABS 25MG	3	QL (60 EA per 30 days) PA
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
GILOTRIF	3	PA LA MO
GLEEVEC TABS 400MG	3	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	3	QL (90 EA per 30 days) PA
IBRANCE	3	PA LA
ICLUSIG	3	PA LA MO
IDHIFA	3	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

\*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
JAKAFI	3	QL (60 EA per 30 days) PA LA
JEVTANA	3	PA
LENVIMA 10 MG DAILY DOSE	3	PA LA MO
LENVIMA 12MG DAILY DOSE	3	PA 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 MO
LENVIMA 8 MG DAILY DOSE	3	PA LA MO
LORBRENA TABS 100MG	3	QL (30 EA per 30 days) PA
LORBRENA TABS 25MG	3	QL (90 EA per 30 days) PA
LYNPARZA CAPS 50MG	3	PA LA MO
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	3	PA
STIVARGA	3	PA LA
SUTENT	3	PA
TAFINLAR	3	PA LA
TAGRISSO	3	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	
TIBSOVO	3	PA
TORISEL	3	
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
VOTRIENT	3	PA LA
XALKORI	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
XOSPATA	3	QL (90 EA per 30 days) PA MO
ZELBORAF	3	PA LA
ZYDELIG	3	PA LA
ZYKADIA TABS	3	PA
ZYKADIA CAPS	3	PA LA
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
ARZERRA INJ 1000MG/50ML	3	PA
ARZERRA INJ 100MG/5ML	3	PA LA
BAVENCIO	3	PA
BESPOUSA	3	PA
BLINCYTO	3	PA LA
CAMPATH INJ 30MG/ML	3	QL (36 ML per 365 days) PA
DARZALEX	3	PA
EMPLICITI	3	PA
GAZYVA	3	PA LA
HERCEPTIN HYLECTA	3	PA
HERCEPTIN INJ 150MG	3	PA
IMFINZI	3	PA
KANJINTI INJ 420MG	3	PA
KEYTRUDA	3	PA
LARTRUVO	3	PA
MYLOTARG	3	PA LA
OPDIVO INJ 240MG/24ML	3	PA
OPDIVO INJ 100MG/10ML, 40MG/4ML	3	PA LA
POLIVY	3	PA
POTELIGEO	3	PA
RITUXAN HYCELA	3	PA LA
RITUXAN INJ	3	PA LA
TECENTRIQ INJ 840MG/14ML	3	PA
TECENTRIQ INJ 1200MG/20ML	3	PA LA
<b>Retinoids</b>		
<i>bexarotene</i>	1	PA
PANRETIN GEL	3	QL (60 GM per 30 days) MO
TARGRETIN CAPS	3	PA
TARGRETIN GEL	3	QL (60 GM per 30 days) PA
<i>tretinoin caps 10mg</i>	1	MO
<b>Treatment Adjuncts</b>		
ELITEK	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>mesna</i>	1	
MESNEX INJ	3	
MESNEX TABS	3	MO
TOTECT	3	
<b>ANTIPARASITICS</b>		
<b><i>Anthelmintics</i></b>		
<i>albendazole tabs</i>	1	MO
ALBENZA	3	MO
BENZNIDAZOLE	3	PA
BILTRICIDE	2	MO
EMVERM	3	MO
<i>ivermectin tabs 3mg</i>	1	MO
<i>praziquantel tabs</i>	1	MO
STROMECTOL TABS 3MG	3	MO
<b><i>Antiprotozoals</i></b>		
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
DARAPRIM	3	
<i>hydroxychloroquine sulfate tabs</i>	1	MO
KRINTAFEL	3	PA
MALARONE	3	MO
<i>mefloquine hcl</i>	1	MO
MEPRON SUSP	3	PA MO
NEBUPENT	3	B/D MO
PENTAM 300	3	MO
<i>pentamidine isethionate</i>	1	
PLAQUENIL	3	MO
<i>primaquine phosphate tabs</i>	1	MO
QUALAQUIN	3	PA MO
<i>quinine sulfate caps 324mg</i>	1	PA MO
SOLOSEC	3	MO
<b><i>Pediculicides/Scabicides</i></b>		
ELIMITE	3	MO
EURAX LOTN	3	QL (454 GM per 30 days) MO
EURAX CREA	3	QL (60 GM per 30 days) MO
<i>lindane sham</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>malathion lotion</i>	1	MO
NATROBA	3	QL (120 ML per 30 days) MO
OVIDE	3	MO
<i>permethrin crea</i>	1	MO
SKLICE	3	QL (117 GM per 30 days) MO

## ANTIPARKINSON AGENTS

### **Anticholinergics**

<i>benztropine mesylate inj, tabs</i>	1	PA MO
COGENTIN INJ	3	PA
<i>trihexyphenidyl hcl soln</i>	1	PA MO
<i>trihexyphenidyl hydrochloride</i>	1	PA MO

### **Antiparkinson Agents, Other**

<i>amantadine hcl caps, syrp, tabs</i>	1	MO
COMTAN	3	MO
<i>entacapone</i>	1	MO
GOCOVRI	3	QL (60 EA per 30 days) MO
OSMOLEX ER	3	QL (30 EA per 30 days) ST
TASMAR TABS 100MG	3	MO
<i>tolcapone</i>	1	MO

### **Dopamine Agonists**

APOKYN INJ 30MG/3ML	3	QL (60 ML per 30 days) PA LA
<i>bromocriptine mesylate caps, tabs</i>	1	MO
MIRAPEX	3	ST MO
MIRAPEX ER	3	QL (30 EA per 30 days) ST MO
NEUPRO	3	MO
PARLODEL	3	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
REQUIP XL TB24 6MG	3	QL (120 EA per 30 days) MO
REQUIP XL TB24 4MG	3	QL (150 EA per 30 days) MO
REQUIP XL TB24 12MG	3	QL (60 EA per 30 days) MO
REQUIP XL TB24 8MG	3	QL (90 EA per 30 days) MO
REQUIP TABS 3MG	3	MO
<i>ropinirole er tab 6mg</i>	1	QL (120 EA per 30 days) MO
<i>ropinirole er tab 4mg</i>	1	QL (150 EA per 30 days) MO
<i>ropinirole er tab 2mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tab 12mg</i>	1	QL (60 EA per 30 days) MO
<i>ropinirole er tab 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 tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	MO
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>carbidopa/levodopa tabs</i>	1	MO
<i>carbidopa/levodopa/entacapone</i>	1	MO
<i>carbidopa tabs</i>	1	MO
DUOPA	3	B/D MO
INBRIJA	3	QL (300 EA per 30 days) PA
LODOSYN	3	MO
RYTARY	3	MO
SINEMET	3	MO
SINEMET CR	3	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
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT	3	MO
ELDEPRYL CAPS	3	MO
<i>rasagiline mesylate tabs</i>	1	MO
<i>selegiline hcl caps, tabs</i>	1	MO
XADAGO	3	QL (30 EA per 30 days) ST MO
ZELAPAR	3	QL (60 EA per 30 days) 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 supp</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	MO
<i>fluphenazine hcl conc, inj, tabs</i>	1	MO
<i>fluphenazine hydrochloride elix</i>	1	MO
HALDOL DECANOATE 100 INJ	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
HALDOL DECANOATE 50 INJ	3	MO
HALDOL INJ	3	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</i>	1	MO
<i>molindone hydrochloride</i>	1	
ORAP	3	ST MO
<i>perphenazine tabs</i>	1	MO
<i>pimozide</i>	1	MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	1	
<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
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA INJ	3	QL (1 EA per 28 days) MO
ABILIFY MYCITE	3	QL (30 EA per 30 days) PA
ABILIFY TABS	3	QL (30 EA per 30 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	3	QL (2.4 ML per 28 days)
ARISTADA INJ 441MG/1.6ML	3	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	3	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	3	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	3	QL (3.9 ML per 56 days)
FANAPT	3	QL (60 EA per 30 days) MO
FANAPT TITRATION PACK	3	MO
GEODON INJ	3	QL (6 EA per 3 days) MO
GEODON CAPS	3	QL (60 EA per 30 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO

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



Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJ 78MG/0.5ML	3	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	3	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	3	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	3	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	3	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	3	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	3	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	3	QL (2.63 ML per 90 days)
INVEGA TB24 1.5MG, 3MG, 9MG	3	QL (30 EA per 30 days) MO
INVEGA TB24 6MG	3	QL (60 EA per 30 days) MO
LATUDA TABS 120MG, 40MG	3	QL (30 EA per 30 days) MO
LATUDA TABS 20MG, 60MG, 80MG	3	QL (60 EA per 30 days) MO
NUPLAZID CAPS	3	QL (30 EA per 30 days) PA
NUPLAZID TABS 10MG	3	QL (30 EA per 30 days) PA
NUPLAZID TABS 17MG	3	QL (60 EA per 30 days) PA LA
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO
<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	3	QL (1 EA per 28 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 0.5MG	3	QL (180 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	3	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG	3	QL (360 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
REXULTI TABS 2MG	3	QL (60 EA per 30 days) MO
REXULTI TABS 1MG	3	QL (90 EA per 30 days) MO
RISPERDAL CONSTA	3	QL (2 EA per 28 days) MO
RISPERDAL SOLN	3	MO
RISPERDAL TABS 4MG	3	QL (120 EA per 30 days) MO
RISPERDAL TABS 1MG, 2MG	3	QL (60 EA per 30 days) MO
RISPERDAL TABS 0.25MG, 0.5MG, 3MG	3	QL (90 EA per 30 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 SUBL 5MG	3	QL (120 EA per 30 days) MO
SAPHRIS SUBL 2.5MG	3	QL (240 EA per 30 days) MO
SAPHRIS SUBL 10MG	3	QL (60 EA per 30 days) MO
SEROQUEL XR TB24 50MG	3	QL (180 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	3	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 EA per 30 days) MO
SEROQUEL TABS 200MG	3	QL (120 EA per 30 days) MO
SEROQUEL TABS 25MG	3	QL (180 EA per 30 days) MO
SEROQUEL TABS 300MG, 400MG	3	QL (60 EA per 30 days) MO
SEROQUEL TABS 100MG, 50MG	3	QL (90 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
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
ZYPREXA ZYDIS	3	QL (30 EA per 30 days) MO
ZYPREXA INJ	3	MO
ZYPREXA TABS 10MG, 15MG, 20MG, 5MG, 7.5MG	3	QL (30 EA per 30 days) MO
ZYPREXA TABS 2.5MG	3	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
<b>Treatment-Resistant</b>		
<i>clozapine odt</i>	1	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
CLOZARIL	3	
FAZACLO	3	
VERSACLOZ	3	QL (600 ML per 30 days) PA

## ANTISPASTICITY AGENTS

### Antispasticity Agents

<i>baclofen inj</i>	1	B/D
<i>baclofen tabs</i>	1	MO
DANTRIUM CAPS 25MG, 50MG	3	MO
<i>dantrolene sodium caps</i>	1	MO
LIORESAL INTRATHECAL	3	B/D
<i>tizanidine hcl caps</i>	1	MO
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
ZANAFLEX CAPS	3	MO
ZANAFLEX TABS 4MG	3	MO

## ANTIVIRALS

### Anti-cytomegalovirus (CMV) Agents

<i>cidofovir</i>	1	
CYTOVENE INJ	3	B/D MO
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D
PREVYMIS INJ	3	
PREVYMIS TABS	3	QL (28 EA per 28 days) MO
VALCYTE	3	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
BARACLUDE TABS	3	QL (30 EA per 30 days) MO
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPIVIR HBV TABS, SOLN	3	MO
HEPSERA	3	QL (30 EA per 30 days) ST MO
<i>lamivudine tabs 100mg</i>	1	MO
VEMLIDY	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
<b>Anti-hepatitis C (HCV) Agents, Direct Acting Agents</b>		
DAKLINZA	3	QL (28 EA per 28 days) PA
EPCLUSA	2	PA
HARVONI TABS 90MG; 400MG	2	PA
<i>ledipasvir/sofosbuvir</i>	1	PA
MAVYRET	2	PA
OLYSIO	3	QL (30 EA per 30 days) PA
<i>sofosbuvir/velpatasvir</i>	1	PA
SOVALDI TABS 400MG	3	QL (28 EA per 28 days) PA
TECHNIVIE	3	QL (56 EA per 28 days) PA
VIEKIRA PAK	3	QL (112 EA per 28 days) PA
VIEKIRA XR	3	QL (84 EA per 28 days) PA
VOSEVI	2	PA
ZEPATIER	2	PA
<b>Anti-hepatitis C (HCV) Agents, Other</b>		
INTRON A INJ 50MU, 18MU	3	
MODERIBA 1200 DOSE PACK	3	
MODERIBA 800 DOSE PACK	3	
MODERIBA TBPK	3	
<i>moderiba tabs</i>	1	
PEGASYS	3	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	3	PA
PEGINTRON INJ 50MCG/0.5ML	3	PA
REBETOL SOLN	3	
RIBASPHERE RIBAPAK	3	
<i>ribasphere caps 200mg</i>	1	
RIBASPHERE TABS 400MG, 600MG	3	
<i>ribasphere tabs 200mg</i>	1	
<i>ribavirin caps 200mg</i>	1	
<i>ribavirin tabs 200mg</i>	1	
SYLATRON	3	PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
ATRIPLA	3	MO
BIKTARVY	3	MO
GENVOYA	3	MO
ISENTRESS PACK FOR ORAL SUSP	2	MO
ISENTRESS TABS	3	MO
ISENTRESS CHEW 25MG	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
ISENTRESS CHEW 100MG	3	MO
TIVICAY TABS 10MG	2	MO
TIVICAY TABS 25MG, 50MG	3	MO
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	3	MO
EDURANT	3	MO
<i>efavirenz</i>	1	MO
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	3	MO
<i>nevirapine er</i>	1	MO
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	MO
ODEFSEY	3	MO
RESCRIPTOR	3	MO
STRIBILD	3	MO
SUSTIVA TABS	3	MO
SUSTIVA CAPS 200MG, 50MG	3	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	1	MO
<i>abacavir sulfate/lamivudine</i>	1	MO
<i>abacavir sulfate/ lamivudine/zidovudine</i>	1	MO
CIMDUO	3	MO
COMBIVIR	3	MO
DESCOVY	3	MO
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1	MO
DOVATO	3	MO
EMTRIVA	2	MO
EPIVIR	3	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
RETROVIR INJ	3	
RETROVIR CAPS, SYRP	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>stavudine caps</i>	1	MO
SYMFI	3	MO
SYMFI LO	3	QL (30 EA per 30 days) MO
TEMIXYS	3	
<i>tenofovir disoproxil fumarate</i>	1	MO
TRIUMEQ	3	MO
TRIZIVIR	3	MO
TRUVADA TABS 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	3	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG	3	QL (60 EA per 30 days) MO
VIDEX EC	3	MO
VIDEX PEDIATRIC POWDER FOR ORAL SOLN	3	MO
VIREAD	3	MO
ZERIT	3	MO
ZIAGEN	3	MO
<i>zidovudine</i>	1	MO
<b>Anti-HIV Agents, Other</b>		
DELSTRIGO	3	MO
FUZEON INJ	3	
ISENTRESS HD	3	MO
PIFELTRO	3	MO
SELZENTRY SOLN	3	
SELZENTRY TABS 25MG, 75MG	3	
SELZENTRY TABS 150MG, 300MG	3	MO
TROGARZO INJ	3	
TYBOST	3	MO
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS SOLN	3	
APTIVUS CAPS	3	MO
<i>atazanavir sulfate</i>	1	MO
CRIXIVAN CAPS 200MG, 400MG	3	MO
EVOTAZ	3	MO
<i>fosamprenavir calcium</i>	1	MO
INVIRASE	3	MO
KALETRA SOLN, TABS	3	MO
LEXIVA	3	MO
<i>lopinavir/ritonavir</i>	1	MO
NORVIR CAPS	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
NORVIR TABS	2	MO
NORVIR PACK, SOLN	3	MO
PREZCOBIX	3	MO
PREZISTA SUSP	3	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	2	QL (480 EA 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 600MG	3	QL (60 EA per 30 days) MO
REYATAZ	3	MO
<i>ritonavir</i>	1	MO
SYMTUZA	3	MO
VIRACEPT	3	MO
<b>Anti-influenza Agents</b>		
FLUMADINE TABS	3	MO
<i>oseltamivir phosphate caps, susr</i>	1	MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>rimantadine hcl</i>	1	MO
TAMIFLU CAPS	3	MO
TAMIFLU ORAL SUSP 6MG/ML	3	MO
XOFLUZA TBPK 20MG	3	QL (2 EA per 180 days)
XOFLUZA TBPK 40MG	3	QL (2 EA per 180 days) MO
<b>Antitherpetic Agents</b>		
<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>acyclovir crea</i>	1	QL (5 GM per 30 days) MO
DENA VIR	3	QL (5 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 hcl tabs 500mg</i>	1	MO
VALTREX	3	MO
XERESE	3	QL (5 GM per 30 days) MO
ZOVIRAX CAPS, SUSP, TABS	3	MO
ZOVIRAX OINT	3	QL (30 GM per 30 days) MO
ZOVIRAX CREA	3	QL (5 GM per 30 days) MO

## ANXIOLYTICS

### **Anxiolytics, Other**

<i>bupirone hcl tabs 15mg, 30mg</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>bupirone 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 conc</i>	1	PA MO
<i>doxepin hydrochloride caps 25mg</i>	1	PA MO
<i>meprobamate</i>	1	PA MO
<b>Benzodiazepines</b>		
<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 odt tbdp 0.25mg</i>	1	QL (120 EA per 30 days) MO
<i>alprazolam odt tbdp 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO
<i>alprazolam xr tb24 1mg</i>	1	QL (30 EA per 30 days) MO
<i>alprazolam xr tb24 3mg</i>	1	QL (60 EA per 30 days) MO
<i>alprazolam xr tb24 2mg</i>	1	QL (90 EA 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
ATIVAN INJ 4MG/ML	3	QL (150 ML per 30 days)
ATIVAN INJ 2MG/ML	3	QL (150 ML per 30 days) MO
ATIVAN TABS 0.5MG	3	QL (120 EA per 30 days) MO
ATIVAN TABS 2MG	3	QL (150 EA per 30 days) MO
ATIVAN TABS 1MG	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	1	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hydrochloride</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 intensol oral soln conc 5mg/ml</i>	1	MO
<i>diazepam inj 5mg/ml</i>	1	QL (240 ML per 30 days) MO
<i>diazepam oral soln 5mg/5ml</i>	1	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	QL (120 EA per 30 days) MO
<i>estazolam</i>	1	QL (30 EA per 30 days) MO
<i>flurazepam hcl</i>	1	QL (30 EA per 30 days) MO
HALCION TABS 0.25MG	3	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>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>midazolam hcl syrp</i>	1	QL (300 ML per 30 days)
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 5mg/5ml, 5mg/ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>oxazepam</i>	1	QL (120 EA per 30 days) MO
RESTORIL	3	QL (30 EA per 30 days) MO
<i>temazepam</i>	1	QL (30 EA per 30 days) MO
TRANXENE T TABS 7.5MG	3	QL (90 EA per 30 days) MO
<i>triazolam</i>	1	QL (60 EA per 30 days) MO
VALIUM TABS	3	QL (120 EA per 30 days) MO
XANAX XR TB24 0.5MG, 1MG	3	QL (30 EA per 30 days) ST MO
XANAX XR TB24 3MG	3	QL (60 EA per 30 days) ST MO
XANAX XR TB24 2MG	3	QL (90 EA per 30 days) ST MO
XANAX TABS 0.25MG, 0.5MG	3	QL (120 EA per 30 days) ST MO
XANAX TABS 1MG, 2MG	3	QL (150 EA per 30 days) ST MO

## BIPOLAR AGENTS

### *Mood Stabilizers*

EQUETRO	3	MO
<i>lithium carbonate er tabs</i>	1	MO
<i>lithium carbonate caps, tabs</i>	1	MO
LITHIUM ORAL SOLN	3	MO
LITHOBID	3	MO

## BLOOD GLUCOSE REGULATORS

### *Antidiabetic Agents*

<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
ACTOPLUS MET IMMEDIATE RELEASE TABS	3	QL (90 EA per 30 days) MO
ACTOPLUS MET XR TB24 1000MG; 30MG	3	QL (30 EA per 30 days) MO
ACTOPLUS MET XR TB24 1000MG; 15MG	3	QL (60 EA per 30 days) MO
ACTOS	3	QL (30 EA per 30 days) MO
ADLYXIN	3	QL (6 ML per 28 days) ST 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
ADLYXIN STARTER PACK	3	QL (6 ML per 28 days) ST MO
ALOGLIPTIN	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE	3	QL (30 EA per 30 days) ST MO
AMARYL	3	MO
AVANDIA TABS 2MG, 4MG	3	QL (60 EA per 30 days) MO
BYDUREON BCISE INJ	2	QL (3.4 ML per 28 days) MO
BYDUREON INJ	2	QL (4 EA 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
<i>chlorpropamide tabs 100mg</i>	1	QL (60 EA per 30 days) PA MO
<i>chlorpropamide tabs 250mg</i>	1	QL (90 EA per 30 days) PA MO
CYCLOSET	3	QL (180 EA per 30 days) PA MO
DUETACT	3	QL (30 EA per 30 days) MO
FARXIGA TABS 10MG	2	QL (30 EA per 30 days) MO
FARXIGA TABS 5MG	2	QL (60 EA per 30 days) MO
FORTAMET TB24 500MG	3	QL (150 EA per 30 days) PA MO
FORTAMET TB24 1000MG	3	QL (60 EA per 30 days) PA 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
GLUCOPHAGE	3	MO
GLUCOPHAGE XR	3	MO
GLUCOTROL	3	MO
GLUCOTROL XL	3	MO
GLUCOVANCE TABS 2.5MG; 500MG, 5MG; 500MG	3	PA MO
GLUMETZA TB24 500MG	3	QL (150 EA per 30 days) PA MO
GLUMETZA TB24 1000MG	3	QL (60 EA per 30 days) PA MO
<i>glyburide micronized</i>	1	PA MO
<i>glyburide/metformin hydrochloride</i>	1	PA MO
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	PA MO
GLYNASE	3	PA MO
GLYSET	3	QL (90 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) PA MO
INVOKAMET XR TB24 50MG; 500MG	3	QL (120 EA per 30 days) ST 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
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) ST MO
INVOKANA TABS 100MG	3	QL (90 EA per 30 days) ST 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
KAZANO	3	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST 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 hcl er tb24 (generic Glumetza and Fortamet) 1000mg</i>	1	QL (60 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
NESINA	3	QL (30 EA per 30 days) ST MO
ONGLYZA	3	QL (30 EA per 30 days) ST MO
OSENI	3	QL (30 EA per 30 days) ST MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	2	QL (1.5 ML per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
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
PRANDIN TABS 1MG	3	QL (120 EA per 30 days) MO
PRANDIN TABS 2MG	3	QL (240 EA per 30 days) MO
PRECOSE	3	QL (90 EA per 30 days) MO
QTERN	3	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
RIOMET	3	MO
RYBELSUS	3	QL (30 EA per 30 days) ST
SEGLUROMET TABS 2.5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SEGLUROMET TABS 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
STARLIX	3	MO
STEGLATRO TABS 15MG	3	QL (30 EA per 30 days) ST MO
STEGLATRO TABS 5MG	3	QL (60 EA per 30 days) ST MO
STEGLUJAN	3	QL (30 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
TANZEUM	3	ST MO
<i>tolazamide tabs 250mg, 500mg</i>	1	MO
<i>tolbutamide</i>	1	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

\*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
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	3	MO
BAQSIMI TWO PACK	3	MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
GVOKE PFS	3	
PROGLYCEM	3	MO
<b>Insulins</b>		
ADMELOG	3	ST MO
ADMELOG SOLOSTAR	3	ST MO
AFREZZA	3	MO
APIDRA	3	ST MO
APIDRA SOLOSTAR	3	ST MO
BASAGLAR KWIKPEN	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	
HUMALOG	3	ST MO
HUMALOG JUNIOR KWIKPEN	3	ST MO
HUMALOG KWIKPEN	3	ST MO
HUMALOG MIX 50/50	3	ST MO
HUMALOG MIX 50/50 KWIKPEN	3	ST MO
HUMALOG MIX 75/25	3	ST MO
HUMALOG MIX 75/25 KWIKPEN	3	ST MO
HUMULIN 70/30	3	ST MO
HUMULIN 70/30 KWIKPEN	3	ST MO
HUMULIN N	3	ST MO
HUMULIN N KWIKPEN	3	ST MO
HUMULIN R	3	ST MO
HUMULIN R U-500 (CONCENTRATED)	3	B/D MO
HUMULIN R U-500 KWIKPEN	3	MO
<i>insulin lispro</i>	1	ST MO
<i>insulin lispro kwikpen</i>	1	ST MO
LANTUS	3	ST MO
LANTUS SOLOSTAR	3	ST MO
LEVEMIR	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 FLEXTOUCH	2	MO
MYXREDLIN	3	ST
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST MO
NOVOLIN 70/30 RELION	3	ST MO
NOVOLIN N	2	MO
NOVOLIN N RELION	3	ST MO
NOVOLIN R	2	MO
NOVOLIN R RELION	3	ST 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
TOUJEO MAX SOLOSTAR	3	ST MO
TOUJEO SOLOSTAR	3	ST 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*

ARGATROBAN/SODIUM CHLORIDE 0.9% INJ 125MG/125ML, 250MG/250ML, 50MG/50ML	3	
<i>argatroban inj 250mg/2.5ml</i>	1	
ARIXTRA	3	MO
BEVYXXA CAPS 40MG	3	QL (30 EA per 30 days) PA
BEVYXXA CAPS 80MG	3	QL (30 EA per 30 days) PA MO
COUMADIN TABS	2	MO
ELIQUIS	2	MO
ELIQUIS STARTER PACK	2	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	

\*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/d5w inj 5%; 100unit/ml</i>	1	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45% INJ 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	2	
HEPARIN SODIUM/ SODIUM CHLORIDE 0.9% INJ 1000UNIT/500ML; 0.9%, 2UNIT/ML; 0.9%	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 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
IPRIVASK	3	
<i>jantoven</i>	1	MO
LOVENOX	3	MO
PRADAXA	3	MO
SAVAYSA	3	QL (30 EA per 30 days) ST MO
<i>warfarin sodium tabs</i>	1	MO
XARELTO	2	MO
XARELTO STARTER PACK	2	MO
ZONTIVITY	3	MO
<b>Blood Formation Modifiers</b>		
AGRYLIN CAPS 0.5MG	3	MO
<i>anagrelide hydrochloride</i>	1	MO
ARANESP ALBUMIN FREE INJ 500MCG/ML	3	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML, 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 200MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	3	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 25MCG/ ML, 300MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
<i>azacitidine</i>	1	PA
CABLIVI	3	PA MO
DOPTELET	3	QL (30 EA per 30 days)
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
FULPHILA	3	PA
GRANIX	3	PA
LEUKINE INJ 250MCG	3	PA
MIRCERA INJ 100MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	MO
MOZOBIL	3	PA
MULPLETA	3	QL (14 EA per 365 days) PA
NEULASTA	3	PA
NEULASTA ONPRO KIT	3	PA
NEUPOGEN	3	PA
NIVESTYM	3	PA
NPLATE	3	PA
PROCRIT	2	PA
PROMACTA PACK	3	QL (360 EA per 30 days) PA
PROMACTA TABS 25MG	3	QL (180 EA per 30 days) PA LA
PROMACTA TABS 12.5MG	3	QL (360 EA per 30 days) PA LA
PROMACTA TABS 75MG	3	QL (60 EA per 30 days) PA LA
PROMACTA TABS 50MG	3	QL (90 EA per 30 days) PA LA
RETACRIT	3	PA
UDENYCA	3	PA
VIDAZA	3	PA
ZARXIO	3	PA
<b><i>Hemostasis Agents</i></b>		
AMICAR SOLN	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
AMICAR TABS 1000MG	3	
AMICAR TABS 500MG	3	MO
<i>aminocaproic acid inj</i>	1	
<i>aminocaproic acid oral soln, tabs</i>	1	MO
CYKLOKAPRON INJ 1000MG/10ML	3	
LYSTEDA	3	QL (30 EA per 30 days) MO
TAVALISSE	3	QL (60 EA per 30 days) PA
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	1	QL (30 EA per 30 days) MO
<b>Platelet Modifying Agents</b>		
AGGRENEX	3	QL (60 EA per 30 days) ST MO
<i>aspirin/dipyridamole</i>	1	QL (60 EA per 30 days) MO
BRILINTA	2	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
EFFIENT	3	ST MO
PLAVIX TABS 300MG	3	QL (2 EA per 365 days) ST
PLAVIX TABS 75MG	3	QL (30 EA per 30 days) ST MO
<i>prasugrel</i>	1	MO
YOSPRALA	3	QL (30 EA per 30 days) PA MO

## CARDIOVASCULAR AGENTS

### Alpha-adrenergic Agonists

CATAPRES TAB	3	MO
CATAPRES-TTS-1 PATCHES	3	QL (8 EA per 28 days) MO
CATAPRES-TTS-2 PATCHES	3	QL (8 EA per 28 days) MO
CATAPRES-TTS-3 PATCHES	3	QL (8 EA per 28 days) MO
<i>clonidine hcl inj</i>	1	
<i>clonidine hcl weekly patch</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hcl immediate release tabs 0.1mg, 0.3mg</i>	1	MO
<i>clonidine hydrochloride immediate release tabs 0.2mg</i>	1	MO
DURACLON INJ 100MCG/ML	3	
<i>guanfacine hcl</i>	1	PA MO
<i>methyldopa/hydrochlorothiazide</i>	1	PA MO
<i>methyldopa tabs 250mg, 500mg</i>	1	PA MO
<i>methyldopate hcl</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>midodrine hcl</i>	1	MO
NORTHERA	3	PA LA
<b>Alpha-adrenergic Blocking Agents</b>		
CARDURA	3	MO
DIBENZYLINE	3	MO
<i>doxazosin mesylate tabs</i>	1	MO
MINIPRESS	3	MO
<i>phenoxybenzamine hydrochloride</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
<b>Angiotensin II Receptor Antagonists</b>		
<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/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ATACAND	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE	3	QL (30 EA per 30 days) ST MO
AVAPRO	3	QL (30 EA per 30 days) ST MO
AZOR	3	QL (30 EA per 30 days) ST MO
BENICAR	3	QL (30 EA per 30 days) ST MO
BENICAR HCT	3	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
COZAAR TABS 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABS 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN HCT	3	QL (30 EA per 30 days) ST MO
DIOVAN TABS 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) ST 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>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO
EXFORGE	3	QL (30 EA per 30 days) ST MO
EXFORGE HCT	3	QL (30 EA per 30 days) ST MO
HYZAAR	3	QL (30 EA per 30 days) ST 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/ 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
MICARDIS	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT	3	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil/amlodipine/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>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
TRIBENZOR	3	QL (30 EA per 30 days) ST MO
TWYNSTA	3	QL (30 EA per 30 days) ST 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
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
ACCUPRIL	3	MO
ACCURETIC	3	MO
ALTACE CAPS	3	MO
<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/ hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>enalaprilat inj</i>	1	
EPANED SOLN	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>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO
LOTENSIN HCT TABS 10MG; 12.5MG, 20MG; 12.5MG, 20MG; 25MG	3	MO
LOTENSIN TABS 10MG, 20MG, 40MG	3	MO
<i>moexipril tabs</i>	1	MO
<i>moexipril/hydrochlorothiazide</i>	1	MO
<i>perindopril erbumine</i>	1	MO
PRESTALIA TABS 5MG; 7MG	3	QL (30 EA per 30 days)
PRESTALIA TABS 10MG; 14MG, 2.5MG; 3.5MG	3	QL (30 EA per 30 days) MO
PRINIVIL TABS 10MG, 20MG, 5MG	3	MO
QBRELIS	3	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>quinapril tabs 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril</i>	1	MO
TARKA TBCR 2MG; 180MG, 2MG; 240MG, 4MG; 240MG	3	MO
<i>trandolapril</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
VASERETIC TABS 10MG; 25MG	3	MO
VASOTEC	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl tabs</i>	1	MO
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hcl inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
BETAPACE AF	3	MO
BETAPACE TABS 120MG, 160MG, 80MG	3	MO
<i>disopyramide phosphate caps</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>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	
<i>mexiletine hcl</i>	1	MO
MULTAQ	3	MO
NEXTERONE	3	
NORPACE	3	PA MO
NORPACE CR	3	MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>procainamide hcl inj</i>	1	
<i>propafenone hcl tabs</i>	1	MO
<i>propafenone hydrochloride er</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
QUINIDINE GLUCONATE INJ	3	
<i>quinidine sulfate tabs</i>	1	MO
RYTHMOL SR	3	MO
<i>sorine</i>	1	
<i>sotalol af tabs 120mg, 80mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol af tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 120mg</i>	1	MO
TIKOSYN	3	ST
XYLOCAINE INJ 100MG/5ML	3	
<b>Beta-adrenergic Blocking Agents</b>		
<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
<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
BYVALSON	3	QL (30 EA per 30 days) ST MO
<i>carvedilol phosphate er caps</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>carvedilol tabs</i>	1	MO
COREG	3	MO
COREG CR	3	QL (30 EA per 30 days) MO
CORGARD TABS 20MG, 40MG, 80MG	3	MO
CORZIDE	3	MO
DUTOPROL	3	MO
HEMANGEOL	3	
INDERAL LA	3	MO
INDERAL XL	3	MO
INNOPRAN XL	3	MO
KAPSPARGO SPRINKLE	3	ST MO
<i>labetalol hydrochloride tabs</i>	1	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	1	MO
LOPRESSOR HCT TABS 25MG; 50MG	3	MO
LOPRESSOR TABS	3	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 cp24 120mg, 160mg, 60mg</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</i>	1	MO
<i>propranolol hcl tabs 10mg, 20mg, 60mg</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
SOTYLIZE	3	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN TABS	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>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	3	MO
ZIAC	3	MO
<b>Calcium Channel Blocking Agents</b>		
ADALAT CC	3	MO
<i>afeditab cr</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine besylate tabs</i>	1	MO
CADUET TABS 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG, 5MG; 10MG, 5MG; 20MG, 5MG; 40MG, 5MG; 80MG	3	MO
CALAN SR	3	MO
CALAN TABS 120MG, 80MG	3	MO
CARDENE IV INJ 20MG/200ML; 0.86%, 4.8%; 20MG/200ML, 40MG/200ML; 0.83%	3	
CARDIZEM CD	3	MO
CARDIZEM LA TABS	3	MO
CARDIZEM TABS 120MG, 30MG, 60MG	3	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem cd caps 24hr 360mg</i>	1	MO
<i>diltiazem cd caps 24hr 180mg</i>	1	
<i>diltiazem cd caps 24hr 120mg, 240mg, 300mg</i>	1	MO
<i>diltiazem hcl er caps, tabs</i>	1	MO
<i>diltiazem hcl immediate release tabs</i>	1	MO
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</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
KATERZIA	3	MO
LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 5MG; 20MG	3	QL (30 EA per 30 days) MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl inj</i>	1	
<i>nicardipine hcl caps</i>	1	MO
<i>nifedical xl 24hr tab 60mg</i>	1	
<i>nifedipine er</i>	1	MO
<i>nifedipine caps</i>	1	PA MO
<i>nimodipine caps</i>	1	MO
<i>nisoldipine er</i>	1	MO
NORVASC	3	MO
NYMALIZE	3	
PROCARDIA XL	3	MO
PROCARDIA CAPS 10MG	3	PA MO
SULAR TABS 24HR 17MG, 34MG, 8.5MG	3	MO
<i>taztia xt</i>	1	
TIAZAC	3	MO
<i>verapamil hcl er</i>	1	MO
<i>verapamil hcl sr caps 24hr</i>	1	MO
<i>verapamil hcl sr tabs 240mg</i>	1	MO
<i>verapamil hcl tabs 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride inj, tabs</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	1	MO
CORLANOR SOLN	3	
CORLANOR TABS	3	MO
DEMSEER	3	PA MO
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral soln</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	MO
<i>digoxin tabs 125mcg, 250mcg</i>	1	MO
<i>dobutamine hcl/d5w inj 1mg/ml</i>	1	B/D
<i>dobutamine hcl inj 250mg/20ml, 500mg/40ml</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
<i>dobutamine hcl/d5w inj 5%; 2mg/ml, 5%; 4mg/ml</i>	1	B/D
<i>dopamine hcl inj</i>	1	B/D
<i>dopamine/d5w inj 3.2mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj</i>	1	B/D
ENTRESTO	2	MO
LANOXIN PEDIATRIC INJ 0.1MG/ML	3	
LANOXIN INJ 0.25MG/ML	3	MO
LANOXIN TABS 125MCG, 187.5MCG, 250MCG, 62.5MCG	3	MO
<i>mannitol inj 20%</i>	1	
<i>mannitol inj 25%</i>	1	MO
<i>milrinone in dextrose inj</i>	1	B/D
<i>milrinone lactate inj 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
NATRECOR	3	
OSMITROL INJ	3	
<i>pentoxifylline cr</i>	1	MO
<i>pentoxifylline er</i>	1	MO
RANEXA	2	MO
<i>ranolazine er</i>	1	MO
TAKHZYRO	3	QL (4 ML per 28 days) PA
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
VECAMYL	3	QL (300 EA per 30 days) PA
VYNDAMAX	3	QL (30 EA per 30 days) PA
VYNDAQEL	3	QL (120 EA per 30 days) PA
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er caps</i>	1	MO
<i>acetazolamide sodium inj</i>	1	
<i>acetazolamide tabs</i>	1	MO
<i>methazolamide</i>	1	MO
NEPTAZANE TABS 25MG	3	MO
<b>Diuretics, Loop</b>		
<i>bumetanide inj, tabs</i>	1	MO
BUMEX TABS	3	MO
DEMADEX TABS 20MG	3	MO
EDECIN SODIUM INJ	3	
EDECIN TABS 25MG	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>ethacrynate sodium inj</i>	1	
<i>ethacrynic acid tabs</i>	1	MO
<i>furosemide inj, oral soln, tabs</i>	1	MO
LASIX TABS	3	MO
<i>torseamide tabs</i>	1	MO
<b>Diuretics, Potassium-sparing</b>		
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
<i>amiloride tabs</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
CAROSPIR	3	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
<i>eplerenone</i>	1	MO
INSpra	3	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>spironolactone tabs</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs</i>	1	MO
<i>triamterene caps</i>	1	MO
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide sodium inj</i>	1	
<i>chlorothiazide tabs</i>	1	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
DIURIL ORAL SUSP	3	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide tabs</i>	1	MO
<i>methyclothiazide tabs</i>	1	MO
<i>metolazone</i>	1	MO
MICROZIDE	3	MO
SODIUM DIURIL INJ	3	
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
ANTARA CAPS 30MG, 90MG	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>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	MO
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	1	MO
<i>fenofibrate tabs</i>	1	MO
<i>fenofibric acid dr caps</i>	1	MO
FENOFIBRIC ACID TABS	2	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
<i>gemfibrozil tabs</i>	1	MO
LIPOFEN	3	MO
LOPID TABS	3	MO
TRICOR TABS 145MG, 48MG	3	MO
TRIGLIDE TABS 160MG	3	MO
TRILIPIX	3	MO
<b><i>Dyslipidemics, HMG CoA Reductase Inhibitors</i></b>		
ALTOPREV TABS 24HR 40MG, 60MG	3	QL (30 EA per 30 days) ST MO
ALTOPREV TABS 24HR 20MG	3	QL (60 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	3	QL (30 EA per 30 days) ST MO
FLOLIPID	3	QL (300 ML per 30 days) ST MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin er tabs</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	3	QL (30 EA per 30 days) ST MO
LIPITOR	3	QL (30 EA per 30 days) ST MO
LIVALO	3	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
PRAVACHOL TABS 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST 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
ZOCOR	3	QL (30 EA per 30 days) ST MO
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light</i>	1	MO
<i>cholestyramine pack, powd</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
COLESTID	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
COLESTID FLAVORED GRAN	3	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
KYNAMRO	3	PA MO
LOVAZA	3	QL (120 EA per 30 days) MO
<i>niacin er tabs 500mg, 750mg, 1000mg</i>	1	MO
<i>niacin tabs 500mg</i>	1	MO
NIACOR	3	MO
NIASPAN TABS ER 1000MG, 500MG, 750MG	3	ST MO
<i>omega-3-acid ethyl esters caps 1gm</i>	1	QL (120 EA per 30 days) MO
PRALUENT	3	PA MO
<i>prevalite</i>	1	MO
QUESTRAN LIGHT POWD	3	MO
QUESTRAN PACK, POWD	3	MO
REPATHA	3	QL (3 ML per 28 days) PA MO
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML per 28 days) PA MO
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA MO
VASCEPA	3	MO
VYTORIN	3	QL (30 EA per 30 days) ST MO
WELCHOL	2	MO
ZETIA	3	MO
ZYPITAMAG	3	QL (30 EA per 30 days) ST MO
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	3	MO
DILATRATE SR	3	MO
ISORDIL TITRADOSE TABS 40MG, 5MG	3	MO
<i>isosorbide dinitrate er tabs 40mg</i>	1	MO
<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</i>	1	
NITRO-BID	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
NITRO-DUR PATCH	3	MO
NITROGLYCERIN IN DEXTROSE 5%	3	
<i>nitroglycerin patch</i>	1	MO
<i>nitroglycerin tongue pumpspray aers</i>	1	
<i>nitroglycerin tongue pumpspray soln</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	MO
NITROLINGUAL PUMPSPRAY	3	MO
NITROSTAT SUBL	3	MO
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl inj</i>	1	MO
<i>hydralazine hcl tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	MO
<i>minoxidil tabs</i>	1	MO

## CENTRAL NERVOUS SYSTEM AGENTS

### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	3	QL (30 EA per 30 days) PA MO
ADDERALL TABS 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) PA MO
ADDERALL TABS 20MG	3	QL (90 EA per 30 days) PA MO
ADZENYS ER SUSP	3	QL (450 ML per 30 days) PA
ADZENYS XR-ODT TABS	3	QL (30 EA per 30 days) PA MO
<i>amphetamine sulfate</i>	1	QL (180 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine 24hr er caps</i>	1	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	1	QL (90 EA per 30 days) PA MO
DESOXYN	3	QL (150 EA per 30 days) PA MO
DEXEDRINE CP24	3	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate er caps</i>	1	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tabs</i>	1	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	1	QL (1800 ML per 30 days) PA MO
DYANAVEL XR	3	QL (240 ML per 30 days) PA MO
EVEKEO	3	QL (180 EA per 30 days) PA MO
EVEKEO ODT	3	QL (60 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
<i>methamphetamine hcl</i>	1	QL (150 EA per 30 days) PA MO
MYDAYIS	3	QL (30 EA per 30 days) PA MO
PROCENTRA	3	QL (1800 ML per 30 days) PA MO
VYVANSE	3	QL (30 EA per 30 days) PA MO
ZENZEDI TABS 15MG	3	QL (120 EA per 30 days) PA MO
ZENZEDI TABS 2.5MG	3	QL (180 EA per 30 days) PA MO
ZENZEDI TABS 7.5MG	3	QL (240 EA per 30 days) PA MO
ZENZEDI TABS 30MG	3	QL (60 EA per 30 days) PA MO
ZENZEDI TABS 20MG	3	QL (90 EA per 30 days) PA MO
<i>zenzedi tabs 10mg, 5mg</i>	1	QL (180 EA per 30 days) PA
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
APTENSIO XR	3	QL (30 EA per 30 days) PA MO
<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
<i>clonidine hcl er tabs 0.1mg</i>	1	MO
CONCERTA	3	QL (30 EA per 30 days) PA MO
COTEMPLA XR-ODT TABS	3	QL (30 EA per 30 days) PA MO
DAYTRANA	3	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl er caps</i>	1	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl tabs</i>	1	QL (60 EA per 30 days) PA MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA MO
FOCALIN	3	QL (60 EA per 30 days) PA MO
FOCALIN XR	3	QL (30 EA per 30 days) PA MO
<i>guanfacine er tabs</i>	1	QL (30 EA per 30 days) MO
INTUNIV	3	QL (30 EA per 30 days) ST MO
KAPVAY	3	MO
<i>metadate er tabs 20mg</i>	1	QL (90 EA per 30 days) PA
METHYLIN SOLN 5MG/5ML	3	QL (1800 ML per 30 days) PA MO
METHYLIN SOLN 10MG/5ML	3	QL (900 ML per 30 days) PA MO
<i>methylphenidate hydrochloride cd cpr (generic Metadate CD) 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr (generic Ritalin LA) 60mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr (generic Ritalin LA) 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hcl er caps 24hr (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er cpr (generic Metadate CD) 40mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tab (generic Concerta) 18mg, 27mg, 36mg, 54mg, 72mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tab 10mg, 20mg</i>	1	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl chew</i>	1	QL (180 EA per 30 days) PA MO
<i>methylphenidate hcl tabs</i>	1	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl soln 5mg/5ml</i>	1	QL (1800 ML per 30 days) PA MO
<i>methylphenidate hcl soln 10mg/5ml</i>	1	QL (900 ML per 30 days) PA MO
QUILLICHEW ER 40MG	3	QL (30 EA per 30 days) PA MO
QUILLICHEW ER 30MG	3	QL (60 EA per 30 days) PA MO
QUILLICHEW ER 20MG	3	QL (90 EA per 30 days) PA MO
QUILLIVANT XR	3	PA MO
<i>relexxii</i>	1	PA MO
RITALIN LA CAPS 24HR 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) PA MO
RITALIN LA CAPS 24HR 30MG	3	QL (60 EA per 30 days) PA MO
RITALIN TABS	3	QL (90 EA per 30 days) PA MO
STRATTERA CAPS 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPS 40MG	3	QL (60 EA per 30 days) MO
<b>Central Nervous System, Other</b>		
AUSTEDO TABS 12MG, 9MG	3	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	3	QL (60 EA per 30 days) PA LA
FIRDAPSE	3	PA MO
<i>flumazenil inj</i>	1	
GRALISE	3	MO
GRALISE STARTER	3	QL (156 EA per 365 days) MO
HORIZANT TBCR 300MG	3	QL (30 EA per 30 days) MO
HORIZANT TBCR 600MG	3	QL (60 EA per 30 days) MO
INGREZZA CPPK	3	QL (28 EA per 28 days) PA MO
INGREZZA CAPS	3	QL (30 EA per 30 days) PA MO
LYRICA CR TABS 24HR 330MG	2	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
LYRICA CR TABS 24HR 165MG, 82.5MG	2	QL (90 EA per 30 days) MO
NUEDEXTA	3	QL (60 EA per 30 days) PA MO
PRIALT	3	B/D MO
RADICAVA	3	QL (2800 ML per 28 days) PA MO
RILUTEK	3	MO
<i>riluzole</i>	1	MO
RUZURGI	3	PA
<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
TIGLUTIK	3	
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
<b><i>Fibromyalgia Agents</i></b>		
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
<b><i>Multiple Sclerosis Agents</i></b>		
AMPYRA	3	PA LA
AUBAGIO	3	QL (30 EA per 30 days) PA
AVONEX PEN	3	QL (1 EA per 28 days) PA
AVONEX INJ 30MCG/0.5ML	3	QL (1 EA per 28 days) PA
AVONEX INJ 30MCG/VIAL	3	QL (4 EA per 28 days) PA
BETASERON	3	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	3	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	3	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	1	PA
EXTAVIA	3	QL (15 EA per 30 days) PA
GILENYA CAPS 0.5MG	3	QL (28 EA per 28 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	1	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	1	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	1	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	1	QL (30 ML per 30 days) PA
MAVENCLAD TBPK (5 TAB PACK) 10MG	3	QL (10 EA per 365 days) PA
MAVENCLAD TBPK (6 TAB PACK) 10MG	3	QL (12 EA per 365 days) PA
MAVENCLAD TBPK (7 TAB PACK) 10MG	3	QL (14 EA per 365 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
MAVENCLAD TBPK (8 TAB PACK) 10MG	3	QL (16 EA per 365 days) PA
MAVENCLAD TBPK (9 TAB PACK) 10MG	3	QL (18 EA per 365 days) PA
MAVENCLAD TBPK (10 TAB PACK) 10MG	3	QL (20 EA per 365 days) PA
MAVENCLAD TBPK (4 TAB PACK) 10MG	3	QL (8 EA per 365 days) PA
MAYZENT TABS 0.25MG	3	QL (120 EA per 30 days) PA
MAYZENT TABS 2MG	3	QL (30 EA per 30 days) PA
OCREVUS	3	QL (20 ML per 166 days) PA
PLEGRIDY	3	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK	3	QL (2 ML per 365 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
TECFIDERA	3	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	3	QL (60 EA per 365 days) PA
TYSABRI	3	PA
ZINBRYTA	3	QL (1 ML per 30 days) PA

## DENTAL AND ORAL AGENTS

### *Dental and Oral Agents*

ARESTIN	3	PA
<i>cevimeline hcl</i>	1	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>denta 5000 plus</i>	1	QL (51 GM per 30 days) MO
<i>dentagel</i>	1	QL (56 GM per 30 days) MO
EVOXAC	3	MO
<i>fluoridex</i>	1	
<i>fluoridex sensitivity relief/sls free</i>	1	
KEPIVANCE	3	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>phos-flur gel</i>	1	QL (56 GM per 30 days)
<i>pilocarpine hcl tabs 7.5mg</i>	1	MO
<i>pilocarpine hcl tabs 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
PREVIDENT 5000 BOOSTER	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 PLUS	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE	3	QL (56 GM per 30 days) MO
<i>prevident rinse</i>	1	MO
PREVIDENT GEL	3	QL (56 GM per 30 days) MO
SALAGEN	3	MO
<i>sf 5000 plus crea 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>sf gel 1.1%</i>	1	QL (56 GM per 30 days) MO
<i>sodium fluoride 5000 plus</i>	1	QL (51 GM per 30 days)
<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*

ABSORICA	3	
ACANYA	3	MO
<i>acitretin</i>	1	PA MO
ACZONE	3	QL (90 GM per 30 days) MO
<i>adapalene/benzoyl peroxide</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene pads</i>	1	QL (30 EA per 30 days) PA
<i>adapalene crea, gel</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene soln</i>	1	QL (60 ML per 30 days) PA
AKTIPAK	3	QL (60 EA per 30 days)
ALDARA	3	QL (24 EA per 30 days) MO
ALTRENO	3	QL (45 GM per 30 days) PA MO
<i>ammonium lactate crea, lotn</i>	1	MO
<i>amnesteem</i>	1	
ATRALIN	3	QL (45 GM per 30 days) PA MO
<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
AZELEX	3	QL (50 GM per 30 days) MO
BACTROBAN CREA	3	QL (30 GM per 30 days) MO
BENSAL HP	3	QL (30 GM per 30 days) MO
BENZACLIN	3	MO
BENZACLIN WITH PUMP	3	MO
BENZAMYCIN	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>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
<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
CENTANY	3	QL (30 GM per 30 days) MO
<i>claravis</i>	1	
CLEOCIN-T LOTN, SWAB	3	MO
CLEOCIN-T SOLN	3	QL (60 ML per 30 days) MO
CLEOCIN-T GEL	3	QL (75 GM per 30 days) MO
<i>clindacin etz pledgets</i>	1	MO
<i>clindacin-p pad 1%</i>	1	MO
CLINDAGEL	3	QL (75 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide</i>	1	MO
<i>clindamycin phosphate/tretinoin</i>	1	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	1	MO
<i>clindamycin phosphate gel 1%</i>	1	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	1	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</i>	1	MO
CONDYLOX GEL	3	QL (7 GM per 30 days) MO
CORTISPORIN TOPICAL OINT	3	QL (15 GM per 30 days) MO
CORTISPORIN TOPICAL CREA	3	QL (7.5 GM per 30 days) MO
COSENTYX	3	QL (32 ML per 365 days) PA
COSENTYX SENSOREADY PEN	3	QL (32 ML per 365 days) PA
<i>crotan</i>	1	QL (237 GM per 30 days)
<i>dapsone gel 5%</i>	1	QL (90 GM per 30 days) MO
DERMA-SMOOTH/FS BODY	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP	3	QL (118.28 ML per 30 days) MO
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days) PA MO
DIFFERIN CREA, GEL	3	QL (45 GM per 30 days) PA MO
DIFFERIN LOTN	3	QL (59 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
DOVONEX CREA	3	QL (120 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
DUAC	3	MO
DUOBRII	3	QL (100 GM per 30 days) PA MO
DUPIXENT INJ 200MG/1.14ML	3	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	3	QL (8 ML per 28 days) PA
EFUDEX CREA	3	QL (40 GM per 30 days) PA MO
ELIDEL	3	QL (60 GM per 30 days) ST MO
ENSTILAR	3	QL (420 GM per 28 days) MO
EPIDUO	3	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	3	QL (70 GM per 30 days) PA MO
<i>ery pad 2%</i>	1	MO
ERYGEL	3	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
EUCRISA	3	QL (60 GM per 30 days) ST MO
EVOCLIN	3	MO
FABIOR	3	QL (100 GM per 30 days) 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>flurandrenolide oint 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>gentamicin sulfate crea 0.1%</i>	1	MO
<i>gentamicin sulfate oint 0.1%</i>	1	MO
HALOBETASOL PROPIONATE FOAM 0.05%	3	QL (100 GM per 30 days)
ILUMYA	3	PA
<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>ivermectin crea 1%</i>	1	QL (45 GM per 30 days)
KLARON	3	MO
LAC-HYDRIN CREA	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
LEVULAN KERASTICK	3	QL (6 EA per 30 days)
LEXETTE	3	QL (100 GM per 30 days) MO
<i>mafenide acetate</i>	1	MO
<i>methoxsalen caps</i>	1	MO
METROCREAM	3	MO
METROGEL GEL 1%	3	MO
METROLOTION	3	MO
<i>metronidazole crea 0.75%</i>	1	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	
NEO-SYNALAR CREA 0.5%-0.025%	3	QL (60 GM per 30 days) MO
<i>neuac gel 1.2; 5%</i>	1	MO
NORITATE	3	QL (60 GM per 30 days) MO
ONEXTON	3	MO
ORACEA	3	QL (30 EA per 30 days) PA MO
OXSORALEN ULTRA	3	MO
PICATO GEL 0.05%	2	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	2	QL (3 EA per 30 days) MO
<i>pimecrolimus</i>	1	QL (60 GM per 30 days) ST MO
PLIXDA	3	QL (30 EA per 30 days) PA
PODOCON 25 IN BENZOIN TINCTURE	3	QL (15 ML per 30 days)
<i>podofilox soln</i>	1	MO
PROCTOFOAM HC	3	QL (10 GM per 30 days) MO
PROTOPIC	3	QL (60 GM per 30 days) ST MO
PRUDOXIN	3	QL (45 GM per 30 days) PA MO
QUTENZA	3	QL (4 EA per 90 days) PA MO
RECTIV	3	QL (30 GM per 30 days) MO
REGRANEX	3	QL (30 GM per 30 days) PA MO
RETIN-A MICRO	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP	3	QL (50 GM per 30 days) PA MO
RETIN-A CREA, GEL	3	QL (45 GM per 30 days) PA MO
RHOFADE	3	QL (60 GM per 30 days) PA MO
<i>rosadan 0.75% crea, gel</i>	1	
SALEX SHAM	3	QL (177 ML per 30 days) MO
<i>salicylic acid liqd 26%, 27.5%</i>	1	QL (10 ML per 30 days) MO
<i>salicylic acid sham 6%</i>	1	QL (177 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>salicylic acid crea 6%</i>	1	QL (454 GM per 30 days)
<i>salicylic acid lotn 6%</i>	1	QL (473 ML per 30 days) MO
SANTYL	3	MO
<i>selenium sulfide lotn</i>	1	MO
<i>selenium sulfide sham 2.25%, 2.3%</i>	1	QL (180 ML per 30 days) MO
SERNIVO	3	QL (120 ML per 30 days) MO
SILIQ	3	QL (6 ML per 28 days) PA
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
SKYRIZI	3	QL (7 EA per 365 days) PA
<i>sodium sulfacetamide/sulfur cleanser in urea</i>	1	QL (355 ML per 30 days) MO
<i>sodium sulfacetamide/sulfur wash liqd 9%; 4%</i>	1	QL (473 ML per 30 days) MO
<i>sodium sulfacetamide/sulfur susp 8%; 4%</i>	1	QL (473 ML per 30 days) MO
SOLARAZE	3	QL (100 GM per 30 days) PA MO
SOOLANTRA	3	QL (45 GM per 30 days) MO
SORIATANE CAPS 10MG, 17.5MG, 25MG	3	PA MO
SORILUX	3	QL (120 GM per 30 days) PA 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
<i>sulfacleanse 8/4</i>	1	QL (473 ML per 30 days) MO
SULFAMYLON	3	MO
TACLONEX OINT 0.064%; 0.005%	3	QL (100 GM per 30 days) PA MO
<i>tacrolimus oint 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
TALTZ	3	QL (1 ML per 28 days) PA
<i>tazarotene crea</i>	1	QL (60 GM per 30 days) PA MO
TAZORAC GEL	3	QL (100 GM per 30 days) PA MO
TAZORAC CREA	3	QL (60 GM per 30 days) PA MO
TOLAK	3	QL (40 GM per 30 days) PA MO
TREMFYA	3	QL (1 ML per 28 days) PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	1	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere pump gel 0.04%, 0.1%</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

\*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>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
VECTICAL	3	QL (100 GM per 30 days) MO
VEREGEN	3	QL (30 GM per 30 days) MO
VIRASAL	3	QL (10 ML per 30 days) MO
XEPI	3	QL (30 GM per 30 days)
<i>zenatane</i>	1	
ZIANA	3	QL (60 GM per 30 days) PA MO
ZONALON	3	QL (45 GM per 30 days) PA MO
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 7%/ELECTROLYTES INJ 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	3	B/D
AMINOSYN 8.5%/ELECTROLYTES INJ 142MEQ/L; 1100MG/100ML; 850MG/100ML; 98MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 10MEQ/L; 340MG/100ML; 380MG/100ML; 30MEQ/L; 65MEQ/L; 750MG/100ML; 370MG/100ML; 65MEQ/L; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D
AMINOSYN II 8.5%/ELECTROLYTES	3	B/D
AMIONSYN II INJ 10%, 15%, 8.5%	3	B/D
AMINOSYN M INJ 3.5%	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 10%	3	B/D
AMINOSYN-PF 7%	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-RF	3	B/D
AMINOSYN INJ 10%, 8.5%	3	B/D
<i>calcium gluconate inj 10%</i>	1	MO
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 20%	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
CLINIMIX E 2.75%/DEXTROSE 10% INJ 570MG/100ML; 317MG/100ML; 33MG/100ML; 10GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
CLINIMIX N14G30E	3	B/D
CLINIMIX N9G15E	3	B/D
CLINIMIX N9G20E	3	B/D
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
<i>cytra k crystals</i>	1	MO
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48	2	
VIAFLEX		
<i>dextrose 10%</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>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
DEXTROSE 20%	3	B/D
DEXTROSE 25% INJ 250MG/ML	3	B/D
DEXTROSE 30%	3	B/D
DEXTROSE 40%	3	B/D
<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
EFFER-K TABS 10MEQ, 20MEQ	3	MO
EFFERVESCENT POT CHLORIDE	3	MO
<i>fluoride chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	MO
<i>fluoritab chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	
FLURA-DROPS SOLN 0.25MG/DROP	3	MO
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>glucose 5%</i>	1	MO
HEPATAMINE	3	B/D
HYPERLYTE-CR	3	
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 INJ (PLAIN)	3	
ISOLYTE-S PH 7.4	3	B/D
K-PHOS NEUTRAL	3	MO
K-PHOS TABS 500MG	3	MO
K-TAB	3	MO
KABIVEN	3	B/D
<i>kcl 0.075%/d5w/nacl 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>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	
<i>klor-con 8</i>	1	
<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</i>	1	
<i>klor-con/ef tabs</i>	1	MO
<i>lactated ringers irrigation</i>	1	
<i>lactated ringers viaflex inj</i>	1	
<i>ludent</i>	1	MO
MAGNESIUM SULFATE IN D5W INJ 1GM/100ML	2	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	1	
MICRO-K	3	MO
NEPHRAMINE	3	B/D
NORMOSOL -R INJ	3	
NORMOSOL-M IN D5W	3	
NORMOSOL-R IN D5W	3	
NORMOSOL-R INJ PH 7.4	3	
NUTRILIPID	2	B/D
OMEGAVEN	3	B/D
ORACIT	3	MO
PERIKABIVEN	3	B/D
<i>phospha 250 neutral</i>	1	MO
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	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>plenamine</i>	1	B/D
<i>potassium acetate inj 2meq/ml</i>	1	
<i>potassium chloride cr tbc 10meq, 20meq</i>	1	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	1	MO
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride sr tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	3	
<i>potassium chloride/dextrose/sodium chloride</i>	1	
POTASSIUM CHLORIDE/DEXTROSE INJ 5%; 40MEQ/L	3	
<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 10meq/100ml, 20meq/50ml</i>	1	MO
<i>potassium citrate /citric acid soln</i>	1	MO
<i>potassium citrate er tabs</i>	1	MO
<i>potassium phosphate inj 236mg/ml; 224mg/ml</i>	1	
<i>potassium phosphates 150mmol/50ml, 3mmol/1ml</i>	1	
PREMASOL INJ 10%	3	B/D
<i>premasol inj 6%</i>	1	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>ringers irrigation</i>	1	
<i>sodium acetate inj</i>	1	
<i>sodium chloride inj 0.45%, 0.9%</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>sodium chloride inj 0.9%, 14.6%, 3%, 23.4%, 5%</i>	1	MO
<i>sodium citrate/citric acid soln</i>	1	MO
<i>sodium fluoride chew 0.25mg, 0.5mg (1.1mg), 1mg</i>	1	MO
<i>sodium fluoride soln 0.5mg/ml (1.1mg/ml)</i>	1	MO
<i>sodium fluoride tabs 1mg (2.2mg)</i>	1	
<i>sodium phosphate inj 142mg/ml; 276mg/ml</i>	1	
<i>sterile water irrigation plastic bottle</i>	1	MO
SYNTHAMIN 17	3	B/D
TIS-U-SOL	3	
TPN ELECTROLYTES INJ	3	B/D
TRAVASOL INJ 10%	3	B/D
<i>tricitrates soln</i>	1	
TROPHAMINE INJ 10%	3	B/D
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CARNITOR	3	MO
CARNITOR SF	3	MO
CHEMET	3	MO
CUPRIMINE	3	MO
D-PENAMINE	3	
<i>deferasirox</i>	1	PA
<i>deferoxamine mesylate</i>	1	B/D
DEPEN TITRATABS	3	MO
DESFERAL	3	B/D
EXJADE	3	PA
FERRIPROX	3	PA MO
<i>fomepizole</i>	1	
JADENU SPRINKLE GRANULES	3	PA LA
JADENU TABS	3	PA LA
<i>kionex susp</i>	1	
<i>levocarnitine</i>	1	MO
LOKELMA	3	MO
NEUT INJ 4%	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>penicillamine caps</i>	1	MO
SAMSCA TABS 15MG	3	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	3	QL (60 EA per 30 days) PA
<i>sodium bicarbonate inj</i>	1	MO
<i>sodium bicarbonate partial fill 4.2%</i>	1	
SODIUM LACTATE INJ	3	
<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
SYPRINE	3	PA MO
<i>trientine hydrochloride</i>	1	PA MO
VELTASSA	3	QL (90 EA per 30 days) MO
<b>Phosphate Binders</b>		
AURYXIA	3	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps 667mg</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO
FOSRENOL POWD	3	MO
FOSRENOL CHEW 1000MG, 500MG, 750MG	3	MO
<i>lanthanum carbonate</i>	1	MO
PHOSLYRA	3	MO
RENAGEL TABS	3	ST MO
RENVELA	3	ST MO
<i>sevelamer carbonate (generic Renvela)</i>	1	MO
<i>sevelamer hydrochloride (generic Renagel)</i>	1	MO
VELPHORO	3	MO
<b>Vitamins</b>		
<i>adc/fluoride soln 35mg/ml; 400unit/ml; 0.5mg/ml; 1500unit/ml</i>	1	MO
AZESCO	2	
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

\*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
CITRANATAL MEDLEY	2	
CITRANATAL RX TABS	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
DOTHELLE DHA	2	MO
DUET DHA 400	2	MO
DUET DHA BALANCED	2	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
ESCAVITE D	3	
ESCAVITE LQ	3	
FLORIVA	3	MO
FOLET ONE	2	MO
FOLIVANE-OB	2	MO
HEMENATAL OB	2	MO
HEMENATAL OB + DHA	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 0.25 mg/ml</i>	1	MO
<i>multi-vit/iron/fluoride drops 0.25 mg/ml</i>	1	MO
<i>multi-vitamin/fluoride/iron drops 0.25 mg/ml</i>	1	MO
<i>multi-vitamin/fluoride drops 0.5 mg/ml</i>	1	MO
<i>multi-vitamin/fluoride chew 0.25mg</i>	1	MO
MULTIVITAMIN/FLUORIDE CHEW 60MG; 400UNIT; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0; 0.25MG; 1.05MG; 2500UNIT; 15UNIT, 60MG; 400UNIT; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0; 0.5MG; 1.05MG; 2500UNIT; 15UNIT, 60MG; 400UNIT; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0; 1MG; 1.05MG; 2500UNIT; 15UNIT	3	MO
<i>multivitamin/fluoride soln 0.5mg/ml</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>mvc-fluoride</i>	1	MO
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	2	MO
NATELLE ONE CAPS 30MG; 102MG; 250MG; 0.625MG; 28MG; 1MG; 25MG; 30UNIT	2	MO
NEONATAL PLUS	2	MO
NESTABS ABC	2	MO
NESTABS ONE	2	MO
NESTABS TABS 65MG; 155MG; 450UNIT; 55MG; 10MCG; 32MG; 1000MCG; 100MCG; 50MG; 3MG; 120MG; 3MG; 30UNIT; 10MG	2	MO
NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	2	MO
NIVA-PLUS	2	MO
O-CAL FA TABS 90MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 100MG; 20MG; 150MCG; 4MG; 3MG; 0.5MG; 3MG; 2500UNIT; 30UNIT; 15MG	2	MO
O-CAL PRENATAL	2	MO
OB COMPLETE GOLD	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
POLY-VI-FLOR/IRON SUSP	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
POLY-VI-FLOR/IRON CHEW 0.5MG	3	MO
POLY-VI-FLOR SUSP	3	MO
POLY-VI-FLOR CHEW 0.25MG, 0.5MG, 1MG	3	MO
<i>poly-vitamin/fluoride drops 0.25mg</i>	1	
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	2	
PREFERA OB +DHA	2	MO
PREFERA OB ONE	2	MO
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATA	2	MO
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	2	MO
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	2	MO
PRENATAL VITAMINS PLUS LOW IRON	2	MO
PRENATAL TABS 120MG; 0; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	2	MO
PRENATE AM	2	MO
PRENATE CHEW 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
PRENATE DHA CAPS 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	2	MO
PRENATE ELITE TABS 600MCG; 75MG; 2600UNIT; 330MCG; 155MG; 600UNIT; 1.5MG; 13MCG; 20MG; 400MCG; 25MG; 21MG; 150MCG; 21MG; 3.5MG; 3MG; 40UNIT; 15MG	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	2	MO
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	2	MO
PRETAB	2	MO
PRIMACARE CAPS	2	MO
PROVIDA DHA	2	MO
PROVIDA OB	2	MO
PUREFE OB PLUS	2	
QUFLORA FE	3	
QUFLORA FE PEDIATRIC	3	
QUFLORA GUMMIES	3	MO
QUFLORA PEDIATRIC CHEW	3	MO
QUFLORA PEDIATRIC SOLN 0.5MG/ ML	3	
QUFLORA PEDIATRIC SOLN 0.25MG/ML	3	MO
RELNATE DHA	2	MO
SE-NATAL 19	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
SELECT-OB	2	MO
TARON-C DHA	2	MO
TARON-PREX	2	MO
THRIVITE RX	2	MO
TL-SELECT	2	MO
TRI-VI-FLOR SUSP	3	MO
TRI-VIT/FLUORIDE/IRON	3	MO
<i>tri-vit/fluoride soln 0.5mg/ml</i>	1	MO
<i>tri-vitamin/fluoride soln 0.25mg/ml</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
TRISTART DHA	2	MO
TRISTART ONE	2	
ULTIMATECARE ONE	2	MO
VENA-BAL DHA	2	MO
VIRT-C DHA	2	MO
VIRT-NATE DHA	2	MO
VIRT-PN	2	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	2	MO
VIRT-PN PLUS	2	MO
VITAFOL FE+	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/d/c/fluoride</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
VOL-NATE	2	MO
VOL-PLUS	2	MO
VP-GGR-B6 PRENATAL	2	MO
VP-HEME ONE	2	MO
VP-PNV-DHA	2	MO
ZATEAN-PN DHA	2	MO
ZATEAN-PN PLUS	2	MO

## GASTROINTESTINAL AGENTS

### *Antispasmodics, Gastrointestinal*

ANASPAZ	3	MO
ATROPINE SULFATE INJ 0.25MG/5ML	3	
<i>atropine sulfate inj 0.5mg/5ml, 8mg/20ml</i>	1	
<i>atropine sulfate inj 0.4mg/ml, 1mg/10ml, 1mg/ml</i>	1	MO
<i>belladonna/opium supp</i>	1	MO
BENTYL INJ	3	MO
<i>chlordiazepoxide hcl/clidinium bromide</i>	1	QL (240 EA per 30 days) MO
CUVPOSA	3	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl inj</i>	1	
<i>dicyclomine hcl oral soln</i>	1	MO
<i>dicyclomine hcl caps, tabs</i>	1	MO
<i>ed-spaz tbdp</i>	1	
GLYCATE	3	
<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 1.5mg</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	MO
<i>hyoscyamine sulfate elix, inj</i>	1	
<i>hyoscyamine sulfate subl, tabs, odt tabs 0.125mg</i>	1	MO
LEVSIN/SL	3	MO
LEVSIN INJ	3	
LEVSIN TABS	3	MO
LIBRAX	3	QL (240 EA per 30 days) ST MO
<i>methscopolamine bromide 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>nulev</i>	1	MO
<i>oscimin</i>	1	
OSCIMIN SR	3	
<i>propantheline bromide tabs</i>	1	MO
ROBINUL FORTE	3	MO
ROBINUL TABS	3	MO
ROBINUL INJ 0.4MG/2ML, 1MG/5ML	3	
ROBINUL INJ 0.2MG/ML, 4MG/20ML	3	MO
<b><i>Gastrointestinal Agents, Other</i></b>		
ACTIGALL	3	MO
CHENODAL	3	PA
<i>cromolyn sodium conc oral soln 100mg/5ml</i>	1	MO
<i>diphenatol</i>	1	
<i>diphenoxylate/atropine</i>	1	MO
GASTROCROM CONC ORAL SOLN	3	MO
GATTEX	3	PA LA
LOMOTIL TABS	3	MO
<i>loperamide hcl caps</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	1	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hydrochloride tabs</i>	1	MO
<i>metoclopramide odt</i>	1	MO
MOTEGRITY	3	QL (30 EA per 30 days) PA MO
MOTOFEN	3	QL (240 EA per 30 days) ST MO
MOVANTIK TABS 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	2	QL (60 EA per 30 days) MO
MYALEPT	3	QL (30 EA per 30 days) PA MO
MYTESI	3	PA MO
NUTRESTORE	3	PA MO
OMECLAMOX-PAK	3	QL (160 EA per 365 days) MO
<i>paregoric</i>	1	MO
REGLAN TABS	3	MO
RELISTOR INJ	3	PA MO
RELISTOR TABS	3	QL (90 EA per 30 days) PA MO
SYMPROIC	2	MO
TRULANCE	3	QL (30 EA per 30 days) PA MO
URSO 250	3	MO
URSO FORTE	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>ursodiol caps, tabs</i>	1	MO
XERMELO	3	QL (84 EA per 28 days) PA MO
<b>Histamine2 (H2) receptor Antagonists</b>		
<i>cimetidine hcl 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
PEPCID	3	MO
<i>ranitidine hcl syrp</i>	1	MO
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	1	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO
<i>ranitidine hydrochloride caps</i>	1	MO
<i>ranitidine hydrochloride inj 1000mg/40ml</i>	1	
ZANTAC INJ 50MG/2ML	3	
ZANTAC INJ 25MG/ML	3	MO
ZANTAC TABS 300MG	3	MO
<b>Irritable Bowel Syndrome Agents</b>		
<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	2	QL (30 EA per 30 days) MO
LOTRONEX	3	QL (60 EA per 30 days) ST MO
VIBERZI	3	QL (60 EA per 30 days) PA MO
ZELNORM	3	QL (60 EA per 30 days) PA MO
<b>Laxatives</b>		
CLENPIQ	3	MO
COLYTE-FLAVOR PACKS SOLR 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</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>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	1	MO
GOLYTELY	2	MO
KRISTALOSE	3	MO
<i>lactulose pack, soln</i>	1	MO
MOVIPREP	3	MO
NULYTELY/FLAVOR PACKS	2	MO
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, powd (OTC not covered)</i>	1	MO
PREPOPIK	3	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte</i>	1	
<b>Protectants</b>		
CARAFATE	3	MO
CYTOTEC	3	MO
<i>misoprostol</i>	1	MO
SUCRALFATE SUSP	3	MO
<i>sucralfate tabs</i>	1	MO
<b>Proton Pump Inhibitors</b>		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO
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
NEXIUM	3	QL (30 EA per 30 days) MO
NEXIUM I.V. INJ 40MG	3	PA
<i>omeprazole/sodium bicarbonate</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

\*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>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
PREVACID SOLUTAB	3	QL (30 EA per 30 days) MO
PREVACID CAPS DR	3	QL (30 EA per 30 days) MO
PRILOSEC POWDER PACK 10MG	3	QL (120 EA per 30 days) MO
PRILOSEC POWDER PACK 2.5MG	3	QL (90 EA per 30 days) MO
PROTONIX INJ	3	
PROTONIX PACK	3	QL (30 EA per 30 days) MO
PROTONIX TBEC 20MG	3	QL (30 EA per 30 days) MO
PROTONIX TBEC 40MG	3	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tabs</i>	1	MO
ZEGERID	3	QL (30 EA per 30 days) PA 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
BUPHENYL POWD	3	PA
BUPHENYL TABS	3	PA LA
CARBAGLU	3	PA LA MO
CERDELGA	3	PA
CEREZYME INJ 400UNIT	3	PA LA
CHOLBAM	3	PA MO
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
CRYSVITA	3	PA
CYSTADANE	3	LA MO
CYSTAGON	3	PA LA
ELAPRASE	3	PA
ELELYSO	3	PA
EXONDYS 51	3	PA MO
FABRAZYME	3	PA LA
GALAFOLD	3	QL (14 EA per 28 days) PA
GLASSIA	3	PA
KANUMA	3	PA
KUVAN	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
LUMIZYME	3	PA LA
MEPSEVII	3	PA MO
<i>miglustat</i>	1	PA
NAGLAZYME	3	PA LA
NITYR	3	PA MO
OCALIVA	3	QL (30 EA per 30 days) PA
ORFADIN CAPS 10MG, 20MG, 2MG, 5MG	3	PA LA MO
PALYNZIQ	3	PA
PANCREAZE	3	MO
PERTZYE	3	MO
PROCYSBI CPDR 25MG	3	QL (120 EA per 30 days) PA MO
PROCYSBI CPDR 75MG	3	QL (810 EA per 30 days) PA MO
PROLASTIN-C	3	PA LA MO
RAVICTI	3	PA
REVCOVI	3	PA MO
<i>sodium phenylbutyrate powd, tabs</i>	1	PA
STRENSIQ	3	PA MO
SUCRAID	3	
TEGSEDI	3	QL (6 ML per 28 days) PA MO
VIMIZIM	3	PA
VIOKACE	3	MO
VPRIV	3	PA
XIAFLEX	3	PA MO
XURIDEN	3	QL (120 EA per 30 days) PA MO
ZAVESCA	3	PA LA MO
ZEMAIRA	3	PA LA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	MO

## GENITOURINARY AGENTS

### *Antispasmodics, Urinary*

<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) 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
DETROL	3	QL (60 EA per 30 days) MO
DETROL LA	3	QL (30 EA per 30 days) MO
DITROPAN XL TB24 5MG	3	QL (30 EA per 30 days) MO
DITROPAN XL TB24 10MG, 15MG	3	QL (60 EA per 30 days) MO
ENABLEX	3	QL (30 EA per 30 days) MO
<i>flavoxate hcl</i>	1	MO
GELNIQUE PUMP	3	QL (30 GM per 30 days) MO
GELNIQUE GEL 10%	3	QL (30 GM per 30 days) MO
MYRBETRIQ TB24 50MG	3	QL (30 EA per 30 days) MO
MYRBETRIQ TB24 25MG	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride er tab 24hr 5mg</i>	1	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tab 24hr 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
OXYTROL	3	QL (8 EA per 28 days) MO
<i>phosphasal</i>	1	MO
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO
<i>tolterodine tartrate er</i>	1	QL (30 EA per 30 days) MO
<i>tolterodine tartrate immediate release tabs</i>	1	QL (60 EA per 30 days) MO
TOVIAZ	2	QL (30 EA per 30 days) MO
<i>trospium chloride</i>	1	QL (60 EA per 30 days) MO
<i>trospium chloride er urin d/s</i>	1	QL (30 EA per 30 days) MO
UROGESIC-BLUE	3	MO
<i>utira-c</i>	1	MO
VESICARE	3	QL (30 EA per 30 days) MO
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
CARDURA XL	3	QL (60 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</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
FLOMAX	3	QL (60 EA per 30 days) MO
JALYN	3	QL (30 EA per 30 days) MO
PROSCAR	3	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
UROXATRAL	3	QL (30 EA per 30 days) MO
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% irrigation soln</i>	1	MO
<i>bethanechol chloride tabs</i>	1	MO
ELMIRON	3	MO
LITHOSTAT	3	MO
<i>neomycin/polymyxin b sulfates irrigation</i>	1	MO
NEOSPORIN GU IRRIGANT	3	MO
RENACIDIN IRRIGATION SOLN	3	MO
RIMSO-50	3	MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO
SORBITOL IRRIGATION SOLN	3	
SORBITOL-MANNITOL IRRIGATION SOLN	3	
THIOLA	3	
THIOLA EC	3	
URECHOLINE TABS	3	MO

### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

#### *Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)*

ALA SCALP	3	MO
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide crea, oint</i>	1	QL (60 GM per 30 days) MO
<i>amcinonide lotn</i>	1	QL (60 ML per 30 days) MO
ANALPRAM-HC CREA 1%	3	QL (30 GM per 30 days) MO
ANALPRAM-HC LOTN	3	QL (59 ML per 30 days) MO
ANUSOL-HC CREA	3	MO
APEXICON E	3	QL (60 GM per 30 days) MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>besser lotn</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate crea, lotn, oint</i>	1	MO
<i>betamethasone sodium phosphate/ betamethasone 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>betamethasone valerate crea, foam, lotn, oint</i>	1	MO
BRYHALI	3	QL (100 GM per 30 days) MO
<i>budesonide er</i>	1	MO
<i>budesonide delayed release caps 3mg</i>	1	MO
CAPEX	3	QL (120 ML per 30 days) MO
CELESTONE-SOLUSPAN	3	MO
<i>clobetasol propionate emollient crea</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam</i>	1	QL (100 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
CLOBEX LOTN, SHAM	3	QL (118 ML per 30 days) MO
CLOBEX SPRAY	3	QL (125 ML per 30 days) MO
<i>clocortolone pivalate</i>	1	QL (90 GM per 30 days) MO
<i>clocortolone pivalate pump</i>	1	QL (90 GM per 30 days) MO
<i>clodan shampoo</i>	1	QL (118 ML per 30 days)
CLODERM	3	QL (90 GM per 30 days) MO
CLODERM PUMP	3	QL (90 GM per 30 days) MO
<i>colocort</i>	1	
CORDRAN TAPE	3	MO
CORTEF TABS	3	MO
CORTENEMA	3	MO
CORTIFOAM FOAM 10%	3	QL (15 GM per 30 days) MO
<i>cortisone acetate tabs 25mg</i>	1	MO
CUTIVATE LOTN	3	QL (120 ML per 30 days) MO
<i>decadron elix</i>	1	
<i>decadron tabs 0.5mg, 0.75mg, 4mg, 6mg</i>	1	
<i>deltasone tabs 20mg</i>	1	
DEPO-MEDROL	3	MO
DESONATE	3	QL (60 GM per 30 days) MO
<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
DESOWEN LOTN	3	QL (118 ML per 30 days) MO
DESOWEN CREA	3	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	1	QL (100 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>desoximetasone liqd</i>	1	QL (100 ML per 30 days) MO
<i>desoximetasone gel</i>	1	QL (60 GM per 30 days) MO
<i>dexamethasone 10-day dose pack</i>	1	MO
<i>dexamethasone 13-day dose pack</i>	1	MO
<i>dexamethasone 6-day dose pack</i>	1	MO
DEXAMETHASONE INTENSOL ORAL SOLN CONC	3	MO
<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
DEXPAK 10 DAY TBPk	3	ST MO
DEXPAK 13 DAY TBPk	3	ST MO
DEXPAK 6 DAY	3	ST MO
<i>diflorasone diacetate</i>	1	QL (60 GM per 30 days) MO
DIPROLENE AF CREA	3	MO
DIPROLENE OINT	3	MO
ELOCON CREA, OINT	3	MO
EMFLAZA	3	PA MO
ENTOCORT EC	3	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</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 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>flurandrenolide lotn 0.05%</i>	1	QL (120 ML 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>halcinonide</i>	1	QL (60 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>halobetasol propionate crea 0.05%</i>	1	QL (50 GM per 30 days) MO
<i>halobetasol propionate oint 0.05%</i>	1	QL (50 GM per 30 days) MO
HALOG OINT 0.1%	3	QL (60 GM per 30 days) MO
HALOG CREA 0.1%	3	QL (60 GM per 30 days) MO
<i>hidex 6-day</i>	1	
<i>hydrocortisone acetate/pramoxine crea 1%; 1%</i>	1	QL (30 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 1%</i>	1	MO
<i>hydrocortisone external crea 2.5%</i>	1	QL (30 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 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
IMPOYZ	3	QL (60 GM per 30 days) MO
INTRAROSA	3	QL (28 EA per 28 days) PA MO
KENALOG-10 INJ	3	MO
KENALOG-40 INJ	3	MO
KENALOG-80	3	
KENALOG SPRAY	3	MO
LOCOID LIPOCREAM	3	QL (60 GM per 30 days) MO
LOCOID LOTN	3	QL (118 ML per 30 days) MO
LOCOID CREA	3	QL (45 GM per 30 days) MO
LOCOID SOLN	3	QL (60 ML per 30 days) MO
LUXIQ	3	MO
MEDROL DOSEPAK	3	MO
MEDROL TABS 16MG, 2MG, 32MG, 4MG, 8MG	3	MO
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	1	MO
<i>methylprednisolone dose pack tbpk</i>	1	MO
<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

\*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
MILLIPRED DOSEPAK 5MG 12-DAY	3	
MILLIPRED DOSEPAK 5MG 6-DAY	3	MO
MILLIPRED SOLN	3	
MILLIPRED TABS	3	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>nolix lotn</i>	1	QL (120 ML per 30 days)
OLUX	3	QL (100 GM per 30 days) MO
OLUX-E	3	QL (100 GM per 30 days) MO
ORAPRED ODT	3	MO
PANDEL	3	QL (80 GM per 30 days) MO
PEDIAPRED SOLN	3	MO
<i>prednicarbate oint, emollient crea</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
PROCTOCORT CREA	3	MO
<i>proctosol hc topical crea</i>	1	MO
<i>proctozone-hc</i>	1	MO
PSORCON CREA	3	QL (60 GM per 30 days) MO
RAYOS	3	MO
SOLU-CORTEF INJ 1000MG	3	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	3	MO
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 1000MG, 125MG, 40MG, 500MG	3	MO
SYNALAR CREA, OINT	3	QL (120 GM per 30 days) MO
SYNALAR SOLN	3	QL (90 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
TACLONEX SUSP 0.064%; 0.005%	3	QL (120 GM per 30 days) PA MO
TAPERDEX 12-DAY	3	ST
TAPERDEX 6-DAY	3	ST MO
TAPERDEX 7-DAY	3	ST
TEMOVATE CREA, OINT	3	QL (60 GM per 30 days) MO
TEXACORT SOLN 2.5%	3	MO
TOPICORT CREA, OINT	3	QL (100 GM per 30 days) MO
TOPICORT SPRAY	3	QL (100 ML per 30 days) MO
TOPICORT GEL	3	QL (60 GM per 30 days) MO
<i>tovet</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide topical spray 0.147mg/gm</i>	1	MO
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	1	MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	MO
TRIANEX	3	MO
<i>triderm</i>	1	
TRIDESILON CREA	3	QL (60 GM per 30 days) MO
UCERIS TABS 24HR	3	MO
UCERIS FOAM	3	QL (33.4 GM per 30 days) MO
ULTRAVATE CREA, OINT	3	QL (50 GM per 30 days) MO
ULTRAVATE LOTN	3	QL (60 ML per 30 days) MO
VANOS	3	QL (120 GM per 30 days) MO
VERIPRED 20	3	
ZILRETTA	3	MO
ZODEX 12-DAY	3	ST
ZODEX 6-DAY	3	ST MO

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)**

#### ***Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)***

ACTHAR	3	PA
CHORIONIC GONADOTROPIN	3	PA
DDAVP NASAL SOLN, TABS	3	MO
DDAVP INJ 4MCG/ML	3	MO
<i>desmopressin acetate inj, nasal soln, tabs</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
EGRIFTA INJ 2MG	3	QL (30 EA per 30 days) PA
EGRIFTA INJ 1MG	3	QL (60 EA per 30 days) PA
GENOTROPIN 12MG, 5MG	3	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE COMBO PACK INJ 5MG	3	PA
HUMATROPE INJ 12MG, 24MG, 6MG	3	PA
INCRELEX	3	PA LA
NOCDURNA	3	QL (30 EA per 30 days) PA MO
NOCTIVA	3	QL (3.8 GM per 30 days) PA MO
NORDITROPIN FLEXPRO	3	PA
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 5MG/2ML	3	PA
NUTROPIN AQ PEN 10MG/2ML, 20MG/2ML	3	PA
OMNITROPE	3	PA
PREGNYL INJ	3	PA
SAIZEN	3	PA
SEROSTIM INJ 4MG, 5MG, 6MG	3	PA
SIGNIFOR LAR INJ 20MG, 40MG, 60MG	3	QL (1 EA per 28 days) PA MO
STIMATE SOLN	3	
VASOSTRICT	3	
ZOMACTON INJ 5MG	3	PA
ZOMACTON INJ 10MG	3	PA MO
ZORBIVE	3	PA

### 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
ANDROGEL PUMP GEL 1.62%	3	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 40.5MG/2.5GM (1.62%)	3	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 1% (25MG, 50MG)	3	QL (300 GM per 30 days) PA MO

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



Drug name	Drug tier	Requirements/Limits
ANDROGEL GEL 20.25MG/1.25GM (1.62%)	3	QL (75 GM per 30 days) PA MO
AVEED	3	QL (6 ML per 70 days)
<i>danazol caps</i>	1	MO
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML	3	PA MO
FORTESTA	3	QL (120 GM per 30 days) PA MO
METHITEST	3	PA
<i>methyltestosterone caps</i>	1	PA MO
NATESTO	3	QL (24 GM per 30 days) PA MO
STRIANT	3	QL (60 EA per 30 days) PA MO
TESTIM	3	QL (300 GM per 30 days) PA MO
TESTOPEL	3	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	MO
<i>testosterone enanthate inj</i>	1	MO
<i>testosterone gel 12.5mg/act pump gel 1.62%</i>	1	QL (150 GM per 30 days) MO
<i>testosterone gel 12.5mg/act pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone gel 10mg/act pump</i>	1	QL (120 GM per 30 days) MO
<i>testosterone gel 1.62%, 40.5mg/2.5gm</i>	1	QL (150 GM per 30 days) MO
<i>testosterone gel 1% (25MG, 50MG)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone gel 20.25mg/1.25gm</i>	1	QL (75 GM per 30 days) MO
<i>testosterone soln 30mg/act</i>	1	QL (180 ML per 30 days) PA MO
VOGELXO	3	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	3	QL (300 GM per 30 days) PA MO
XYOSTED	3	PA MO
<b>Estrogens</b>		
ACTIVELLA	3	PA MO
<i>afirmelle</i>	1	
ALORA	3	QL (8 EA per 28 days) PA MO
<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	

\*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
ANGELIQ	3	PA MO
ANNOVERA	3	QL (1 EA per 365 days)
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</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	
BEYAZ	3	MO
BIJUVA	3	QL (30 EA per 30 days) PA MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
BREVICON-28	3	MO
<i>briellyn</i>	1	
CAMRESE	2	
CAMRESE LO	2	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA	3	QL (4 EA per 28 days) PA MO
CLIMARA PRO	3	QL (4 EA per 28 days) PA MO
COMBIPATCH	3	QL (8 EA per 28 days) PA MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<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	

\*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>daysee</i>	1	MO
DELESTROGEN	3	MO
<i>delyla</i>	1	
DEPO-ESTRADIOL INJ 5MG/ML	3	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
DIVIGEL GEL 0.1% (0.25MG, 0.5MG, 0.75MG)	3	QL (30 EA per 30 days) MO
DIVIGEL GEL 0.1% (1MG)	3	QL (30 GM per 30 days) MO
<i>dotti twice weekly patch 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.1mg/24hr</i>	1	QL (8 EA per 28 days) PA
<i>dotti twice weekly patch 0.075mg/24hr</i>	1	QL (8 EA per 28 days) PA MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
ELESTRIN	3	QL (70 GM per 30 days) MO
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	
ESTRACE CREA	3	MO
ESTRACE TABS	3	PA MO
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	MO
<i>estradiol/norethindrone acetate</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>estropipate tabs</i>	1	PA MO
ESTROSTEP FE	3	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
EVAMIST	3	QL (16.2 ML per 30 days) MO
<i>falmina</i>	1	
<i>fayosim</i>	1	MO
FEMHRT LOW DOSE	3	PA MO
FEMRING	3	QL (1 EA per 90 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>femynor</i>	1	
<i>fyavolv</i>	1	PA MO
GENERESS FE	3	MO
GIANVI	2	MO
<i>gildagia</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hydroxyprogesterone caproate inj 250mg/ml</i>	1	PA
IMVEXXY MAINTENANCE PACK	3	PA MO
IMVEXXY STARTER PACK	3	PA MO
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
JEVANTIQUE LO	3	PA
<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>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<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	
LAYOLIS FE	2	
LEENA	2	MO
<i>lessina</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>levonest</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
LO LOESTRIN FE	3	MO
<i>lo-zumandimine</i>	1	
LOESTRIN 1.5/30-21	3	MO
LOESTRIN 1/20-21	3	MO
LOESTRIN FE 1.5/30	3	MO
LOESTRIN FE 1/20	3	MO
<i>lopreeza</i>	1	PA
<i>loryna</i>	1	
LOSEASONIQUE	3	MO
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
MAKENA	3	PA
<i>marlissa</i>	1	MO
<i>melodetta 24 fe</i>	1	
MENEST TABS 0.3MG, 0.625MG, 1.25MG	3	PA MO
MENOSTAR	3	QL (4 EA per 28 days) PA MO
<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
MINASTRIN 24 FE	3	MO
MINIVELLE	3	QL (8 EA per 28 days) PA MO
MIRCETTE	3	MO
<i>mono-linyah</i>	1	
MONONESSA	2	
<i>myzilra</i>	1	
NATAZIA	3	MO
<i>necon 0.5/35-28</i>	1	
NECON 7/7/7	2	
<i>nikki</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>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew tabs</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol chew</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	PA MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate tabs</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs</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	
OGESTREL	3	MO
<i>orsythia</i>	1	
ORTHO TRI-CYCLEN	3	MO
ORTHO TRI-CYCLEN LO	3	MO
ORTHO-CYCLEN	3	MO
ORTHO-NOVUM 1/35	3	MO
ORTHO-NOVUM 7/7/7	3	MO
<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	
PREFEST	3	PA MO
PREMARIN CREA	3	MO
PREMARIN INJ	3	PA MO
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	PA MO
PREMPHASE	3	PA MO
PREMPRO	3	PA MO
<i>previfem</i>	1	MO
QUARTETTE	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>quasense</i>	1	
<i>rajani</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
SAFYRAL	3	MO
SEASONIQUE	3	MO
<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 24 fe</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	
<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	
TRI-NORINYL 28	3	MO
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	MO
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
TRINESSA	2	
TRINESSA LO	2	
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
VAGIFEM TABS 10MCG	3	MO
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</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
VIVELLE-DOT	3	QL (8 EA per 28 days) PA MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	MO
YASMIN 28	3	MO
YAZ	3	MO
<i>yuvafem</i>	1	MO
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<i>zumandimine</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
KYLEENA	3	MO
LILETTA	3	MO
TAYTULLA	3	MO
<b>Progesterone Agonists/Antagonists</b>		
ELLA	3	
<b>Progestins</b>		
AYGESTIN	3	MO
<i>camila</i>	1	MO
CRINONE GEL 8%	3	QL (16.88 GM per 30 days) PA MO
CRINONE GEL 4%	3	QL (6.75 GM per 30 days) PA MO
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE 150MG/ML	3	MO
DEPO-PROVERA INJ 400MG/ML	3	
DEPO-SUBQ PROVERA 104	3	MO
<i>errin</i>	1	MO
<i>heather</i>	1	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	1	PA
<i>incassia</i>	1	
<i>jencycla</i>	1	
JOLIVETTE	2	
<i>lyza</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>medroxyprogesterone acetate inj, tabs</i>	1	MO
MEGACE ES ORAL SUSP 625MG/5ML	3	PA MO
<i>megestrol acetate susp, tabs</i>	1	PA MO
MIRENA	3	MO
NEXPLANON	3	MO
NORA-BE	2	
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
ORTHO MICRONOR	3	MO
<i>progesterone caps, inj</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
<i>sharobel</i>	1	
SKYLA	3	MO
SLYND	2	MO
<i>tulana</i>	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	3	PA MO
EVISTA	3	MO
OSPHENA	3	QL (30 EA per 30 days) PA MO
<i>raloxifene hydrochloride</i>	1	MO

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)**

#### ***Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)***

ARMOUR THYROID	3	MO
CYTOMEL	3	MO
LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	MO
<i>levothyroxine sodium inj 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	1	
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	1	MO
<i>levothyroxine/liothyronine</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
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
NP THYROID 120	3	MO
NP THYROID 15	3	MO
NP THYROID 90	3	MO
NP THYROID TABS 30MG, 60MG	3	
SYNTHROID TABS	3	MO
<i>thyroid tabs 65mg</i>	1	
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	
TIROSINT	3	MO
TIROSINT-SOL SOLN 137MCG/ML	3	
TIROSINT-SOL SOLN 100MCG/ML, 112MCG/ML, 125MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 50MCG/ML, 75MCG/ML, 88MCG/ML	3	MO
TRIOSTAT	3	
TYMLOS	3	QL (1.56 ML per 30 days) PA
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
ELIGARD	3	PA
FIRMAGON	3	PA
<i>leuprolide acetate inj</i>	1	PA
LUPANETA PACK	3	PA
LUPRON DEPOT (1-MONTH)	3	PA
LUPRON DEPOT (3-MONTH)	3	PA
LUPRON DEPOT (4-MONTH)	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 (6-MONTH)	3	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	3	PA
LUPRON DEPOT-PED (3-MONTH)	3	PA
<i>octreotide acetate</i>	1	PA
ORLISSA TABS 150MG	3	QL (30 EA per 30 days) PA MO
ORLISSA TABS 200MG	3	QL (60 EA per 30 days) PA MO
SANDOSTATIN	3	PA
SANDOSTATIN LAR DEPOT	3	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ ML, 0.9MG/ML	3	PA LA MO
SIGNIFOR LAR INJ 10MG, 30MG	3	QL (1 EA per 28 days) PA MO
SOMATULINE DEPOT	3	PA
SOMAVERT	3	PA LA
SYNAREL	3	MO
TRELSTAR MIXJECT	3	PA
TRIPTODUR	3	PA MO
VANTAS	3	
ZOLADEX	3	

### HORMONAL AGENTS, SUPPRESSANT (THYROID)

#### **Antithyroid Agents**

<i>methimazole tabs 10mg, 5mg</i>	1	MO
<i>propylthiouracil tabs</i>	1	MO
TAPAZOLE	3	MO

### IMMUNOLOGICAL AGENTS

#### **Angioedema Agents**

BERINERT	3	QL (24 EA per 30 days) PA LA
CINRYZE	3	QL (20 EA per 30 days) PA
FIRAZYR	3	QL (27 ML per 30 days) PA
<i>icatibant acetate</i>	1	QL (27 ML per 30 days) PA
KALBITOR	3	QL (12 ML per 30 days) PA
RUCONEST	3	PA

#### **Immune Suppressants**

ASTAGRAF XL	3	B/D MO
AZASAN	3	B/D MO
<i>azathioprine inj</i>	1	B/D
<i>azathioprine tabs</i>	1	B/D MO
BENLYSTA	3	PA
CELLCEPT	3	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
CELLCEPT INJ	3	B/D
CIMZIA	3	QL (2 EA per 28 days) PA
CIMZIA STARTER KIT	3	QL (6 EA per 365 days) PA
<i>cyclosporine modified</i>	1	B/D MO
<i>cyclosporine inj</i>	1	B/D
<i>cyclosporine caps</i>	1	B/D MO
ENBREL MINI	3	QL (8 ML per 28 days) PA
ENBREL SURECLICK	3	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	3	QL (8 EA per 28 days) PA
ENBREL INJ 50MG/ML	3	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	3	QL (8.16 ML per 28 days) PA
ENVARUSUS XR	3	B/D MO
<i>gengraf caps 100mg, 25mg</i>	1	B/D
<i>gengraf 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
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA
IMURAN TABS	3	B/D MO
INFLECTRA	3	PA
KINERET	3	QL (18.76 ML per 28 days) PA MO
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	MO
<i>methotrexate tabs</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
MYFORTIC	3	B/D MO
NEORAL	3	B/D MO
NULOJIX	3	B/D
ORENCIA CLICKJECT INJ 125MG/ML	3	QL (4 ML per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
ORENCIA INJ 250MG	3	PA
ORENCIA INJ 50MG/0.4ML	3	QL (1.6 ML per 28 days) PA
ORENCIA INJ 87.5MG/0.7ML	3	QL (2.8 ML per 28 days) PA
ORENCIA INJ 125MG/ML	3	QL (4 ML per 28 days) PA
OTREXUP INJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	
PROGRAF INJ	3	B/D
PROGRAF CAPS, PACK	3	B/D MO
RAPAMUNE	3	B/D MO
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	3	
REMICADE	3	PA
RENFLEXIS	3	PA
SANDIMMUNE ORAL SOLN	2	B/D MO
SANDIMMUNE INJ	3	B/D
SANDIMMUNE CAPS 100MG, 25MG	3	B/D MO
SIMPONI ARIA 50MG/4ML	3	PA
SIMPONI INJ 50MG/0.5ML	3	QL (0.5 ML per 30 days) PA
SIMPONI INJ 100MG/ML	3	QL (3 ML per 30 days) PA
SIMULECT	3	B/D
<i>sirolimus soln, tabs</i>	1	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D MO
TREXALL	3	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
<b><i>Immunizing Agents, Passive</i></b>		
ATGAM	3	B/D
BIVIGAM	3	PA
CARIMUNE NANOFILTERED INJ 12GM, 6GM	3	PA
CUTAQUIG	3	PA MO
CUVITRU	3	PA
CYTOGAM INJ 50MG/ML	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
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 INJ 5%, 10%	3	PA
GAMUNEX-C	3	PA
HEPAGAM B	3	
HIZENTRA	3	PA
HYPERHEP B S/D	3	
HYPERRAB	3	
HYPERRAB S/D INJ 1500UNIT/10ML, 300UNIT/2ML	3	
HYPERRHO S/D INJ MINI-DOSE	3	
HYPERRHO S/D INJ FULL DOSE	3	
HYPERTET S/D	3	B/D
HYQVIA	3	PA
IMOGAM RABIES-HT INJ 300UNIT/2ML	3	
KEDRAB	3	
MICRHOGAM ULTRA-FILTERED PLUS	3	
NABI-HB	3	
OCTAGAM INJ 10GM/100ML, 1GM/20ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/50ML	3	PA
OCTAGAM INJ 10GM/200ML, 2.5GM/50ML, 5GM/100ML	3	PA MO
PANZYGA	3	PA
PRIVIGEN	3	PA
RHOGAM ULTRA-FILTERED PLUS	3	
RHOPHYLAC	3	
THYMOGLOBULIN	3	B/D
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	
<b>Immunomodulators</b>		
ACTEMRA ACTPEN	3	QL (3.6 ML per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
ACTEMRA INJ 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	3	QL (40 ML per 28 days) PA
ACTIMMUNE	3	PA LA
ARAVA TABS 10MG, 20MG	3	MO
ARCALYST	3	PA
ENTYVIO	3	QL (10 EA per 365 days) PA
ILARIS INJ 150MG/ML	3	QL (2 ML per 28 days) PA
KEVZARA	3	QL (2.28 ML per 28 days) PA
<i>leflunomide tabs</i>	1	MO
LEMTRADA	3	QL (6 ML per 365 days) PA
OLUMIANT TABS 2MG	3	QL (30 EA per 30 days) PA
OTEZLA STARTER PACK	3	QL (55 EA per 365 days) PA
OTEZLA TABS	3	QL (60 EA per 30 days) PA
RIDAURA	3	MO
RINVOQ	3	QL (30 EA per 30 days) PA
STELARA INJ 130MG/26ML	3	QL (104 ML per 365 days) PA
SYLVANT	3	PA
SYNAGIS	3	
XOLAIR INJ 150MG/ML, 75MG/0.5ML	3	PA
XOLAIR INJ 150MG	3	PA LA
<b>Vaccines</b>		
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	

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

Drug name	Drug tier	Requirements/Limits
IPOL INACTIVATED IPV	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
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	QL (2 EA per 999 days)
STAMARIL	3	
TETANUS/DIPHThERIA TOXOIDS- ADSORBED	2	B/D
TENIVAC	2	B/D
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG	3	
YF-VAX	2	
ZINPLAVA	3	PA
ZOSTAVAX	2	QL (1 EA per 999 days)

### INFLAMMATORY BOWEL DISEASE AGENTS

#### *Aminosaliclates*

APRISO	2	QL (120 EA per 30 days) MO
ASACOL HD	3	MO
<i>balsalazide disodium caps</i>	1	MO
CANASA SUPP 1000MG	3	MO
COLAZAL	3	MO
DELZICOL	3	MO
DIPENTUM	3	MO
GIAZO	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
LIALDA	3	MO
<i>mesalamine dr</i>	1	MO
<i>mesalamine kit, supp</i>	1	MO
<i>mesalamine enem</i>	1	QL (1680 ML per 28 days) MO
PENTASA	3	MO
ROWASA KIT	3	MO
SFROWASA	3	QL (1680 ML per 28 days) MO
<b>Sulfonamides</b>		
AZULFIDINE EN-TABS	3	MO
AZULFIDINE TABS	3	MO
<i>sulfasalazine tabs, dr tabs</i>	1	MO

## METABOLIC BONE DISEASE AGENTS

### **Metabolic Bone Disease Agents**

ACTONEL TABS 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABS 35MG	3	QL (12 EA per 84 days) ST MO
ACTONEL TABS 30MG, 5MG	3	QL (30 EA per 30 days) ST MO
<i>alendronate sodium soln</i>	1	MO
<i>alendronate sodium tabs 40mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium tabs 10mg, 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
ATELVIA	3	QL (4 EA per 28 days) ST MO
BINOSTO	3	QL (4 EA per 28 days) ST MO
BONIVA INJ	3	QL (3 ML per 90 days) MO
BONIVA TABS 150MG	3	QL (1 EA per 30 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)
<i>cinacalcet hydrochloride tabs 60mg</i>	1	QL (60 EA per 30 days)
<i>doxercalciferol inj</i>	1	
<i>doxercalciferol caps</i>	1	MO
<i>etidronate disodium</i>	1	MO
EVENITY	3	QL (2.34 ML per 28 days) PA
FORTEO INJ 600MCG/2.4ML	3	PA
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST MO
FOSAMAX TABS 70MG	3	QL (4 EA per 28 days) ST 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
HECTOROL CAPS	3	MO
HECTOROL INJ 2MCG/ML	3	
HECTOROL INJ 4MCG/2ML	3	MO
<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
MIACALCIN INJ	3	PA MO
NATPARA	3	PA
<i>pamidronate disodium</i>	1	
<i>paricalcitol</i>	1	MO
PROLIA	3	QL (1 ML per 166 days)
RAYALDEE	3	MO
RECLAST	3	
<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
ROCALTROL	3	MO
SENSIPAR TABS 30MG, 90MG	3	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	3	QL (60 EA per 30 days)
XGEVA	3	PA
ZEMPLAR INJ	3	MO
ZEMPLAR CAPS 1MCG, 2MCG	3	MO
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	
ZOMETA INJ 4MG/100ML, 4MG/5ML	3	

### 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 12.7MM	2	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	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
BOTOX INJ 200UNIT	3	QL (2 EA per 70 days) PA MO
BOTOX INJ 100UNIT	3	QL (4 EA per 70 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
CURITY GAUZE PADS 2"X2"	2	MO
DYSPORT	3	PA 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
JYNARQUE TBPK	3	PA
JYNARQUE TABS	3	PA MO
KEVEYIS	3	QL (120 EA per 28 days) PA MO
<i>methergine tabs</i>	1	MO
<i>methylergonovine maleate tabs</i>	1	MO
<i>mifepristone</i>	1	
MYOBLOC	3	PA MO
OMNIPOD 10 PACK	3	MO
OMNIPOD 5 PACK	3	MO
OMNIPOD STARTER KIT	3	MO
ORALAIR	3	QL (30 EA per 30 days) PA MO
ORFADIN SUSP 4MG/ML	3	PA LA MO
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	3	
SARAFEM TABS 20MG	3	QL (120 EA per 30 days) MO
SARAFEM TABS 10MG	3	QL (30 EA per 30 days) MO
SMOFLIPID	3	B/D
SOLIRIS	3	PA
ULTOMIRIS	3	PA
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
VISTOGARD	3	QL (20 EA per 166 days) MO
XEOMIN	3	PA MO

## OPHTHALMIC AGENTS

### *Ophthalmic Prostaglandin and Prostanoid Analogs*

<i>bimatoprost</i>	1	MO
COMBIGAN	2	MO
<i>latanoprost soln</i>	1	MO
LUMIGAN	2	MO
ROCKLATAN	3	MO
TRAVATAN Z	2	MO
VYZULTA	3	ST MO
XALATAN	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
XELPROS	3	ST
ZIOPTAN	3	ST MO
<b>Ophthalmic Agents, Other</b>		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	2	MO
AZASITE	3	MO
<i>bacitracin/neomycin/polymyxin ophthalmic oint</i>	1	MO
<i>bacitracin/polymyxin b ophthalmic oint</i>	1	MO
<i>bacitracin ophthalmic oint 500unit/gm</i>	1	MO
BESIVANCE	2	MO
BLEPH-10 SOLN	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P. OINT	3	MO
CEQUA	3	QL (60 EA per 30 days) PA MO
CILOXAN OINT	2	MO
CILOXAN SOLN	3	MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	1	MO
CYCLOGYL	3	MO
<i>cyclopentolate hcl 0.5% soln 0.5%</i>	1	MO
<i>cyclopentolate hcl 1%, 2%</i>	1	MO
CYSTARAN	3	PA LA MO
<i>erythromycin oint 5mg/gm</i>	1	MO
EYLEA	3	PA
<i>gatifloxacin soln</i>	1	MO
<i>gentak oint</i>	1	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	MO
ISOPTO ATROPINE SOLN 1%	3	MO
JETREA SOLN 1.25MG/ML	3	PA MO
LACRISERT	3	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	1	MO
LUCENTIS	3	PA
MAXITROL	3	MO
MOXEZA	2	MO
NATACYN	3	MO
<i>neo-polycin</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>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
OCUFLOX	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	1	MO
OXERVATE	3	QL (28 ML per 28 days) PA MO
<i>phenylephrine hcl ophthalmic soln 10%</i>	1	
<i>phenylephrine hcl ophthalmic soln 2.5%</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
POLYTRIM	3	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 oint 10%</i>	1	MO
<i>sulfacetamide sodium ophthalmic soln 10%</i>	1	MO
<i>tetracaine hcl ophthalmic soln 0.5%</i>	1	MO
tetravisc	1	
TOBRADEX ST SUSP	2	MO
TOBRADEX OINT	2	MO
TOBRADEX SUSP	3	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>tobramycin/dexamethasone susp</i>	1	MO
TOBEX	3	MO
trifluridine	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>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
VIGAMOX	3	MO
VIROPTIC	3	MO
XIIDRA	3	QL (60 EA per 30 days) PA MO
ZIRGAN	3	MO
ZYLET	2	MO
ZYMAXID	3	MO
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	MO
BEPREVE	2	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	1	MO
ELESTAT	3	MO
EMADINE	3	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
PATADAY	3	MO
PATANOL	3	MO
PAZEO	2	MO
<i>phenylephrine hcl soln 10%</i>	1	
<b>Ophthalmic Anti-inflammatories</b>		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL	3	MO
ALREX	2	MO
<i>bromfenac</i>	1	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	MO
DUREZOL	2	MO
FLAREX	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>fluorometholone</i>	1	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	1	MO
FML	3	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILEVRO	2	MO
INVELTYS	3	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
MAXIDEX SUSP	3	MO
NEVANAC	3	MO
OMNIPRED	3	MO
OZURDEX	3	
PRED FORTE	3	MO
PRED MILD	3	MO
PRED-G	3	MO
PRED-G S.O.P.OINT	3	MO
<i>prednisolone acetate ophthalmic soln 1%</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	MO
PROLENSA	2	MO
TRIESENCE	3	MO
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P SOLN 0.1%	2	MO
ALPHAGAN P SOLN 0.15%	3	MO
<i>apraclonidine</i>	1	MO
AZOPT	2	MO
BETAGAN SOLN 0.5%	3	MO
<i>betaxolol hcl soln 0.5%</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	MO
COSOPT	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
COSOPT PF	3	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hcl/timolol maleate pf</i>	1	MO
IOPIDINE	3	MO
ISOPTO CARPINE SOLN 1%, 2%, 4%	3	MO
ISTALOL	3	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
<i>metipranolol</i>	1	
MIRVASO	3	MO
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	MO
RHOPRESSA	3	ST MO
SIMBRINZA	2	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TRUSOPT	3	MO

## OTIC AGENTS

### Otic Agents

<i>acetazol hc</i>	1	
<i>acetic acid otic soln</i>	1	MO
CIPRO HC OTIC SUSP	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
CORTISPORIN-TC	3	MO
DERMOTIC	3	QL (20 ML per 30 days) 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

\*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
OTOVEL	3	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
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days) ST MO
ALVESCO	3	QL (12.2 GM per 30 days) ST MO
ARMONAIR RESPICLICK 113	3	QL (1 EA per 30 days) ST MO
ARMONAIR RESPICLICK 232	3	QL (1 EA per 30 days) ST MO
ARMONAIR RESPICLICK 55	3	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (4 EA per 28 days) ST MO
BECONASE AQ SUSP	3	QL (50 GM 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
DUAKLIR PRESSAIR	3	QL (1 EA per 30 days) ST
DULERA	3	QL (13 GM per 30 days) ST MO
FLOVENT DISKUS AEPB 100MCG/ BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/ BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	1	MO
FLUTICASONE PROPIONATE/ SALMETEROL	3	QL (1 EA per 30 days) ST 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>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA 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
OMNARIS	3	QL (12.5 GM per 30 days) MO
PULMICORT	3	B/D MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
QNASL	3	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	3	QL (6.8 GM per 30 days) MO
QVAR	3	QL (17.4 GM per 30 days) ST MO
QVAR REDHALER	3	QL (21.2 GM per 30 days) ST MO
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL (12 GM per 30 days) MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL (13.8 GM per 30 days) MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
<i>triamcinolone acetonide aero 55mcg/act</i>	1	MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
XHANCE	3	QL (16 ML per 30 days) MO
ZETONNA	3	QL (6.1 GM per 30 days) MO
<b>Antihistamines</b>		
ASTEPRO SOLN 0.15%	3	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride 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
CLARINEX-D 12 HOUR	3	MO
CLARINEX TABS	3	QL (30 EA per 30 days) MO
CLARINEX SYRP	3	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	1	PA MO
<i>cyproheptadine hcl syrp, tabs</i>	1	PA MO
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>dexchlorpheniramine maleate soln</i>	1	PA
<i>diphenhydramine hcl elix</i>	1	PA
<i>diphenhydramine hcl inj 50mg/ml</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
DYMISTA	3	QL (23 GM per 30 days) MO
<i>hydroxyzine hcl syrp</i>	1	PA MO
<i>hydroxyzine hcl inj 25mg/ml</i>	1	PA MO
<i>hydroxyzine hcl tabs 25mg</i>	1	PA MO
<i>hydroxyzine hydrochloride inj</i>	1	PA MO
<i>hydroxyzine hcl tabs 10mg, 50mg</i>	1	PA MO
<i>hydroxyzine pamoate caps</i>	1	PA MO
KARBINAL ER	3	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
PATANASE	3	QL (30.5 GM per 30 days) MO
PHENERGAN INJ 25MG/ML, 50MG/ML	3	PA 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 hcl tabs 50mg</i>	1	PA MO
<i>promethazine vc plain soln</i>	1	PA MO
<i>promethazine/phenylephrine</i>	1	PA MO
RYCLORA	3	PA
RYVENT	3	PA MO
SEMPREX-D	3	QL (56 EA per 28 days) MO
VISTARIL CAPS 25MG, 50MG	3	PA MO
<b>Antileukotrienes</b>		
ACCOLATE	3	QL (60 EA per 30 days) MO
<i>montelukast sodium chew, granules, tabs</i>	1	QL (30 EA per 30 days) MO
SINGULAIR	3	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
<i>zileuton er</i>	1	QL (120 EA per 30 days) MO
ZYFLO	3	QL (120 EA per 30 days) MO
ZYFLO CR	3	QL (120 EA per 30 days) MO
<b>Bronchodilators, Anticholinergic</b>		
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

\*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/albuterol sulfate neb</i>	1	B/D MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<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
LONHALA MAGNAIR REFILL KIT	3	QL (60 ML per 30 days) ST MO
LONHALA MAGNAIR STARTER KIT	3	QL (60 ML per 30 days) ST MO
SEEBRI NEOHALER	3	QL (60 EA per 30 days) ST MO
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) ST MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) ST MO
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST MO
YUPELRI	3	QL (90 ML per 30 days) PA MO
<b>Bronchodilators, Sympathomimetic</b>		
ADRENALIN INJ 30MG/30ML	3	
ADRENALIN INJ 1MG/ML	3	MO
<i>albuterol sulfate er tabs</i>	1	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</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
ARCAPTA NEOHALER	3	QL (30 EA per 30 days) ST MO
AUVI-Q INJ 0.1MG/0.1ML	3	QL (2 EA per 30 days) ST
AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL (2 EA per 30 days) ST MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BROVANA	3	QL (120 ML per 30 days) PA MO
<i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i>	1	
<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 0.63mg/3ml, 1.25mg/3ml</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>levalbuterol hydrochloride nebu 0.31mg/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 syrpr, tabs</i>	1	MO
PERFOROMIST	3	QL (120 ML per 30 days) PA MO
PROAIR HFA	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
PROVENTIL HFA	3	QL (13.4 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) ST MO
SYMJEPI	3	QL (2 EA per 30 days)
<i>terbutaline sulfate inj, tabs</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
XOPENEX	3	B/D MO
XOPENEX 1.25MG/0.5ML NEBU (CONCENTRATED)	3	B/D MO
XOPENEX HFA	3	QL (30 GM per 30 days) MO
<b>Cystic Fibrosis Agents</b>		
BETHKIS	3	QL (224 ML per 56 days) B/D LA
CAYSTON	3	PA LA
KALYDECO	3	PA MO
KITABIS PAK	3	QL (280 ML per 56 days) B/D
ORKAMBI	3	PA MO
PULMOZYME	3	PA
SYMDEKO	3	QL (56 EA per 28 days) PA
TOBI	3	QL (280 ML per 56 days) B/D LA
TOBI PODHALER	3	QL (224 EA per 42 days) PA
<i>tobramycin nebu 300mg/5ml</i>	1	QL (280 ML per 56 days) B/D
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D MO
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline inj</i>	1	
DALIRESP	3	MO
ELIXOPHYLLIN	3	MO
THEO-24	3	MO
<i>theophylline cr tab 12hr 100mg, 200mg</i>	1	MO
<i>theophylline er tab 24hr</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>theophylline er tab 12hr 300mg, 450mg</i>	1	MO
THEOPHYLLINE/D5W INJ 0.8MG/ML	3	
<i>theophylline oral soln 80mg/15ml</i>	1	MO
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	3	PA
ADEMPAS	3	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	PA LA
FLOLAN	3	PA
LETAIRIS	3	QL (30 EA per 30 days) PA LA
OPSUMIT	3	QL (30 EA per 30 days) PA LA
ORENITRAM	3	PA
REMODULIN	3	PA LA
REVATIO INJ	3	QL (1125 ML per 30 days) PA
REVATIO ORAL SUSP 10MG/ML	3	QL (224 ML per 30 days) PA
REVATIO TABS	3	QL (90 EA per 30 days) PA
<i>sildenafil citrate susr</i>	1	QL (224 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	1	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	1	QL (1125 ML per 30 days) PA
<i>tadalafil tabs 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
TYVASO	3	PA
TYVASO REFILL	3	PA
TYVASO STARTER	3	PA
UPTRAVI TITRATION PAK	3	PA LA
UPTRAVI TABS 800MCG	3	QL (120 EA per 30 days) PA LA
UPTRAVI TABS 600MCG	3	QL (150 EA per 30 days) PA LA
UPTRAVI TABS 400MCG	3	QL (240 EA per 30 days) PA LA
UPTRAVI TABS 200MCG	3	QL (480 EA per 30 days) PA LA
UPTRAVI TABS 1200MCG, 1400MCG, 1600MCG	3	QL (60 EA per 30 days) PA LA
UPTRAVI TABS 1000MCG	3	QL (90 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
VELETRI	3	PA
VENTAVIS	3	PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET	3	PA
OFEV	3	PA
<b>Respiratory Tract Agents, Other</b>		
ACETADOTE	3	
<i>acetylcysteine inj</i>	1	
<i>acetylcysteine inhalation soln</i>	1	B/D MO
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
CETYLEV TBEF 2.5GM	3	
CETYLEV TBEF 500MG	3	MO
CINQAIR	3	PA
FASENRA	3	QL (1 ML per 28 days) PA
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	
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) ST MO
UTIBRON NEOHALER	3	QL (60 EA per 30 days) ST MO
VIRAZOLE	3	

## SKELETAL MUSCLE RELAXANTS

### **Skeletal Muscle Relaxants**

AMRIX	3	QL (30 EA per 30 days) PA MO
<i>carisoprodol/aspirin</i>	1	QL (240 EA per 30 days) PA MO
<i>carisoprodol/aspirin/codeine</i>	1	QL (240 EA per 30 days) PA MO
<i>carisoprodol tabs</i>	1	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tabs 375mg, 750mg</i>	1	QL (120 EA per 30 days) PA MO
<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
<i>cyclobenzaprine hydrochloride er</i>	1	QL (30 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs</i>	1	QL (90 EA per 30 days) PA MO
FEXMID	3	QL (90 EA per 30 days) PA MO
LORZONE	3	QL (120 EA per 30 days) PA MO
<i>metaxall</i>	1	QL (120 EA per 30 days) PA
<i>metaxalone</i>	1	QL (120 EA per 30 days) PA MO
<i>methocarbamol inj 1000mg/10ml</i>	1	PA
<i>methocarbamol tabs 750mg</i>	1	QL (240 EA per 30 days) PA MO
<i>methocarbamol tabs 500mg</i>	1	QL (360 EA per 30 days) PA MO
NORGESIC FORTE	3	QL (120 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
<i>orphenadrine citrate er tabs</i>	1	QL (60 EA per 30 days) PA MO
<i>orphenadrine citrate inj 30mg/ml</i>	1	PA MO
ROBAXIN-750 TABS	3	QL (240 EA per 30 days) PA MO
ROBAXIN TABS 500MG	3	QL (360 EA per 30 days) PA MO
ROBAXIN INJ 1000MG/10ML	3	PA MO
SKELAXIN TABS 800MG	3	QL (120 EA per 30 days) PA MO
SOMA	3	QL (120 EA per 30 days) PA MO

## SLEEP DISORDER AGENTS

### **GABA Receptor Modulators**

AMBIEN	3	QL (30 EA per 30 days) PA MO
AMBIEN CR	3	QL (30 EA per 30 days) PA MO
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days) PA MO
EDLUAR SUBL 5MG	3	QL (60 EA per 30 days) PA MO
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO
INTERMEZZO	3	QL (30 EA per 30 days) PA MO
LUNESTA	3	QL (30 EA per 30 days) PA MO
SONATA CAPS 5MG	3	QL (30 EA per 30 days) PA MO
SONATA CAPS 10MG	3	QL (60 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</i>	1	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate er</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
BELSOMRA	3	QL (30 EA per 30 days) ST MO
BUTISOL SODIUM TABS 30MG	3	QL (180 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
NEMBUTAL SODIUM INJ	3	PA
NUVIGIL	3	QL (30 EA per 30 days) PA MO
<i>pentobarbital sodium inj</i>	1	PA
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	1	PA
PROVIGIL TABS 100MG	3	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 200MG	3	QL (60 EA per 30 days) PA MO
<i>ramelteon</i>	1	QL (30 EA per 30 days) MO
ROZEREM	3	QL (30 EA per 30 days) MO
SECONAL SODIUM	3	QL (30 EA per 30 days) PA MO

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



Drug name	Drug tier	Requirements/Limits
SILENOR TABS 6MG	2	QL (30 EA per 30 days) MO
SILENOR TABS 3MG	2	QL (60 EA per 30 days) MO
SUNOSI	3	QL (30 EA per 30 days) PA MO
WAKIX	3	QL (60 EA per 30 days) PA
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>claravis</i>	91	CLINIMIX 5%/ DEXTROSE 15%	96	<i>clozapine</i>	59
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<i>clemastine fumarate</i>	146	CLINIMIX 5%/ DEXTROSE 25%	96	COCAINE	14
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	91	CLINIMIX 5%/ DEXTROSE 25%	96	COGENTIN	54
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<i>tropium chloride er</i>	113	URSO 250	108	VARUBI	39
TRULANCE	108	<i>ursodiol</i>	109	VASCEPA	84
TRULICITY	68	URSO FORTE	108	VASERETIC	76
TRUMENBA	136	UTIBRON NEOHALER	151	VASOSTRICT	120
TRUSOPT	144	<i>utira-c</i>	113	VASOTEC	76
				VECAMYL	81

Drug name	Page	Drug name	Page	Drug name	Page
VECTIBIX	49	VIBRAMYCIN	29	VISTOGARD	139
VECTICAL	95	<i>vicodin</i>	18	VITAFOL	106
VELCADE	49	<i>vicodin es</i>	18	VITAFOL FE+	106
VELETRI	151	<i>vicodin hp</i>	18	VITAFOL GUMMIES	106
<i>velivet</i>	127	VICTOZA	68	VITAFOL-NANO	106
VELPHORO	101	VIDAZA	72	VITAFOL-OB	106
VELTASSA	101	VIDEX EC	62	VITAFOL-ONE	106
VEMLIDY	59	VIDEX PEDIATRIC	62	VITAFOL ULTRA	106
VENA-BAL DHA	106	VIEKIRA PAK	60	VITAMEDMD ONE RX/ QUATREFOLIC	106
VENCLEXTA	51	VIEKIRA XR	60	<i>vitamins a/d/c/fluoride</i>	106
VENCLEXTA STARTING PACK	51	<i>vienva</i>	127	VITRAKVI	51
<i>venlafaxine hcl</i>	36, 37	<i>vigabatrin</i>	32	VIVELLE-DOT	128
<i>venlafaxine hcl er</i>	36, 37	<i>vigadrone</i>	32	VIVITROL	19
VENTAVIS	151	VIGAMOX	142	VIVLODEX	12
VENTOLIN HFA	149	VIIBRYD	37	VIZIMPRO	49
<i>verapamil</i>	80	VIIBRYD STARTER PACK	37	VOGELXO	121
<i>verapamil hcl er</i>	76, 80	VIMIZIM	112	VOGELXO PUMP	121
<i>verapamil hcl sr</i>	80	VIMOVO	12	VOL-NATE	107
<i>verapamil hydrochloride</i>	80	VIMPAT	33	VOL-PLUS	107
VEREGEN	95	<i>vinblastine sulfate</i>	49	VOLTAREN	12
VERELAN	80	<i>vincasar pfs</i>	49	<i>voriconazole</i>	41
VERELAN PM	80	<i>vincristine sulfate</i>	49	VOSEVI	60
VERIPRED 20	119	<i>vinorelbine tartrate</i>	49	VOTRIENT	51
VERSACLOZ	59	VIOKACE	112	VP-GGR-B6 PRENATAL	107
VERZENIO	49	<i>viorele</i>	127	VP-HEME ONE	107
VESICARE	113	VIRACEPT	63	VP-PNV-DHA	107
<i>vestura</i>	127	VIRAMUNE	61	VPRIV	112
VFEND	41	VIRAMUNE XR	61	VRAYLAR	58
VFEND IV	41	VIRASAL	95	VRAYLAR CAP	58
V-GO 20	139	VIRAZOLE	151	THERAPY PACK	
V-GO 30	139	VIREAD	62	VUSION	41
V-GO 40	139	VIROPTIC	142	<i>vyfemla</i>	128
VIBATIV	23	VIRT-C DHA	106	<i>vylibra</i>	127, 128
VIBERZI	109	VIRT-NATE DHA	106	VYNDAMAX	81
		VIRT-PN	106	VYNDAQUEL	81
		VIRT-PN DHA	106	VYTORIN	84
		VIRT-PN PLUS	106	VYVANSE	86
		VISTARIL	147		

Drug name	Page	Drug name	Page	Drug name	Page
VYXEOS	46	XOPENEX	149	ZAVESCA	112
VYZULTA	139	XOPENEX HFA	149	<i>zebutal</i>	10
WAKIX	153	XOSPATA	52	ZEGERID	111
<i>warfarin sodium</i>	71	XPOVIO	49	ZEJULA	49
WELCHOL	84	XTAMPZA ER	14	ZELAPAR	55
WELLBUTRIN SR	34	XTANDI	45	ZELBORAF	52
WELLBUTRIN XL	34	<i>xulane</i>	128	ZELNORM	109
<i>vera</i>	128	XULTOPHY	70	ZEMAIRA	112
WINRHO SDF	134	XURIDEN	112	ZEMBRACE	43
<i>wixela</i>	146	XYLOCAINE	19,	SYMTOUCH	
<i>wymzya fe</i>	128		77	ZEMDRI	21
XADAGO	55	<i>xylocaine dental</i>	19	ZEMPLAR	138
XALATAN	139	XYLOCAINE/	19	<i>zenatane</i>	95
XALKORI	51	EPINEPHRINE		<i>zenchent</i>	128
XANAX	65	XYLOCAINE-MPF	19	ZENPEP	112
XANAX XR	65	XYLOCAINE-MPF/	19	<i>zenzedi</i>	86
XARELTO	71	EPINEPHRINE		ZENZEDI	86
XARELTO STARTER	71	XYOSTED	121	ZEPATIER	60
PACK		XYREM	153	ZERBAXA	25
XATMEP	133	YASMIN 28	128	ZERIT	62
XELJANZ	133	YAZ	128	ZESTORETIC	76
XELJANZ XR	133	YERVOY	49	ZESTRIL	76
XELPROS	140	YF-VAX	136	ZETIA	84
XENAZINE	88	YONDELIS	45	ZETONNA	146
XEOMIN	139	YONSA	45	ZIAC	79
XEPI	95	YOSPRALA	73	ZIAGEN	62
XERAFA	29	YUPELRI	148	ZIANA	95
XERESE	63	<i>yuvafem</i>	128	<i>zidovudine</i>	61,
XERMELO	109	<i>zafirlukast</i>	147		62
XGEVA	138	<i>zaleplon</i>	152	<i>zileuton er</i>	147
XHANCE	146	ZALTRAP	49	ZILRETTA	119
XIAFLEX	112	ZANAFLEX	59	ZINBRYTA	89
XIFAXAN	23	ZANOSAR	49	ZINECARD	49
XIGDUO XR	68,	ZANTAC	109	ZINPLAVA	136
	69	<i>zarah</i>	128	ZIOPTAN	140
XIIDRA	142	ZARONTIN	30	<i>ziprasidone hcl</i>	58
XIMINO	29	ZARXIO	72	ZIPSOR	12
XOFLUZA	63	ZATEAN-PN DHA	107	ZIRGAN	142
XOLAIR	135	ZATEAN-PN PLUS	107	ZITHROMAX	27

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
ZITHROMAX TRI-PAK	27	ZYCLARA	95
ZITHROMAX Z-PAK	27	ZYDELIG	52
ZOCOR	83	ZYFLO	147
ZODEX 6-DAY	119	ZYFLO CR	147
ZODEX 12-DAY	119	ZYKADIA	52
ZOFRAN	39	ZYLET	142
ZOFRAN ODT	39	ZYLOPRIM	42
ZOHYDRO ER	14	ZYMAXID	142
ZOLADEX	131	ZYPITAMAG	84
<i>zoledronic acid</i>	138	ZYPREXA	58
ZOLINZA	49	ZYPREXA RELPREVV	58
<i>zolmitriptan</i>	43	ZYPREXA ZYDIS	58
<i>zolmitriptan odt</i>	43	ZYTIGA	45
ZOLOFT	37	ZYVOX	23
<i>zolpidem tartrate</i>	152		
<i>zolpidem tartrate er</i>	152		
ZOMACTON	120		
ZOMETA	138		
ZOMIG	43		
ZOMIG ZMT	43		
ZONALON	95		
ZONEGRAN	30		
<i>zonisamide</i>	30		
ZONTIVITY	71		
ZORBTIVE	120		
ZORTRESS	133		
ZORVOLEX	12		
ZOSTAVAX	136		
ZOSYN	27		
<i>zovia 1/35e</i>	128		
<i>zovia 1/50e</i>	128		
ZOVIRAX	63		
ZTLIDO	19		
ZUBSOLV	20		
<i>zumandimine</i>	125, 128		
ZUPLENZ	39		
ZURAMPIC	42		
ZYBAN	20		

## 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	

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Drug name	Drug tier	Requirements/Limits
<i>nuquin hp</i>	1	
PERLANE	2	
PERLANE-L	2	
PROPECIA	2	
REFISSA	2	
<i>remergent hq</i>	1	
RENOVA PUMP	2	
RESTYLANE	2	
RESTYLANE-L	2	
<i>skin bleaching</i>	1	
<i>skin bleaching/sunscreen</i>	1	
<i>tl hydroquinone</i>	1	
<i>tretinoin emollient</i>	1	
TRI-LUMA	2	
VANIQA	2	

#### COUGH AND COLD

<i>benzonatate</i>	1	
<i>biotuss</i>	1	
<i>biotuss pediatric</i>	1	
<i>bromfed dm</i>	1	
CARBAPHEN 12	2	
CARBAPHEN 12 PED	2	
<i>centergy dm</i>	1	
CODAR AR	2	
CPB WC	2	
DECON-A	2	
DECON-G	2	
<i>dextromethorphan hbr/</i> <i>phenylephrine hcl/chlorpheniramine</i>	1	
<i>entre-b</i>	1	
EXACTUSS	2	
<i>exefen-ir</i>	1	
FLOWTUSS	2	

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Drug name	Drug tier	Requirements/Limits
GILPHEX TR	2	
GILTUSS	2	
<i>giltuss pediatric</i>	1	
GILTUSS TR CAPS 14MG; 288MG; 7MG	2	
GILTUSS TR TABS 28MG; 388MG; 10MG	2	
GILTUSS TR TB12 30MG; 600MG; 20MG	2	
<i>guaifenesin/dextromethorphan sr</i>	1	
HDC DM	2	
HYCOFENIX	2	
<i>hydrocodone bitartrate/ chlorpheniramine maleate/pse</i>	1	
<i>hydrocodone bitartrate/homatropine methylbromide</i>	1	
<i>hydrocodone polistirex/ chlorpheniramine polistirex</i>	1	
<i>hydromet</i>	1	
<i>lexuss 210</i>	1	
MUCINEX DM	2	
NARIZ	2	
NASOTUSS	2	
NEOTUSS PLUS	2	
<i>nohist-dm</i>	1	
<i>nortuss-de</i>	1	
NORTUSS-EX	2	
OBREDON	2	
<i>phenylephrine/guaifenesin</i>	1	
PROHIST CD	2	
PROHIST CF	2	
PROMETHAZINE VC/CODEINE	2	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	

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Drug name	Drug tier	Requirements/Limits
RELHIST	2	
RHINOLAR	2	
TESSALON PERLES	2	
TGQ 15DM/5PEH/2CPM	2	
TGQ 30PSE/150GFN/15DM	2	
TGQ 30PSE/3BRM/15DM	2	
TUSNEL PED-C	2	
TUSSICAPS	2	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	2	
TUZISTRA XR	2	
VAZOTAN	2	
VIRAVAN-DM CHEW	2	
VITUZ	2	
ZONATUSS	2	
<i>zotex-12d</i>	1	
ZOTEX-C	2	
ZUTRIPRO	2	

### ERECTILE DYSFUNCTION

CAVERJECT	2	QL (6 EA per 30 days)
CAVERJECT IMPULSE	2	QL (6 EA per 30 days)
CIALIS	2	QL (6 EA per 30 days)
EDEX	2	QL (6 EA per 30 days)
LEVITRA	2	QL (6 EA per 30 days)
MUSE	2	QL (6 EA per 30 days)
<i>papaverine/phentolamine mes/ alprostadil</i>	1	QL (5 ML per 30 days)
<i>papaverine-phentolamine mes/ alprostadil</i>	1	QL (5 ML per 30 days)
<i>papaverine-phentolamine mesylate</i>	1	QL (5 ML per 30 days)
STAXYN	2	QL (6 EA per 30 days)
STENDRA	2	QL (6 EA per 30 days)
<i>tadalafil</i>	1	QL (6 EA per 30 days)

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Drug name	Drug tier	Requirements/Limits
VIAGRA	2	QL (6 EA per 30 days)
<b>FERTILITY</b>		
BRAVELLE	2	
<i>clomiphene citrate</i>	1	
FOLLISTIM AQ	2	
<i>ganirelix acetate</i>	1	
GONAL-F	2	
GONAL-F RFF	2	
GONAL-F RFF REDIJECT	2	
MENOPUR	2	
OVIDREL	2	
ENDOMETRIN	2	
CETROTIDE INJ 3MG	2	
CETROTIDE INJ 0.25MG	2	
<b>MISCELLANEOUS</b>		
<i>aero otic hc</i>	1	
ALA-QUIN	2	
ALCORTIN A	2	
ALOQUIN	2	
<i>aminobenzoate potassium</i>	1	
ANALPRAM-HC	2	
ANALPRAM-HC SINGLES	2	
<i>anucort-hc</i>	1	
ANUSOL-HC	2	
<i>benzoyl peroxide 8%</i>	1	
CETACAINE	2	
<i>choline magnesium trisalicylate liqd</i>	1	
CORTANE-B	2	
CORTANE-B AQUEOUS	2	
CORTANE-B-OTIC	2	
<i>cortic-nd</i>	1	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>cyotic</i>	1	
<i>cytra k crystals</i>	1	
CYTRA-3	2	
DECON-G	2	
<i>dermazene</i>	1	
DONNATAL	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>esterified estrogens/ methyltestosterone</i>	1	
<i>exotic-hc</i>	1	
<i>grx hicort 25</i>	1	
<i>hemorrhoidal-hc</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone acetate/pramoxine</i>	1	
<i>hydrocortisone/iodoquinol</i>	1	
<i>isometheptene/dichloralphenazone/ acetaminophen</i>	1	
<i>isoxsuprine hcl</i>	1	
<i>nodolor</i>	1	
NOVACORT	2	
OTICIN HC NR	2	
<i>oto-end 10</i>	1	
<i>otomax-hc</i>	1	
POTABA	2	
<i>potassium citrate-citric acid crystals</i>	1	
<i>potassium p-aminobenzoate</i>	1	
PRAMOSONE	2	
PRAMOSONE E	2	
PROCTOCORT	2	
<i>rectacort-hc</i>	1	
<i>taron-crystals</i>	1	
VYtone	2	

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Drug name	Drug tier	Requirements/Limits
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**VITAMINS AND MINERALS**

ACTIVE FE	2	
ADRENAL C FORMULA	2	
ADVANCED AM/PM	2	
<i>airavite</i>	1	
ALBAFORT INJ 100MCG/ML; 50MG/ML; 20%; 12.5MG/ML; 1MG/ML; 2MG/ML; 0.5MG/ML; 12.5MG/ML	2	
<i>aminobenzoate potassium pack</i>	1	
ANIMI-3	2	
ANIMI-3/VITAMIN D	2	
AP-ZEL	2	
AQUASOL A PARENTERAL	2	
ASCOR	2	
<i>ascorbic acid inj 500mg/ml</i>	1	
ASTAMED MYO	2	
ATABEX EC	2	
AVAILNEX	2	
AXONA	2	
<i>b-6 folic acid</i>	1	
BACMIN	2	
<i>b-complex 100</i>	1	
BIFERARX	2	
<i>biocel</i>	1	
<i>bp multinatal plus</i>	1	
BP VIT 3	2	
<i>b-plex</i>	1	
<i>b-plex plus</i>	1	
CARDIOTEK-RX	2	
CENFOL	2	
CENTRATX	2	
CEREFOLIN	2	
CEREFOLIN NAC	2	

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Drug name	Drug tier	Requirements/Limits
CIFEREX	2	
CITRANATAL ASSURE MISC 120MG; 124MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 35MG; 0; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	2	
<i>cod liver oil</i>	1	
<i>complete natal dha</i>	1	
<i>corvita</i>	1	
<i>corvita 150</i>	1	
CORVITE	2	
CORVITE 150	2	
CORVITE FE	2	
<i>corvite free</i>	1	
<i>cyanocobalamin</i>	1	
CYFOLEX	2	
DEPLIN 15	2	
DEPLIN 7.5	2	
<i>dialyvite</i>	1	
DIALYVITE 3000	2	
DIALYVITE 5000	2	
DIALYVITE SUPREME D	2	
DIALYVITE/ZINC	2	
DIVISTA	2	
DRISDOL	2	
DURACHOL	2	
ELFOLATE PLUS	2	
ENLYTE	2	
ENTERAGAM	2	
ERGOCAL	2	
<i>ergocalciferol</i>	1	
<i>fabb</i>	1	
FE 90 PLUS	2	
FERAHEME	2	

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Drug name	Drug tier	Requirements/Limits
FERIVA 21/7	2	
FERIVAFA	2	
<i>ferocon</i>	1	
<i>ferotrinsic</i>	1	
FERRALET 90	2	
FERRAPLUS 90	2	
<i>ferrocite plus</i>	1	
<i>ferrogels forte</i>	1	
FERRO-PLEX HEMATINIC	2	
FERROTRIN	2	
FIBRIK	2	
<i>folbee</i>	1	
FOLBEE AR	2	
<i>folbee plus</i>	1	
<i>folbee plus cz</i>	1	
<i>folbic</i>	1	
FOLBIC RF	2	
FOLGARD OS	2	
FOLGARD RX	2	
<i>folic acid inj 5mg/ml</i>	1	
<i>folic acid tabs 1mg</i>	1	
<i>folic acid/cyanocobalamin/pyridoxine hydrochloride</i>	1	
<i>folic acid/vitamin b-6/vitamin b-12</i>	1	
FOLI-D	2	
FOLIKA-V	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
FOLIXAPURE	2	
<i>folplex 2.2</i>	1	
FOLTANX	2	
FOLTANX RF	2	
FOLTRATE	2	

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Drug name	Drug tier	Requirements/Limits
<i>foltrin</i>	1	
FOLTX	2	
FORTAVIT	2	
FOSTEUM	2	
FOSTEUM PLUS	2	
FOVEX	2	
FUSION PLUS	2	
FUSION SPRINKLES	2	
GABADONE	2	
<i>hematinic plus complex</i>	1	
<i>hematinic plus vitamins/minerals</i>	1	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
HEMATOGEN FA	2	
<i>hematogen forte</i>	1	
HEMATRON-AF	2	
HEMETAB	2	
HEMOCYTE PLUS	2	
HEMOCYTE-F ELIX	2	
<i>hemocyte-f tabs</i>	1	
<i>hemocyte-plus</i>	1	
<i>hydroxocobalamin inj</i>	1	
HYPERTENSA	2	
ICAR-C PLUS	2	
<i>iferex 150 forte</i>	1	
<i>infed</i>	1	
<i>infuvite adult</i>	1	
<i>infuvite pediatric</i>	1	
INJECTAFER	2	
INTEGRA F	2	
INTEGRA PLUS	2	
IROSPAN 24/6	2	
KOSHER PRENATAL PLUS IRON	2	

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Drug name	Drug tier	Requirements/Limits
LIMBREL	2	
LIMBREL250	2	
LIMBREL500	2	
LIPICHOL 540	2	
LISTER-V	2	
<i>l-methyl-b6-b12</i>	1	
<i>l-methylfolate</i>	1	
L-METHYLFOLATE CA ME-CBL NAC	2	
<i>l-methylfolate ca/p-5-p/me-cbl</i>	1	
<i>l-methylfolate calcium</i>	1	
L-METHYLFOLATE FORMULA 15	2	
L-METHYLFOLATE FORMULA 7.5	2	
L-METHYLFOLATE FORTE	2	
L-METHYL-MC	2	
L-METHYL-MC NAC	2	
<i>lmthf/pyridoxine hcl/cyanocobalamin</i>	1	
<i>lysiplex plus</i>	1	
M.V.I. ADULT	2	
M.V.I.-12 WITHOUT VITAMIN K	2	
MAXFE	2	
MEPHYTON	2	
METAFOLBIC	2	
METAFOLBIC PLUS	2	
METAFOLBIC PLUS RF	2	
METANX	2	
<i>methionine/inositol/choline/ cyanocobalamin</i>	1	
<i>multi-b-plus</i>	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
<i>myferon 150 forte</i>	1	
MYNATAL	2	

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Drug name	Drug tier	Requirements/Limits
<i>mynatal ultracaplet</i>	1	
<i>mynate 90 plus</i>	1	
<i>mynephrocaps</i>	1	
NASCOBAL	2	
NATALVIRT FLT	2	
NATALVIT	2	
NEEVO DHA CAPS 0; 85MG; 110MG; 5MCG; 27MG; 1.13MG; 60MG; 1MG; 18MG; 220MCG; 25MG; 1.4MG; 60MCG; 0; 1.4MG; 15MG	2	
NEPHPLEX RX	2	
NEPHROCAPS	2	
NEPHRON FA	2	
<i>nephronex</i>	1	
NEPHRO-VITE RX	2	
NESTABS DHA	2	
NEUREPA	2	
NEURIN-SL	2	
<i>niacin powd</i>	1	
NICADAN	2	
NICAZEL	2	
NICAZEL FORTE	2	
NICOMIDE TABS 0.5MG; 100MCG; 2MG; 750MG; 50MCG; 27MG	2	
NOXIFOL-D	2	
<i>nufol</i>	1	
NUTRICAP	2	
<i>nutrifac zx</i>	1	
NUTRIVIT	2	
OBSTETRIX DHA	2	
<i>obstetrix ec</i>	1	
OCUVEL	2	
PERCURA	2	

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Drug name	Drug tier	Requirements/Limits
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	2	
PHYTONADIONE	1	
PNV PRENATAL PLUS MULTIVITAMIN + DHA	2	
PNV-VP-U	2	
PODIAPN	2	
<i>poly-iron 150 forte</i>	1	
<i>polysaccharide iron forte</i>	1	
POTABA CAPS	2	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PRENA 1 TRUE	2	
PRENA1 CHEW	2	
PRENA1 PEARL	2	
<i>prenaissance harmony dha</i>	1	
PRENAISSANCE NEXT-B	2	
PRENATAL + DHA	2	
<i>prenatal tabs 100mg; 0; 0; 263mg; 400unit; 4mcg; 27mg; 0.8mg; 18mg; 2.6mg; 1.7mg; 1.5mg; 11unit; 4000unit; 25mg</i>	1	
PRENATAL-U	2	
PROFERRIN-FORTE	2	
PROTECT PLUS	2	
PROTECTIRON	2	
PROTEOLIN	2	
PULMONA	2	
PUREFE PLUS	2	
<i>purevit dualfe plus</i>	1	
<i>pyridoxine hcl inj</i>	1	
<i>renal caps</i>	1	

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Drug name	Drug tier	Requirements/Limits
RENATABS	2	
RENATABS WITH IRON	2	
<i>rena-vite rx</i>	1	
<i>reno caps</i>	1	
REQ 49+	2	
REVESTA	2	
RHEUMATE	2	
R-NATAL OB	2	
ROXIFOL-D	2	
SELECT-OB+DHA	2	
SENTRA AM	2	
SENTRA PM	2	
<i>se-tan plus</i>	1	
SIDEROL	2	
<i>sodium ferric gluconate complex/ sucrose</i>	1	
STROVITE FORTE	2	
STROVITE ONE	2	
SUPERVITE	2	
SUPPORT	2	
SUPPORT-500	2	
SYNAGEX	2	
SYNATEK	2	
TANDEM F	2	
TANDEM PLUS	2	
TARON FORTE	2	
THERAMINE	2	
<i>thiamine hcl inj</i>	1	
<i>tl gard rx</i>	1	
TL G-FOL OS	2	
<i>tl icon</i>	1	
<i>tl-hem 150</i>	1	
TL-ICARE	2	

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Drug name	Drug tier	Requirements/Limits
TOZAL	2	
TREPADONE	2	
TRIADVANCE	2	
TRICARE PRENATAL COMPLEAT	2	
<i>tricon</i>	1	
TRIFERIC PACK	2	
<i>trigels-f forte</i>	1	
TRINATAL GT	2	
<i>triphrocaps</i>	1	
UDAMIN SP	2	
<i>urosex</i>	1	
VASCAZEN	2	
VASCULERA	2	
VAYACOG	2	
VAYARIN	2	
VAYAROL	2	
<i>v-c forte</i>	1	
VENOFER	2	
<i>vicap forte</i>	1	
<i>vic-forte</i>	1	
<i>vinate ii</i>	1	
VINATE M	2	
VIRT-ADVANCE	2	
<i>virt-caps</i>	1	
<i>virt-vite</i>	1	
<i>virt-vite forte</i>	1	
<i>virt-vite plus</i>	1	
<i>vita s forte</i>	1	
<i>vitacel</i>	1	
VITAFOL TABS	2	
VITAFOL-OB+DHA	2	
VITAJECT	2	
VITAL-D RX	2	

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Drug name	Drug tier	Requirements/Limits
<i>vitamax pediatric</i>	1	
VITAMEDMD REDICHEW RX	2	
<i>vita-min</i>	1	
<i>vitamin b-complex 100</i>	1	
<i>vitamin d</i>	1	
VITAMIN K1	1	
VITAROCA PLUS	2	
<i>vol-care rx</i>	1	
VP-GSTN	2	
<i>vp-precip caps 10mg; 125mg; 250mg</i>	1	
VP-ZEL	2	
<i>wheat germ</i>	1	
XAQUIL XR	2	
<i>xyzbac</i>	1	

### WEIGHT LOSS

ADIPEX-P	2	PA
APPTRIM	2	PA
APPTRIM-D	2	PA
BELVIQ	2	PA
BELVIQ XR	2	PA
<i>benzphetamine hcl tabs 50mg</i>	1	PA
BONTRIL PDM	2	PA
CONTRAVE	2	PA
<i>diethylpropion hcl</i>	1	PA
<i>diethylpropion hcl er</i>	1	PA
LOMAIRA	2	PA
MEDACTIV	2	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phendimetrazine tartrate er</i>	1	PA
<i>phentermine hcl</i>	1	PA
QSYMIA	2	PA
REGIMEX	2	PA
SAXENDA	2	PA
XENICAL	2	PA

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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, contact the Aetna Medicare Customer Service Department at the phone number on your member identification card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number on your member identification card (TTY: 711). If you need help filing a grievance, the Aetna Medicare Customer Service Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at [MedicareCRCoordinator@aetna.com](mailto:MedicareCRCoordinator@aetna.com), or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

### **TTY: 711**

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number on your member identification card. (English)

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 su tarjeta de identificación de miembro. (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您會員卡上的電話號碼。(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 nasa inyong identification card bilang miyembro. (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 figurant sur votre carte d'identification de membre. (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 trên thẻ hội viên của quý vị. (Vietnamese)

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

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному на вашей идентификационной карточке участника плана. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف الموضح على بطاقة هوية العضو الخاصة بك. (Arabic)

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

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 presente sul Suo tesserino identificativo. (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 em seu cartão de identificação de membros. (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 sou kat idantifikasyon manm ou an. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany na Państwa karcie członkowskiej. (Polish)

英語をお話にならない方は、無料の言語支援サービスを受けることができます。弊社ウェブサイトにはアクセスするか、またはメンバーIDカードに記載の電話番号にお問い合わせください。 (Japanese)

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 kartën tuaj identifikuese të anëtarit. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በእርስዎ የአባልነት መታወቂያ ካርድ ላይ ያለውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք Ձեր անդամի նույնականացման քարտի վրա նշված հեռախոսահամարով: (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং আপনার সদস্য পরিচয়পত্রে থাকা ফোন নম্বরে ফোন করুন। (Bengali)

Yoo afaan Ingiiilifa allati affan birraa dubbattan tajaajjili gargarsa afaani(qooqqa) biliissan niarggama. Kannafu websitti keenya illala hookan telefoona waarraqa miseensa irra jirran bilbilla. (Cushite-Oromo)

បើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមាន ផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើង ឬហៅទៅកាន់ លេខទូរស័ព្ទដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona na vašoj članskoj identifikacijskoj kartici. (Serbo-Croatian)

Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biäk kak anyuth duyic. Na ye jam thuoᅇdēt tēnē thoᅇ ē Dīnlīth, ke kuōny luilooi ē thok ē path aa tō thīn. Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biäk kak anyuth duyic. (Dinka)

Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer op uw lidkaart. (Dutch)

Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στην κάρτα ταυτότητας μέλους που έχετε. (Greek)

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા તમારા સભ્ય ઓળખ કાર્ડ પરના ફોન નંબર પર કોલ કરો. (Gujarati)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj nyob rau saum koj tus kheej daim npav tswv cuab. (Hmong)

ຖ້າທ່ານເວົ້າພາສາບາງອັນອອກອັງກິດ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີທີ່ຢູ່ເທິງບັດໂອດີສະມາຊິກຂອງທ່ານ. (Lao)

Doo bilagáana bizaad bee yáníłti'góó dóó náána ła' saad bee yáníłti'go, ata' hane' t'áa jíik'e bee níká i'doolwoł kodéé'. Béesh nitsékeesí bee ná'ídíkid bá haz'ánigi, website, ąą'ádíłíłgo díníł'įįł éí doodago béesh bee hane' bee nihich'į' hodíłnih ei bee nééhozin, identification card, biniyé neiyítánígíí bikáá'. (Navajo)

Wann du en Schprooch anners as Englisch schwetzsch, Schprooch Hilfe mitaus Koscht iss meeglich. Bsuch unsere Website odder ruf die Nummer uff dei Member Identification Kaard uff. (Pennsylvania Dutch)

اگر به زبان دیگری بجز انگلیسی گفتگو می کنید، کمک زبانی رایگان فراهم می باشد. به وبسایت ما مراجعه نمایید و یا به شماره تلفن پشت کارت عضویت خود تلفن کنید. (Farsi)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇ ਜਾਓ ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

Dacă vorbiți o altă limbă decât engleza, aveți la dispoziție servicii gratuite de asistență lingvistică. Vizitați site-ul nostru sau sunați la numărul de telefon de pe cartela de identificare a membrului. (Romanian)

اگر آپ کسی اور زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔ ہماری ویب سائٹ ملاحظہ کریں یا اپنے ممبر کے شناختی کارڈ پر درج فون نمبر پر کال کریں۔ (Urdu)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้บนบัตรประจำตัวสมาชิกของคุณ (Thai)

Якщо ви не говорите англійською, до ваших послуг безкоштовна служба мовної підтримки. Відвідайте наш веб-сайт або зателефонуйте за номером телефону, що вказаний на вашій членській картці. (Ukrainian)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔ ہماری ویب سائٹ ملاحظہ کریں یا اپنے ممبر کے شناختی کارڈ پر درج فون نمبر پر کال کریں۔ (Urdu)

אויב איר רעדט א שפראך אויסער ענגליש, זענען שפראך הילף סערוויסעס אוועילעב. באזוכט אונזער וועבזייטל אדער רופט דעם טעלעפאן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל. (Yiddish)

This formulary was updated on 12/01/2019. 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 **<https://www.AetnaRetireePlans.com>**, choose "Manage your prescription drugs".



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