

2022 Comprehensive Formulary

Aetna[®] Medicare (List of Covered Drugs) B2

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

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-833-570-6670** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit [AetnaMedicare.com/formulary](https://www.aetna.com/formulary)

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Table of contents

Mail-order Pharmacy	3
What is the Aetna Medicare Comprehensive Formulary?	4
Can the Formulary (drug list) change?	4
How do I use the Formulary?	5
What are generic drugs?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the Formulary?	6
How do I request an exception to the Aetna Medicare Formulary?	6
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	7
Aetna Medicare Formulary	8
For more information	8
Drug tier copay levels	9
Formulary key	10
Drug list	10
Index of Drugs	106

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Aetna Medicare es un plan HMO, PPO con un contrato de Medicare. Nuestros Planes de necesidades especiales (SNP, por sus siglas en inglés) también tienen contratos con los programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.

Aetna Medicare 是一項簽有 Medicare 合約的 HMO、PPO 計劃。我們的特殊需求計劃 (SNP) 也與州的 Medicaid 計劃簽有合約。能否參保我們的計劃視合約續簽情況而定。

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

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

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

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.

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 12/01/2022. 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, 2023, and from time to time during the year. You will receive notice when necessary.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-833-570-6670 (TTY: 711)** 24 hours a day, 7 days a week, 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.

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 Evidence of Coverage.

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

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

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

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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. 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 106. 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 up to 30 tablets per 30 days, per prescription of *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, *tiering* or utilization restriction exception.

When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.

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

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

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

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

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

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

For more information

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

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

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

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 106.

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

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

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

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

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

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

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-570-6670 (TTY: 711)**, 24 hours a day, 7 days a week, or visit **AetnaMedicare.com**

MO: Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-570-6670 (TTY: 711)**, 24 hours a day, 7 days a week.

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.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug tier copay levels

This 2022 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2022 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

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

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

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

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = 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 GC = Gap Coverage
<i>Lowercase italics</i> = Generic medications		

Drug name	Drug tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol tabs</i>	1	MO GC
<i>colchicine tabs</i>	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	3	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	3	MO
<i>probenecid/colchicine</i>	3	MO

NSAIDS

<i>cataflam</i>	2	QL (120 EA per 30 days) GC
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	2	QL (120 EA per 30 days) MO GC
<i>diclofenac sodium dr</i>	2	MO GC
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO GC
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal</i>	4	QL (90 EA per 30 days) MO
DUEXIS	5	QL (90 EA per 30 days) PA MO
<i>ec-naproxen tbec 375mg</i>	2	QL (120 EA per 30 days) GC
<i>ec-naproxen tbec 500mg</i>	2	QL (90 EA per 30 days) MO GC
<i>etodolac er tb24 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tb24 400mg, 500mg</i>	4	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>etodolac caps 300mg</i>	3	QL (120 EA per 30 days) MO
<i>etodolac caps 200mg</i>	3	QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac tabs 400mg</i>	3	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS 400MG	4	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>	4	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	2	QL (90 EA per 30 days) MO GC
<i>ibu tabs 600mg, 800mg</i>	2	GC
<i>ibuprofen tabs 400mg, 600mg, 800mg; susp 100mg/5ml</i>	2	MO GC
<i>ibuprofen/famotidine</i>	4	QL (90 EA per 30 days) PA MO
<i>ketoprofen er</i>	4	QL (30 EA per 30 days) MO
<i>ketoprofen caps 75mg</i>	4	QL (120 EA per 30 days) MO
<i>ketoprofen caps 50mg</i>	4	QL (180 EA per 30 days)
<i>ketoprofen caps 25mg</i>	5	QL (120 EA per 30 days) MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>meclofenamate sodium</i>	4	QL (120 EA per 30 days) MO
<i>meloxicam tabs</i>	1	MO GC
<i>nabumetone</i>	2	MO GC
NAPROXEN SODIUM CR	4	QL (120 EA per 30 days) MO
<i>naproxen sodium er</i>	4	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	4	QL (60 EA per 30 days) MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO GC
<i>naproxen/esomeprazole magnesium</i>	5	QL (60 EA per 30 days) PA MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO GC
<i>naproxen susp</i>	2	MO GC
<i>naproxen dr tab 375mg</i>	2	QL (120 EA per 30 days) MO GC
<i>naproxen dr tab 500mg</i>	2	QL (90 EA per 30 days) MO GC
<i>oxaprozin</i>	4	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>piroxicam caps 20mg</i>	3	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	3	QL (60 EA per 30 days) MO
<i>relafen tabs 500mg, 750mg</i>	2	GC
<i>sulindac</i>	2	QL (60 EA per 30 days) MO GC
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	4	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tabs</i>	3	QL (30 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral conc</i>	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 15mg</i>	3	QL (90 EA per 30 days) PA MO
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
<i>tramadol hcl er tb24</i>	4	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tabs</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	3	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	4	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	4	

You 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>butorphanol tartrate inj 2mg/ml</i>	4	MO
CODEINE SULFATE TABS	4	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral liqd</i>	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
<i>hydromorphone hcl pf inj 10mg/ml</i>	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML, 2MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride pf inj 50mg/5ml</i>	4	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	4	B/D MO
<i>morphine sulfate tabs</i>	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
MORPHINE SULFATE IV OR IM INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	4	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate iv, epidural, or intrathecal inj 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	4	QL (180 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride oral soln</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	4	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO GC
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	2	QL (120 EA per 30 days) MO GC

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl pf inj 0.5%, 1%, 1.5%, 2%, 4%</i>	4	
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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>lidocaine hydrochloride inj 1%, 2%</i>	4	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i>	5	MO
<i>amikacin sulfate</i>	4	MO
<i>atovaquone</i>	5	PA MO
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
CAYSTON	5	PA LA
<i>chloramphenicol inj 1gm</i>	4	
<i>clindamycin hcl caps 300mg, 75mg</i>	2	MO GC
<i>clindamycin hydrochloride caps 150mg</i>	2	MO GC
<i>clindamycin palmitate hcl oral soln 75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 900mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	5	PA MO
<i>dapsone tabs 100mg, 25mg</i>	3	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	4	MO
<i>isotonic gentamicin</i>	4	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>ivermectin</i>	3	PA MO
<i>linezolid tabs</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	4	PA
<i>meropenem inj 500mg</i>	4	
<i>meropenem inj 1gm</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	4	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole inj 500mg/100ml</i>	4	
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>neomycin sulfate</i>	2	MO GC
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate/ macrocrystals</i>	3	MO
<i>paramomycin sulfate</i>	4	MO
<i>pentamidine isethionate inhalation soln</i>	4	B/D MO
<i>pentamidine isethionate inj</i>	4	MO
<i>praziquantel</i>	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate</i>	5	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim inj, susp</i>	4	MO
SYNERCID	5	
<i>tinidazole</i>	4	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	

You 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>tobramycin sulfate inj</i> <i>1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	1	MO GC
VANCOMYCIN INJ 2GM/400ML	4	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps</i> <i>125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps</i> <i>250mg</i>	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj</i> <i>1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride inj</i> <i>500mg</i>	4	MO
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	5	B/D MO
<i>amphotericin b</i>	4	B/D MO
<i>amphotericin b liposome</i>	5	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole in sodium chloride inj</i>	4	
<i>fluconazole/sodium chloride</i>	4	
<i>fluconazole tabs</i>	2	MO GC
<i>fluconazole oral susp</i>	3	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole tabs 200mg</i>	2	PA MO GC
<i>miconazole</i>	5	

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

Drug name	Drug tier	Requirements/Limits
NOXAFIL ORAL SUSP	5	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	4	MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) MO
<i>terbinafine hcl</i>	2	QL (90 EA per 365 days) MO GC
<i>voriconazole inj</i>	5	PA
<i>voriconazole oral susp</i>	5	PA MO
<i>voriconazole tabs 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate</i>	2	MO GC
COARTEM	4	MO
<i>mefloquine hcl</i>	3	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	4	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
<i>atazanavir sulfate</i>	4	MO
CRIXIVAN	4	MO
EDURANT	5	MO
<i>efavirenz caps 50mg</i>	3	MO
<i>efavirenz caps 200mg</i>	4	MO
<i>efavirenz tabs</i>	4	MO
<i>emtricitabine caps 200mg</i>	4	MO
EMTRIVA ORAL SOLN	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACKET FOR ORAL SUSP	4	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 TABS	5	MO
ISENTRESS CHEW 25MG	4	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA ORAL SUSP	4	MO
<i>maraviroc</i>	5	MO
<i>nevirapine er tb24 100mg</i>	3	
<i>nevirapine er tb24 400mg</i>	3	MO
<i>nevirapine tabs</i>	3	MO
<i>nevirapine susp</i>	4	MO
NORVIR SOLN, ORAL POWDER	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
REYATAZ PACKET FOR ORAL SUSP	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	MO
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
<i>stavudine</i>	4	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIRACEPT TABS 250MG	4	MO
VIRACEPT TABS 625MG	5	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	5	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>zidovudine</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	4	MO
<i>abacavir sulfate/ lamivudine/zidovudine</i>	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir oral soln</i>	4	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	4	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	5	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	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
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride</i>	4	MO
<i>isoniazid tabs</i>	1	MO GC
<i>isoniazid syrp</i>	2	MO GC
<i>isoniazid inj</i>	4	
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	
SIRURO	5	PA LA
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir sodium iv soln 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	MO GC
<i>acyclovir susp 200mg/5ml</i>	2	MO GC
<i>acyclovir tabs 400mg, 800mg</i>	2	MO GC
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	5	QL (630 ML per 30 days) MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO GC
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO GC
<i>ganciclovir</i>	3	B/D
HARVONI	5	PA
<i>lamivudine tabs 100mg</i>	3	MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	3	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	3	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	3	QL (1080 ML per 365 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
PEGASYS	5	PA
PREVYMIS TABS	5	QL (28 EA per 28 days) MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin</i>	3	
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hcl tabs 1gm</i>	3	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	3	MO
<i>valganciclovir hydrochloride oral soln</i>	3	MO
<i>valganciclovir tabs 450mg</i>	3	MO
VEMLIDY	5	MO
VOSEVI	5	PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	MO GC
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO GC
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium iv inj 1gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
<i>cefazolin inj 2gm</i>	4	
<i>cefdinir caps</i>	2	MO GC
<i>cefdinir oral susp</i>	3	MO
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime caps</i>	3	MO
<i>cefixime oral susp</i>	4	MO
<i>cefotetan</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
CEFTRIAZONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium iv inj 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium inj 1.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO GC
SUPRAX ORAL SUSP 500MG/5ML	3	
<i>tazicef</i>	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	MO
<i>azithromycin oral susp, tabs</i>	2	MO GC
<i>azithromycin inj</i>	4	MO
<i>clarithromycin</i>	3	MO
<i>clarithromycin er</i>	4	MO
DIFICID ORAL SUSP	5	
DIFICID TABS	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	5	
<i>erythrocin stearate</i>	4	MO
<i>erythromycin base</i>	3	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin lactobionate</i>	5	
<i>erythromycin stearate</i>	3	MO
<i>erythromycin cpep 250mg</i>	3	MO
<i>erythromycin tabs 250mg, 500mg</i>	3	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab 100mg, 750mg</i>	1	MO GC

You 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>ciprofloxacin hydrochloride tabs</i> 250mg, 500mg	1	MO GC
<i>ciprofloxacin i.v.-in d5w inj</i> 200mg/100ml; 5%	4	
<i>ciprofloxacin i.v.-in d5w inj</i> 400mg/200ml; 5%	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg,</i> 750mg	2	MO GC
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride/ sodium hydrochloride iv soln</i> 400mg/250ml; 0.8%	4	
<i>moxifloxacin hydrochloride tabs</i> 400mg	4	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO GC
<i>amoxicillin/clavulanate</i> <i>potassium</i>	2	MO GC
<i>amoxicillin/clavulanate</i> <i>potassium er</i>	4	MO
<i>ampicillin caps 500mg</i>	1	MO GC
<i>ampicillin sodium inj 10gm,</i> 125mg, 1gm iv, 250mg, 2gm iv	4	
<i>ampicillin sodium inj 1gm, 2gm,</i> 500mg	4	MO
<i>ampicillin-sulbactam</i>	4	
BICILLIN L-A	4	MO
<i>dicloxacillin sodium</i>	3	MO
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>nafcillin sodium iv inj 10gm, 2gm</i>	5	
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	

You 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>penicillin g potassium inj</i> 2000000unit	4	MO
<i>penicillin g potassium inj</i> 5000000unit	5	MO
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	1	MO GC
<i>piperacillin sodium/tazobactam</i> <i>sodium inj 12gm; 1.5gm, 2gm;</i> <i>0.25gm, 3gm; 0.375gm,</i> <i>4gm/0.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100 inj</i>	4	MO
<i>doxycycline hyclate dr tabs</i> <i>100mg, 150mg, 200mg, 50mg,</i> <i>75mg</i>	4	MO
<i>doxycycline hyclate caps 100mg,</i> <i>50mg, tabs 100mg, 150mg,</i> <i>20mg</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline monohydrate tabs</i>	2	MO GC
<i>doxycycline monohydrate caps</i>	4	MO
<i>doxycycline oral susp 25mg/5ml</i>	3	MO
<i>minocycline hcl caps 75mg</i>	2	MO GC
<i>minocycline hcl tabs 100mg,</i> <i>50mg, 75mg</i>	4	ST MO
<i>minocycline hydrochloride caps</i> <i>100mg, 50mg</i>	2	MO GC
<i>minocycline hydrochloride er</i>	4	ST MO
<i>mondoxyne nl caps 100mg,</i> <i>75mg</i>	4	
<i>morgidox 1x100mg</i>	4	
<i>morgidox 2x100mg</i>	4	
NUZYRA INJ	4	
NUZYRA TABS	5	
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	

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

Drug name	Drug tier	Requirements/Limits
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ANTINEOPLASTIC AGENTS		
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ALKYLATING AGENTS		
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BENDEKA	5	
<i>busulfan</i>	5	
<i>carboplatin</i>	3	
<i>carmustine</i>	5	
<i>cisplatin iv soln</i>	3	
CYCLOPHOSPHAMIDE MONOHYDRATE	4	
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	3	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	4	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	4	
IFEX INJ 3GM	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
LEUKERAN	4	MO
<i>melphalan hydrochloride inj 50mg</i>	5	
<i>melphalan tabs 2mg</i>	4	B/D MO
<i>oxaliplatin</i>	4	
<i>paraplatin</i>	3	
PEPAXTO	5	QL (2 EA per 28 days) PA
<i>thiotepa</i>	5	
ZEPZELCA	5	PA LA

ANTIBIOTICS		
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<i>bleomycin sulfate</i>	4	B/D
<i>dactinomycin</i>	5	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>doxorubicin hydrochloride liposomal 20mg/10ml; 50mg/25ml</i>	5	

You 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>epirubicin hcl</i>	4	
<i>idarubicin hcl</i>	4	
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mutamycin inj 20mg, 5mg</i>	4	
<i>mutamycin inj 40mg</i>	5	
ANTIMETABOLITES		
ALIMTA	5	
<i>azacitidine</i>	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine</i>	4	B/D
<i>cytarabine aqueous</i>	4	B/D
<i>decitabine</i>	5	
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	3	B/D
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	4	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	4	
INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	3	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	3	MO
<i>methotrexate pf inj 50mg/2ml</i>	3	MO
ONUREG	5	QL (14 EA per 28 days) PA LA
<i>pemetrexed disodium</i>	5	
PEMETREXED INJ 100MG/4ML, 1GM/40ML, 500MG/20ML	5	

You 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>pemetrexed inj 1000mg, 100mg, 750mg</i>	5	
PURIXAN	5	
TABLOID	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO GC
<i>bicalutamide</i>	3	MO
EMCYT	5	MO
ERLEADA	5	PA LA
<i>exemestane</i>	4	MO
<i>flutamide</i>	4	MO
<i>fulvestrant</i>	5	
<i>letrozole</i>	2	MO GC
<i>leuprolide acetate</i>	4	PA
LUPRON DEPOT (1-MONTH) 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) 11.25MG	5	PA
LYSODREN	5	MO
<i>megestrol acetate tabs 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA LA
ORGOVYX	5	PA LA MO
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO GC
<i>toremifene citrate</i>	5	PA MO
TRELSTAR MIXJECT 3.75MG, 11.25MG	5	PA
XTANDI	5	PA LA
ZYTIGA TABS 500MG	5	PA LA
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	QL (28 EA per 28 days) PA LA
POMALYST CAPS 1MG, 2MG	5	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA
MISCELLANEOUS		
<i>arsenic trioxide</i>	5	
ASPARLAS	5	PA
BESREMI	5	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	5	PA
<i>dacarbazine</i>	4	
<i>hydroxyurea</i>	2	MO GC
IMLYGIC	5	PA
<i>irinotecan inj 500mg/25ml</i>	4	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	4	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
MATULANE	5	LA MO
<i>mitoxantrone hcl</i>	3	
NIPENT	5	
ONCASPAR	5	PA
SYNRIBO	5	PA
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	4	
<i>tretinoin caps 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA MO
MITOTIC INHIBITORS		
ABRAXANE	5	
DOCETAXEL INJ 20MG/2ML	4	
DOCETAXEL INJ 160MG/16ML, 160MG/8ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	4	
<i>etoposide</i>	3	
<i>paclitaxel</i>	4	
<i>paclitaxel protein-bound particles</i>	5	

You 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>toposar</i>	3	
<i>vinblastine sulfate</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
ALECENSA	5	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	5	PA LA MO
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA LA MO
AYVAKIT	5	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA LA
BELEODAQ	5	PA
BLENREP	5	PA LA
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG	5	PA
<i>bortezomib inj 3.5mg</i>	5	PA
BOSULIF TABS 100MG	5	QL (120 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA
BRAFTOVI CAPS 75MG	5	QL (180 EA per 30 days) PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA LA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO

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

Drug name	Drug tier	Requirements/Limits
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 60MG/DAY	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 21 days) PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) PA LA
ENHERTU	5	PA LA
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	5	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	5	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	5	QL (90 EA per 30 days) PA
EXKIVITY	5	QL (120 EA per 30 days) PA LA MO
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA MO
GAVRETO	5	QL (120 EA per 30 days) PA
GILOTRIF	5	QL (30 EA per 30 days) PA LA MO
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA LA MO
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA SUSP	5	QL (216 ML per 27 days) PA LA MO
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO

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

Drug name	Drug tier	Requirements/Limits
IMBRUVICA CAPS 70MG	5	QL (56 EA per 28 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA LA
IRESSA	5	QL (30 EA per 30 days) PA LA
ISTODAX (OVERFILL)	5	
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA INJ 100MG/4ML	5	PA
KISQALI	5	PA
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA LA
LORBRENA TABS 100MG	5	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA LA
LUMOXITI	5	PA LA
LYNPARZA	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) PA LA
MEKTOVI	5	QL (180 EA per 30 days) PA LA
MONJUVI	5	PA LA
MYLOTARG	5	PA LA
NERLYNX	5	QL (180 EA per 30 days) PA LA
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NINLARO	5	PA
ODOMZO	5	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
PADCEV	5	PA LA
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PHESGO	5	PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA
POTELIGEO	5	PA LA
QINLOCK	5	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA LA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
<i>romidepsin</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA LA
RUBRACA	5	PA LA
RUXIENCE	5	PA
RYDAPT	5	QL (224 EA per 28 days) PA
SARCLISA	5	PA LA
SCEMBLIX TABS 40MG	5	QL (300 EA per 30 days) PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	QL (120 EA per 30 days) PA LA
TAGRISO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TECENTRIQ	5	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
<i>temsirolimus</i>	5	
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TRODELVY	5	PA LA
TRUSELTIQ CPPK 100MG	5	QL (21 EA per 28 days) PA LA
TRUSELTIQ CPPK 125MG, 50MG	5	QL (42 EA per 28 days) PA LA
TRUSELTIQ CPPK 75MG	5	QL (63 EA per 28 days) PA LA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO	5	QL (120 EA per 30 days) PA LA MO
UKONIQ	5	QL (120 EA per 30 days) PA MO
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA
VONJO	5	QL (120 EA per 30 days) PA MO
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (120 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 100 MG ONCE WEEKLY (20MG TABS)	5	QL (20 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (20MG TABS)	5	QL (8 EA per 28 days) PA LA
XPOVIO 40 MG TWICE WEEKLY (20MG TABS)	5	QL (16 EA per 28 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
XPOVIO 60 MG ONCE WEEKLY (20MG TABS)	5	QL (12 EA per 28 days) PA LA
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG ONCE WEEKLY (20MG TABS)	5	QL (16 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	5	QL (32 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (40MG TABS) AND 60 MG ONCE WEEKLY (60MG TABS)	5	QL (4 EA per 28 days) PA LA MO
XPOVIO 80 MG ONCE WEEKLY (40MG TABS), 40 MG TWICE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS)	5	QL (8 EA per 28 days) PA LA MO
YERVOY	5	PA
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
<i>dexrazoxane inj 500mg</i>	4	
<i>dexrazoxane inj 250mg</i>	5	
ELITEK	5	
KHAPZORY	5	B/D
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
<i>levoleucovorin calcium inj 50mg</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>mesna</i>	4	
MESNEX TABS 400MG	5	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
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO GC
<i>benazepril hcl/ hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO GC
<i>benazepril hydrochloride/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	MO GC
<i>captopril/hydrochlorothiazide</i>	1	MO GC
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO GC
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO GC
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	2	MO GC
<i>trandolapril/verapamil hcl er</i>	1	MO GC
ACE INHIBITORS		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO GC
<i>benazepril hydrochloride tabs 20mg</i>	1	MO GC
<i>captopril</i>	2	MO GC
<i>enalapril maleate</i>	1	MO GC
<i>fosinopril sodium</i>	1	MO GC
<i>lisinopril</i>	1	MO GC
<i>moexipril hcl</i>	1	MO GC
<i>perindopril erbumine</i>	2	MO GC
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO GC
<i>quinapril hydrochloride tabs 10mg</i>	1	MO GC
<i>ramipril</i>	1	MO GC
<i>trandolapril</i>	1	MO GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	MO
KERENDIA	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>spironolactone</i>	1	MO GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO GC
<i>prazosin hydrochloride</i>	3	MO
<i>terazosin hcl tabs 10mg, 1mg, 5mg</i>	1	MO GC
<i>terazosin hydrochloride tabs 2mg</i>	1	MO GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO GC
<i>amlodipine/olmesartan medoxomil</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO GC
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO GC
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO GC

You 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>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO GC
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO GC
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>olmesartan medoxomil</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO GC
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml</i>	4	
<i>amiodarone hydrochloride tabs</i>	2	MO GC
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	4	
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	4	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone</i>	2	GC

You 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>propafenone hcl</i>	3	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO GC
<i>sorine</i>	2	GC
<i>sotalol hcl tabs</i>	2	MO GC
<i>sotalol hydrochloride af tabs</i>	2	MO GC
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	2	MO GC
<i>fenofibrate micronized</i>	2	MO GC
<i>fenofibric acid dr</i>	4	MO
<i>gemfibrozil</i>	2	MO GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO GC
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO GC
<i>lovastatin</i>	1	MO GC
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO GC
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO GC
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam hydrochloride</i>	3	MO
<i>colestipol hcl</i>	4	MO
<i>colestipol hydrochloride</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO GC
<i>niacin tabs 500mg</i>	4	MO
<i>niacin er tbc 1000mg, 750mg</i>	4	MO
<i>niacin er tbc 500mg</i>	4	QL (60 EA per 30 days) MO
<i>niacor</i>	4	MO
PRALUENT	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
<i>prevalite</i>	4	MO
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	3	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO GC
<i>metoprolol/hydrochlorothiazide</i>	3	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO GC
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	2	MO GC
<i>atenolol</i>	1	MO GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO GC
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO GC
<i>carvedilol caps er</i>	4	QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tabs</i>	3	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	4	MO
<i>metoprolol succinate er</i>	2	MO GC
<i>metoprolol tartrate tabs</i>	1	MO GC
<i>metoprolol tartrate inj</i>	4	
<i>nadolol</i>	4	MO
<i>nebivolol hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>nebivolol tabs 10mg</i>	4	QL (30 EA per 30 days) MO
<i>nebivolol tabs 20mg</i>	4	QL (60 EA per 30 days) MO
<i>pindolol</i>	3	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	4	MO
<i>propranolol hcl oral soln, tabs 40mg</i>	3	MO
<i>propranolol hcl inj</i>	4	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	3	MO
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	4	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 GC
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	
<i>amlodipine besylate</i>	1	MO GC
<i>cartia xt</i>	2	GC
<i>dilt-xr</i>	2	MO GC
<i>diltiazem hcl cd (generic Cardizem CD) caps 360mg</i>	2	MO GC
<i>diltiazem hcl caps er (generic Cardizem SR and Tiazac) 120mg, 180mg, 240mg, 420mg, 60mg, 90mg and tabs er (generic Cardizem LA) 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO GC
<i>diltiazem hcl tabs</i>	2	MO GC
<i>DILTIAZEM HCL INJ 100MG</i>	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	4	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	4	
<i>diltiazem hydrochloride caps er (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO GC
<i>felodipine er</i>	2	MO GC
<i>isradipine</i>	2	MO GC
<i>matzim la tb24 420mg</i>	2	GC
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg</i>	2	MO GC
<i>nicardipine hcl caps 20mg, 30mg</i>	4	MO
<i>nifedipine er</i>	3	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	4	MO
<i>taztia xt</i>	2	GC
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>tiadylt er cp24 420mg</i>	2	MO GC
<i>verapamil hcl tabs 40mg, 80mg</i>	1	MO GC

You 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>verapamil hcl er caps and tabs</i>	2	MO GC
VERAPAMIL HCL SR CP24 360MG	3	MO
<i>verapamil hcl sr caps 24hr 120mg, 180mg, 240mg</i>	2	MO GC
<i>verapamil hcl sr tbc 240mg</i>	2	MO GC
<i>verapamil hydrochloride er 24hr 200mg</i>	2	MO GC
<i>verapamil hydrochloride tabs 120mg</i>	1	MO GC
<i>verapamil hydrochloride inj</i>	4	MO
DIURETICS		
<i>acetazolamide er caps</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
<i>amiloride hcl</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
<i>bumetanide</i>	3	MO
<i>chlorthalidone</i>	2	MO GC
<i>furosemide oral soln, tabs</i>	1	MO GC
<i>furosemide inj</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO GC
<i>indapamide</i>	2	MO GC
<i>methazolamide</i>	4	MO
<i>metolazone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>torseamide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO GC
MISCELLANEOUS		
<i>aliskiren</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO GC
BIDIL	4	MO
<i>clonidine hcl patches</i>	3	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	2	MO GC
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
<i>digitek</i>	3	QL (30 EA per 30 days)
<i>digox</i>	3	QL (30 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>digoxin oral soln</i>	3	MO
<i>digoxin inj</i>	4	MO
<i>digoxin tabs 125mcg, 250mcg</i>	3	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	3	QL (90 EA per 30 days) MO
<i>droxidopa caps 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	5	QL (90 EA per 30 days) PA
<i>epinephrine inj 30mg/30ml</i>	3	
<i>guanfacine hcl tabs 1mg, 2 mg</i>	4	PA MO
<i>guanfacine hydrochloride tabs 2mg</i>	4	PA MO
<i>hydralazine hcl tabs 10mg</i>	2	MO GC
<i>hydralazine hcl inj</i>	4	MO
<i>hydralazine hydrochloride 100mg, 25mg, 50mg</i>	2	MO GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	MO
<i>methyldopa tabs 250mg</i>	4	PA
<i>methyldopa tabs 500mg</i>	4	PA MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	4	MO
<i>minoxidil</i>	2	MO GC
<i>ranolazine er</i>	3	MO
NITRATES		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	2	MO GC
<i>minitran</i>	2	MO GC
NITRO-BID	3	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	2	MO GC
NITROGLYCERIN INJ	4	
<i>nitroglycerin sl tabs</i>	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	4	B/D LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil</i>	5	PA
TRACLEER TAB FOR ORAL SUSP 32MG	5	QL (120 EA per 30 days) PA LA
<i>treprostinil</i>	5	PA LA
VENTAVIS	5	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam er tb24 0.5mg</i>	4	MO
<i>alprazolam er tb24 1mg</i>	4	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	4	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	4	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs 15mg, 30mg</i>	2	MO GC
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	MO GC
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride caps 25mg</i>	4	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate</i>	3	MO
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days) MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO GC
<i>lorazepam inj</i>	4	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>lorazepam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>meprobamate</i>	4	PA MO
<i>oxazepam</i>	4	QL (120 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
ANTICONVULSANTS		
APTIOM	5	QL (60 EA per 30 days) MO
BANZEL TABS 400MG	5	QL (240 EA per 30 days) PA MO
BANZEL TABS 200MG	5	QL (480 EA per 30 days) PA MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	2	MO GC
<i>carbamazepine er</i>	4	MO
CELONTIN	4	MO
<i>clobazam susp</i>	4	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	4	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO GC
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO GC
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	3	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam tabs</i>	3	QL (120 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>diazepam oral conc 5mg/ml</i>	3	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln</i>	4	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	4	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125 ORAL SUSP	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>divalproex sodium sprinkle caps</i>	3	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	2	GC
EPRONTIA	4	QL (480 ML per 30 days) MO
<i>ethosuximide caps</i>	3	MO
<i>ethosuximide soln</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide oral soln</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide inj</i>	5	

You 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>lacosamide tabs 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine tabs, chew tabs</i>	2	MO GC
<i>lamotrigine er</i>	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	4	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	4	MO
<i>levetiracetam er</i>	4	MO
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam oral soln, tabs</i>	2	MO GC
<i>levetiracetam inj</i>	4	
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
<i>phenobarbital sodium inj</i>	4	PA
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin oral susp 125mg/5ml, chew tabs 50mg</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<i>phenytoin sodium extended caps</i>	3	MO
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO GC
<i>roweepra tabs 500mg</i>	2	GC
<i>rufinamide oral susp</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	5	QL (240 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>rufinamide tabs 200mg</i>	5	QL (480 EA per 30 days) PA MO
SPRITAM	4	PA MO
<i>subvenite</i>	2	GC
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
TOPIRAMATE ER	4	MO
<i>topiramate sprinkle caps</i>	2	MO GC
<i>topiramate tabs 100mg</i>	2	QL (120 EA per 30 days) MO GC
<i>topiramate tabs 200mg</i>	2	QL (60 EA per 30 days) MO GC
<i>topiramate tabs 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO GC
<i>valproate sodium inj</i>	4	
<i>valproic acid</i>	2	MO GC
VALTOCO	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	4	QL (180 EA per 30 days) PA LA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	4	QL (120 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 50MG	5	QL (90 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG-200MG, 100MG-150MG	5	QL (56 EA per 28 days)
XCOPRI MAINTENACE PACK 50MG-200MG	5	QL (56 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
ZONISADE	5	QL (900 ML per 30 days) PA
<i>zonisamide</i>	2	MO GC
ZTALMY	5	QL (1100 ML per 30 days) PA LA MO
ANTIDEMENTIA		
<i>donepezil hcl tabs odt</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO GC
<i>donepezil hcl tabs 23mg</i>	3	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride soln</i>	3	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	3	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
<i>rivastigmine tartrate</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	3	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	3	PA MO
<i>amoxapine</i>	3	MO
<i>bupropion hcl tabs 100mg</i>	3	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	4	PA MO
<i>citalopram hydrobromide soln</i>	3	QL (600 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>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO GC
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hydrochloride tabs</i>	4	PA MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days)
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 75mg, 150mg, oral conc 10mg/ml</i>	3	PA MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl caps 30mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride caps 20mg, 60mg</i>	3	QL (60 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO GC
<i>fluoxetine hcl soln</i>	2	MO GC
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO GC

You 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 hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	2	MO GC
<i>fluoxetine hydrochloride tabs 60mg</i>	3	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	3	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	3	PA MO
<i>imipramine pamoate</i>	4	PA MO
<i>maprotiline hcl tabs 50mg</i>	4	
<i>maprotiline hcl tabs 25mg, 75mg</i>	4	MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO GC
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	4	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	3	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	3	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO GC
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO GC
<i>paroxetine hydrochloride susp</i>	4	QL (900 ML per 30 days) MO
PAXIL ORAL SUSP	4	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	PA MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO GC
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA per 30 days) MO GC

You 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>sertraline hydrochloride oral conc</i>	3	QL (300 ML per 30 days) MO
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tabs</i>	1	MO GC
<i>trimipramine maleate caps 50mg</i>	4	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	4	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	4	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) MO
VENLAFAXINE BESYLATE ER	4	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO GC
<i>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO GC
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	QL (30 EA per 30 days) MO GC
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	2	QL (30 EA per 30 days) MO GC
<i>venlafaxine hydrochloride er tb24 150mg</i>	2	QL (60 EA per 30 days) MO GC
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl soln</i>	4	MO
<i>amantadine hcl caps</i>	4	QL (120 EA per 30 days) MO
<i>benztropine mesylate</i>	2	PA MO GC
<i>bromocriptine mesylate tabs, caps</i>	4	MO
<i>carbidopa tabs</i>	5	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>carbidopa/levodopa</i>	2	MO GC
<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	4	MO
<i>entacapone</i>	4	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	QL (150 EA per 30 days) PA
NEUPRO	4	MO
<i>pramipexole dihydrochloride er</i>	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO GC
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole er tb24 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO GC
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	2	MO GC
<i>selegiline hcl tabs, caps</i>	2	MO GC
<i>trihexyphenidyl hcl oral soln</i>	2	PA MO GC
<i>trihexyphenidyl hydrochloride tabs</i>	2	PA MO GC
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 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
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO
CAPLYTA	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
<i>chlorpromazine hydrochloride oral conc</i>	4	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (135 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	PA
<i>clozapine odt tbdp 100mg</i>	4	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	3	
<i>clozapine tabs 200mg</i>	3	QL (135 EA per 30 days)
<i>clozapine tabs 100mg</i>	3	QL (270 EA per 30 days)
FANAPT TITRATION PACK	4	PA MO
FANAPT TABS 1MG	4	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl oral conc, tabs</i>	2	MO GC
<i>fluphenazine hcl inj</i>	4	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO GC
<i>haloperidol tabs, oral conc</i>	3	MO
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	5	QL (3.5 ML per 154 days)
INVEGA HAFYERA INJ 1560MG/5ML	5	QL (5 ML per 154 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 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 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	3	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	3	MO
<i>molindone hydrochloride</i>	3	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>perphenazine</i>	4	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	4	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 150mg, 50mg</i>	3	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
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	QL (480 ML per 30 days) MO GC
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO GC
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO GC
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO GC
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO
<i>trifluoperazine hcl</i>	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	3	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/</i>	4	QL (30 EA per 30 days) MO
<i>dextroamphetamine er cp24</i>		

You 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>amphetamine/ dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/ dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 100mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 10mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) MO
<i>guanfacine er tabs 1mg, 2mg, 4mg</i>	3	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tabs 3mg</i>	3	QL (30 EA per 30 days) PA MO
<i>methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	4	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>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	4	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ CAPS	5	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	5	QL (158 ML per 30 days) PA MO
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	4	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO GC

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

Drug name	Drug tier	Requirements/Limits
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>almotriptan malate</i>	4	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	5	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	3	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	3	MO
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
NURTEC	5	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO GC
<i>sumatriptan succinate refill inj</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO GC
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	4	QL (9 EA per 30 days) MO
UBRELVY	5	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA
GUANIDINE HCL	4	
<i>lithium carbonate caps, tabs</i>	1	MO GC
<i>lithium carbonate er</i>	2	MO GC
LITHIUM ORAL SOLN	4	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er</i>	3	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide er</i>	3	MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	3	MO
<i>riluzole</i>	3	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 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
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	5	PA
<i> fingolimod</i>	5	QL (28 EA per 28 days) PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs</i>	3	MO
<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	3	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl caps, tabs 2mg</i>	2	MO GC
<i>tizanidine hydrochloride tabs 4mg</i>	2	MO GC
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	4	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	4	MO
APO-VARENICLINE	4	PA MO
<i>buprenorphine hcl subl tabs 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	2	QL (90 EA per 30 days) MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg</i>	4	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO GC
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl inj 4mg/10ml</i>	2	MO GC
<i>naloxone hcl inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride liqd</i>	3	MO
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	GC
<i>naloxone hcl cartridge 0.4mg/ml</i>	2	MO GC
<i>naltrexone hcl tabs</i>	3	MO
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	4	PA MO
<i>varenicline tartrate</i>	4	PA MO
VIVITROL	5	

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM	4	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	PA MO
<i>testosterone enanthate inj</i>	4	PA MO
<i>testosterone pump gel 1%</i>	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
<i>testosterone topical solution</i>	3	QL (180 ML per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	3	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	3	QL (300 GM per 30 days) PA MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	MO GC
BASAGLAR KWIKPEN	3	MO
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 1/2"	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	1	MO GC
NOVO/BD/ULTIMED/OWEN/ TRIVIDIA PEN NEEDLE/ ORIGINAL/ULTRA-FINE	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 15/64"	1	MO GC
CURITY GAUZE PADS 2"X2"	1	MO GC
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LEVEMIR	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
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL (BRAND RELION NOT COVERED)	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO GC
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days)
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO GC

You 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>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO GC
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO GC
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO GC
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO GC
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO GC

You 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>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO GC
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO GC
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO GC
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO GC
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE)	3	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO GC
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO GC
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO GC
RYBELSUS	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	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
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral soln</i>	1	MO GC
<i>alendronate sodium tabs 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO GC
<i>calcitonin-salmon nasal spray</i>	3	MO
FORTEO	5	PA
<i>ibandronate sodium tabs</i>	3	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	4	QL (3 ML per 90 days) MO
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	4	
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	4	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
XGEVA	5	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
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
CHELATING AGENTS		
CHEMET	4	MO
<i>deferasirox granules pack</i>	5	PA
<i>deferasirox tabs 90mg</i>	4	PA
<i>deferasirox tabs 180mg, 360mg</i>	5	PA
<i>deferasirox tabs for oral susp 125mg</i>	3	PA
<i>deferasirox tabs for oral susp 250mg, 500mg</i>	5	PA
LOKELMA	3	MO
<i>penicillamine tabs</i>	5	
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps oral susp 15gm/60ml</i>	3	MO
<i>trientine hydrochloride</i>	5	PA
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	2	GC
<i>altavera</i>	2	GC
<i>alyacen 1/35</i>	2	MO GC
<i>alyacen 7/7/7</i>	2	GC
<i>amethia</i>	2	GC
<i>amethyst</i>	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>ashlyna</i>	2	GC
<i>aubra</i>	2	GC
<i>aubra eq</i>	2	GC
<i>aurovela 1.5/30</i>	2	GC
<i>aurovela 24 fe</i>	2	GC
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC

You 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>aviane</i>	2	GC
<i>ayuna</i>	2	GC
<i>balziva</i>	2	GC
<i>bekyree</i>	2	GC
<i>blisovi 24 fe</i>	2	MO GC
<i>blisovi fe 1.5/30</i>	2	MO GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i>	3	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	GC
<i>charlotte 24 fe</i>	2	GC
<i>chateal</i>	2	GC
<i>chateal eq</i>	2	GC
<i>cryselle-28</i>	2	MO GC
<i>cyclafem 1/35</i>	2	GC
<i>cyclafem 7/7/7</i>	2	GC
<i>cyred</i>	2	GC
<i>cyred eq</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>daysee</i>	2	GC
<i>deblitane</i>	3	
<i>delyla</i>	2	GC
<i>desogestrel/ethinyl estradiol</i>	2	MO GC
<i>dolishale</i>	2	GC
<i>drospirenone/ethinyl estradiol</i>	2	MO GC
<i>drospirenone/ethinyl</i>	2	MO GC
<i>estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	2	GC
<i>eluryng</i>	4	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	MO GC
<i>errin</i>	3	MO
<i>estarylla</i>	2	MO GC

You 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>ethynodiol diacetate/ethinyl estradiol</i>	2	MO GC
<i>falmina</i>	2	GC
<i>fayosim</i>	2	GC
<i>femynor</i>	2	GC
<i>finzala</i>	2	GC
GIANVI	3	
<i>hailey 1.5/30</i>	2	MO GC
<i>hailey 24 fe</i>	2	GC
<i>hailey fe 1.5/30</i>	2	GC
<i>hailey fe 1/20</i>	2	GC
<i>heather</i>	3	
<i>iclevia</i>	2	GC
<i>incassia</i>	3	
<i>introvale</i>	2	GC
<i>isibloom</i>	2	GC
<i>jaimiess</i>	2	MO GC
<i>jasmiel</i>	2	GC
<i>jencycla</i>	3	
JOLESSA	3	
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	MO GC
<i>junel fe 1/20</i>	2	MO GC
<i>junel fe 24</i>	2	GC
<i>kaitlib fe</i>	2	MO GC
<i>kalliga</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	MO GC
<i>kelnor 1/50</i>	2	MO GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia</i>	2	GC

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

Drug name	Drug tier	Requirements/Limits
LEENA	3	MO
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel/ethinyl estradiol</i>	2	MO GC
<i>levora 0.15/30-28</i>	2	GC
<i>lillow</i>	2	GC
<i>lo-zumandimine</i>	2	GC
<i>loestrin 1.5/30-21</i>	2	GC
<i>loestrin 1/20-21</i>	2	GC
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC
<i>lojaimiess</i>	2	MO GC
<i>loryna</i>	2	GC
<i>low-ogestrel</i>	2	GC
<i>lutra</i>	2	MO GC
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	2	MO GC
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	MO
<i>melodetta 24 fe</i>	2	GC
<i>mibelas 24 fe</i>	2	GC
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	GC
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	GC
<i>mono-lynyah</i>	2	GC
<i>necon 0.5/35-28</i>	2	GC
<i>nikki</i>	2	GC
NORA-BE	3	
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs, chew tabs</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO GC
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO GC
<i>norgestimate/ethinyl estradiol</i>	2	MO GC
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>nortrel 0.5/35 (28)</i>	2	MO GC
<i>nortrel 1/35 tabs 28-day regimen</i>	2	GC
<i>nortrel 1/35 tabs 21-day regimen</i>	2	MO GC
<i>nortrel 7/7/7</i>	2	GC
<i>nylia 1/35</i>	2	GC
<i>nylia 7/7/7</i>	2	MO GC
<i>nymyo</i>	2	GC
OCELLA	3	
<i>orsythia</i>	2	GC
ORTHO MICRONOR	3	MO
<i>philith</i>	2	GC
<i>pimtrea</i>	2	GC
<i>pirmella 1/35</i>	2	MO GC
<i>pirmella 7/7/7</i>	2	MO GC
<i>portia-28</i>	2	GC
<i>previfem</i>	2	GC
<i>reclipsen</i>	2	GC
RIVELSA	3	
<i>setlakin</i>	2	GC
<i>sharobel</i>	3	
<i>simliya</i>	2	GC
<i>simpesse</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	MO GC
<i>syeda</i>	2	GC
<i>tarina fe 1/20</i>	2	GC
<i>tarina fe 1/20 eq</i>	2	GC
TILIA FE	3	
<i>tri femynor</i>	2	GC
<i>tri-estarylla</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>tri-legest fe</i>	2	MO GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-mili</i>	2	GC
<i>tri-lo-sprintec</i>	2	MO GC
<i>tri-mili</i>	2	GC
<i>tri-nymyo</i>	2	GC
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	2	GC
<i>trivora-28</i>	2	MO GC
<i>tydemy</i>	2	GC
<i>velivet</i>	2	MO GC
<i>vestura</i>	2	MO GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	MO GC
<i>volnea</i>	2	GC
<i>vyfemla</i>	2	MO GC
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>wymzya fe</i>	2	GC
<i>zarah</i>	2	GC
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	2	GC
ENDOMETRIOSIS		
<i>danazol caps</i>	4	MO
SYNAREL	5	MO
ESTROGENS		
<i>amabelz</i>	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>dotti pttw 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	3	QL (8 EA per 28 days)
<i>dotti pttw 0.025mg/24hr</i>	3	QL (8 EA per 28 days) MO
DUAVEE	4	MO
<i>estradiol valerate inj</i>	4	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>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	3	MO
<i>estradiol oral tabs, vaginal tabs</i>	3	MO
<i>estradiol patch weekly</i>	3	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	3	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	4	MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	3	MO
<i>jinteli</i>	3	
LOPREEZA	3	
<i>lyllana</i>	3	QL (8 EA per 28 days)
<i>mimvey</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	MO
PREMARIN	4	MO
PREMPRO	4	MO
<i>yuvaferm</i>	3	
GLUCOCORTICOIDS		
<i>dexamethasone tabs, oral soln, oral elixir</i>	2	MO GC
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>fludrocortisone acetate tabs</i>	2	MO GC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	MO
<i>methylprednisolone acetate inj</i>	2	B/D MO GC
<i>methylprednisolone dose pack</i>	2	MO GC
<i>methylprednisolone sodium succinate inj 125mg, 40mg</i>	4	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	4	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	4	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>methylprednisolone tabs</i>	2	B/D MO GC
<i>prednisolone oral soln 15mg/5ml</i>	2	B/D MO GC
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO GC
PREDNISON INTENSOL	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO GC
<i>prednisone tab therapy pack</i>	1	MO GC
SOLU-CORTEF	4	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	4	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	5	MO
GVOKE HYOPEN 1-PACK	3	MO
GVOKE HYOPEN 2-PACK	3	MO
GVOKE KIT	3	MO
GVOKE PFS	3	MO
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	4	
<i>betaine anhydrous</i>	5	LA MO
<i>cabergoline</i>	3	MO
CARBAGLU	5	PA LA MO
<i>carglumic acid</i>	5	PA LA MO
CERDELGA	5	PA
<i>cinacalcet hydrochloride tabs 30mg</i>	4	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CYSTADANE	5	LA
CYSTAGON	4	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	3	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
<i>fomepizole</i>	5	

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

Drug name	Drug tier	Requirements/Limits
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
<i>javygtor</i>	5	PA LA
KORLYM	5	PA LA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	4	MO
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
<i>methergine</i>	4	
<i>methylergonovine maleate tabs</i>	4	MO
<i>nitisinone</i>	5	PA
<i>octreotide acetate inj 100mcg/ ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ ml, 500mcg/ml</i>	5	PA
<i>raloxifene hydrochloride</i>	3	MO
SANDOSTATIN LAR DEPOT KIT	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA LA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate caps, tabs 667mg</i>	3	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	5	MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	2	MO GC
<i>megestrol acetate susp 40mg/ml</i>	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>megestrol acetate susp 625mg/5ml</i>	4	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO GC
<i>progesterone caps</i>	3	MO
<i>progesterone inj</i>	4	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO GC
LEVO-T	4	
<i>levothyroxine sodium tabs</i>	1	MO GC
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	5	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	3	MO
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	2	MO GC
<i>propylthiouracil tabs</i>	3	MO
SYNTHROID	3	MO
UNITHROID	3	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	3	MO
<i>calcitriol inj 1mcg/ml</i>	4	
<i>calcitriol oral soln 1mcg/ml</i>	4	MO
<i>doxercalciferol inj</i>	4	
<i>paricalcitol</i>	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant caps 40mg, 80mg, therapy pak 80mg; 125mg</i>	4	B/D MO
<i>aprepitant caps 125mg</i>	5	B/D MO
<i>compro</i>	2	MO GC
DIMENHYDRINATE INJ	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	4	B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) 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>meclizine hcl tabs 12.5mg</i>	2	PA MO GC
<i>meclizine hydrochloride tabs 25mg</i>	2	PA MO GC
<i>metoclopramide hcl tabs 5mg</i>	1	MO GC
<i>metoclopramide hcl inj, oral soln</i>	4	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO GC
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	3	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D GC
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	2	B/D MO GC
<i>ondansetron hydrochloride inj</i>	4	MO
<i>ondansetron odt</i>	3	B/D MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO GC
<i>prochlorperazine supp</i>	2	MO GC
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg</i>	2	PA MO GC
<i>promethazine hcl inj, supp</i>	4	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA MO GC
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	5	PA MO
SANCUSO	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	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
<i>dicyclomine hydrochloride caps, tabs</i>	2	PA MO GC
<i>dicyclomine hydrochloride inj</i>	4	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	4	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs</i>	4	MO
<i>cimetidine hydrochloride oral soln</i>	4	MO
<i>famotidine premixed inj 20mg/50ml</i>	4	
<i>famotidine tabs</i>	2	MO GC
<i>famotidine oral susp</i>	3	MO
<i>famotidine inj</i>	4	
<i>nizatidine</i>	4	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	3	MO
<i>budesonide er tab 9mg</i>	5	MO
<i>budesonide cpep 3mg</i>	4	MO
<i>hydrocortisone enem 100mg/60ml</i>	2	MO GC
<i>mesalamine</i>	4	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	4	MO
SULFASALAZINE TBEC	3	MO
<i>sulfasalazine tabs</i>	3	MO
LAXATIVES		
CLENPIQ	4	MO
<i>constulose</i>	2	GC
<i>enulose</i>	2	MO GC
<i>gavilyte-c</i>	1	MO GC
<i>gavilyte-g</i>	1	MO GC
<i>gavilyte-h</i>	4	
<i>gavilyte-n/flavor pack</i>	1	GC
<i>generlac</i>	2	GC

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

Drug name	Drug tier	Requirements/Limits
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
<i>lactulose oral soln</i>	2	MO GC
NULYTELY	3	MO
NULYTELY/FLAVOR PACKS	3	MO
<i>peg-3350/electrolytes</i>	2	MO GC
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	1	MO GC
PLENVU	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
<i>trilyte</i>	1	GC
MISCELLANEOUS		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tabs 1mg</i>	5	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/ atropine sulfate</i>	3	MO
<i>diphenoxylate/atropine</i>	3	MO
GATTEX	5	PA LA
<i>lansoprazole/amoxicillin/ clarithromycin</i>	4	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	3	MO
<i>misoprostol tabs</i>	3	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO GC
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO
XERMELO	5	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	5	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
PANCREATIC ENZYMES		
CREON	3	MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>lansoprazole dr caps</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 20mg</i>	2	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 40mg</i>	2	QL (60 EA per 30 days) MO GC
<i>omeprazole dr caps 10mg</i>	2	QL (30 EA per 30 days) MO GC
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>rabeprazole sodium dr tabs 20mg</i>	4	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO GC
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL (30 EA per 30 days) MO GC
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO GC
<i>silodosin</i>	4	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO GC
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
<i>bethanechol chloride tabs</i>	3	MO
ELMIRON	4	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>flavoxate hcl</i>	4	MO
<i>potassium citrate er</i>	4	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>fesoterodine fumarate er</i>	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	4	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO GC
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO GC
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) ST MO GC
<i>tolterodine tartrate</i>	4	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) MO
<i>tropium chloride er caps</i>	2	QL (30 EA per 30 days) MO GC
<i>tropium chloride tabs</i>	2	QL (60 EA per 30 days) MO GC
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	4	MO
<i>miconazole 3 vaginal supp</i>	4	MO
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate caps 150mg</i>	4	QL (60 EA per 30 days)
<i>dabigatran etexilate caps 75mg</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	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>fondaparinux sodium inj</i> <i>2.5mg/0.5ml</i>	4	MO
<i>fondaparinux sodium inj</i> <i>10mg/0.8ml, 5mg/0.4ml,</i> <i>7.5mg/0.6ml</i>	5	MO
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJ 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ ML	3	
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml,</i> <i>5000unit/0.5ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	MO GC
PRADAXA	4	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	1	MO GC
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO SUSR	3	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO 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
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	3	MO
<i>cilostazol</i>	1	MO GC
DOPTELET	5	QL (60 EA per 30 days) PA LA
DROXIA	3	MO
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	2	MO GC
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	5	QL (27 ML per 30 days) PA MO
<i>tranexamic acid tabs</i>	3	MO
<i>tranexamic acid inj</i>	4	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole</i>	3	QL (60 EA per 30 days) MO
<i>aspirin/dipyridamole er</i>	3	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO GC
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO GC
<i>dipyridamole tab</i>	4	PA MO
<i>prasugrel</i>	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 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
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ VIAL 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
OTEZLA TBPK	5	QL (55 EA per 365 days) PA
OTEZLA TABS	5	QL (60 EA per 30 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 365 days) PA
SKYRIZI INJ 75MG/0.83ML	5	QL (7 EA per 365 days) PA
STELARA PREFILLED SYRINGE 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA
STELARA VIAL 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA LA
STELARA PREFILLED SYRINGE INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA LA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (240 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i>	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>leflunomide</i>	1	QL (30 EA per 30 days) MO GC
<i>methotrexate tabs 2.5mg</i>	1	MO GC
XATMEP	4	MO
IMMUNOGLOBULINS		
BIVIGAM	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A	5	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs</i>	3	B/D MO
BENLYSTA	5	PA
<i>cyclosporine</i>	3	B/D MO
<i>cyclosporine modified caps, soln</i>	3	B/D MO
<i>everolimus tabs 0.25mg</i>	4	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>gengraf caps</i>	3	B/D
<i>gengraf soln</i>	3	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	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>mycophenolate mofetil oral susp</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA MO
SANDIMMUNE ORAL SOLN	5	B/D MO
<i>sirolimus soln</i>	5	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D MO
<i>sirolimus tabs 2mg</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
ZORTRESS TABS 1MG	5	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DENGVAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	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
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.225%	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
<i>hyperlyte-cr</i>	4	B/D
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	

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

Drug name	Drug tier	Requirements/Limits
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers viaflex inj</i>	4	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj</i> <i>2gm/50ml, 4gm/100ml, 50%</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/ DEXTROSE	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	4	
<i>sodium bicarbonate inj 8.4%</i>	4	MO
<i>sodium chloride 0.45%</i>	4	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES	4	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>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>adc/fluoride drops</i>	4	MO
<i>effer-k tab 25meq</i>	3	MO
<i>fluoride chew tab</i>	4	MO
<i>fluoritab</i>	4	
KLOR-CON 10	3	
KLOR-CON 8	3	MO
<i>klor-con m10</i>	3	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</i>	3	MO
<i>klor-con powder 20meq</i>	3	
<i>klor-con/ef</i>	3	MO
M-NATAL PLUS	3	MO
<i>multi-vitamin/fluoride drops</i>	4	MO
<i>multi-vitamin/fluoride/iron drops</i>	4	MO
<i>multivitamin/fluoride chew</i>	4	MO
<i>0.25mg, 0.5mg, 1mg</i>		
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV PRENATAL PLUS	3	MO
MULTIVITAMIN		
<i>poly-vitamin/fluoride drops</i>	4	
<i>potassium chloride er cpcr</i>	2	MO GC
<i>potassium chloride er tbcr</i>	2	MO GC
<i>10meq, 20meq, 8meq</i>		
<i>potassium chloride er tbcr 15meq</i>	3	
<i>potassium chloride pack 20meq</i>	3	MO
<i>potassium chloride oral soln</i>	4	MO
<i>10%, 20%</i>		
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW	3	MO
IRON		
PREPLUS	3	MO
<i>sodium fluoride chew 0.25mg,</i>	4	MO
<i>0.5mg, 1mg</i>		
<i>sodium fluoride soln 0.5mg/ml</i>	4	MO
<i>tri-vite/fluoride</i>	4	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
TRICARE PRENATAL TABS	3	MO
VP-PNV-DHA	3	MO
WESTAB PLUS	3	MO
IV NUTRITION		
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	3	
<i>dextrose 5%</i>	3	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID	3	B/D
<i>plenamine</i>	4	B/D
PREMASOL 10%	5	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE 10%	4	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

BLEPHAMIDE S.O.P. OINT	4	MO
<i>neo-polycin hc oint</i>	4	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone oint</i>	4	MO
<i>neomycin/polymyxin/ dexamethasone</i>	2	MO GC

You 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/polymyxin/ hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	MO GC
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone susp</i>	4	MO
ZYLET	3	MO
ANTI-INFECTIVES		
<i>ak-poly-bac</i>	2	GC
<i>bacitracin oint 500unit/gm</i>	3	MO
<i>bacitracin/polymyxin b oint</i>	2	MO GC
BESIVANCE	3	MO
CILOXAN OINT	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	3	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO GC
<i>gatifloxacin soln</i>	4	QL (20 ML per 30 days) MO
<i>gentak oint</i>	2	QL (42 GM per 30 days) MO GC
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO GC
<i>levofloxacin ophthalmic soln 0.5%</i>	3	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	3	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin oint</i>	3	
<i>neomycin/bacitracin/polymyxin oint</i>	3	MO
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO GC
<i>sulfacetamide sodium oint 10%</i>	4	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	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
<i>tobramycin soln 0.3%</i>	2	QL (30 ML per 30 days) MO GC
<i>trifluridine</i>	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO GC
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO
<i>bromfenac</i>	4	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO GC
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	QL (10 ML per 30 days) MO GC
<i>difluprednate</i>	3	MO
DUREZOL	3	MO
FLAREX	4	MO
<i>flubiprofen sodium ophthalmic soln 0.03%</i>	2	MO GC
FLUOROMETHOLONE OPHTHALMIC SOLN 0.1%	3	MO
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO GC
LOTEMAX OINT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	3	MO
<i>prednisolone acetate ophth soln 1%</i>	2	MO GC
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
<i>bepotastine besilate</i>	3	MO
BEPREVE	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>cromolyn sodium ophthalmic soln 4%</i>	3	MO
<i>epinastine hcl</i>	3	MO
LASTACAFT	4	
<i>olopatadine hcl ophthalmic soln 0.2%</i>	3	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
ZERVIAE	4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	3	MO
<i>brinzolamide</i>	3	MO
<i>carteolol hcl</i>	2	MO GC
COMBIGAN	3	MO
<i>dorzolamide hcl/timolol maleate soln 2.3-6.8mg/ml</i>	2	MO GC
<i>dorzolamide hydrochloride</i>	1	MO GC
<i>dorzolamide hydrochloride/timolol maleate 2%-0.5% preservative free</i>	4	MO
<i>latanoprost</i>	2	MO GC
<i>levobunolol hcl</i>	2	MO GC
LUMIGAN	3	MO
PHOSPHOLINE IODIDE OPHTH SOLN 0.125%	4	
<i>pilocarpine hcl ophth soln</i>	4	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPTHALMIC GEL FORMING SOLUTION	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO GC

You 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 once-daily ophthalmic (generic Istalol) soln 0.5%</i>	3	MO
<i>travoprost</i>	4	MO
VYZULTA	4	MO
MISCELLANEOUS		
ATROPINE SULFATE OPTH SOLN 1%	3	MO
CYSTARAN	5	PA LA
ISOPTO ATROPINE	3	MO
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
XIIDRA	3	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid otic soln 2%</i>	3	MO
CIPRO HC	4	MO
CIPROFLOXACIN 0.2% OTIC SOLN	3	MO
<i>ciprofloxacin/dexamethasone flac (otic) oil</i>	3	MO
<i>fluocinolone acetonide otic oil 0.01%</i>	4	QL (20 ML per 30 days)
<i>hydrocortisone/acetic acid otic soln</i>	4	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	4	MO
<i>neomycin/polymyxin/hc otic soln 1%</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO

You 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 soln</i>	2	B/D MO GC
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO GC
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO GC
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO GC
ANTI-HISTAMINES		
<i>azelastine hcl nasal soln 0.1%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	4	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	4	PA MO
<i>cetirizine hydrochloride soln 1mg/ml</i>	4	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	4	PA MO
<i>cyproheptadine hydrochloride tabs 4mg</i>	4	PA MO
<i>desloratadine</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	4	PA MO
<i>hydroxyzine hcl inj 25mg/ml, syr 10mg/5ml, tabs 50mg</i>	4	PA MO
<i>hydroxyzine hydrochloride inj 50mg/ml, tabs 10mg, 25mg</i>	4	PA MO
<i>hydroxyzine pamoate</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO GC

You 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>levocetirizine dihydrochloride soln</i>	3	MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate er tabs</i>	4	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	3	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	3	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	3	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	2	B/D MO GC
<i>albuterol sulfate syrup</i>	2	MO GC
<i>albuterol sulfate tabs</i>	3	MO
<i>levalbuterol hydrochloride nebs</i>	4	B/D MO
<i>levalbuterol nebs</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj 1mg/ml, tabs</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO GC
<i>montelukast sodium granules</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	3	B/D MO
<i>aminophylline inj</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
DALIRESP	4	MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
ESBRIET CAPS	5	QL (270 EA per 30 days) PA
ESBRIET TABS 267MG	5	QL (270 EA per 30 days) PA
ESBRIET TABS 801MG	5	QL (90 EA per 30 days) PA
FASENRA PREFILLED SYRINGE	5	QL (1 ML per 28 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
FASENRA PEN AUTO INJECTOR	5	QL (1 ML per 28 days) PA LA
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
OFEV	5	QL (60 EA per 30 days) PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL (56 EA per 28 days) PA
ORKAMBI PACK 94MG; 75MG	5	QL (56 EA per 28 days) PA LA
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
<i>roflumilast</i>	4	
<i>theophylline er tabs</i>	3	MO
<i>theophylline soln 80 mg/15ml</i>	3	MO
TRIKAFTA TBPK 100MG; 75MG; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA MO
XOLAIR	5	PA LA
NASAL STEROIDS		
<i>flunisolide nasal soln</i>	3	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO GC
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	4	QL (2 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
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	4	PA
<i>amnesteem</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide (generic duac)</i>	4	MO
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	3	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide (generic Benzaclin)</i>	4	MO
<i>dapsone gel 5%, 7.5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO GC
<i>erythromycin soln 2%</i>	2	QL (60 ML per 30 days) MO GC
<i>isotretinoin</i>	4	PA
<i>myorisan</i>	4	PA
<i>neuac gel</i>	4	
<i>sulfacetamide sodium lotn 10%</i>	3	MO
TRETINOIN MICROSPHERE	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA

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

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>mafenide acetate pak 5%</i>	4	MO
<i>mupirocin oint</i>	2	QL (30 GM per 30 days) MO GC
<i>mupirocin crea</i>	4	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE CREA 1%	3	MO
SSD	3	
SULFAMYLON CREA 85MG/GM	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	3	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	3	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	4	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	3	QL (30 ML per 30 days) MO
<i>econazole nitrate crea 1%</i>	4	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
<i>ketconazole crea 2%</i>	3	QL (60 GM per 30 days) MO
<i>ketconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	4	QL (100 GM per 30 days)
<i>naftifine cream 1%</i>	4	QL (90 GM per 30 days) MO
<i>naftifine cream 2%</i>	4	QL (60 GM per 30 days) MO
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO GC
<i>nystatin oint 100000unit/gm</i>	4	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	3	QL (60 GM per 30 days) MO
<i>nystop</i>	3	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	4	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	3	PA MO
<i>calcipotriene crea, oint</i>	4	QL (120 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>calcipotriene soln</i>	4	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	4	QL (120 GM per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	PA MO
<i>methoxsalen caps</i>	5	MO
<i>tazarotene gel</i>	3	QL (100 GM per 30 days) PA
<i>tazarotene crea 0.1%</i>	3	QL (60 GM per 30 days) PA MO
TAZORAC CREA 0.05%	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO GC
<i>selenium sulfide lotn 2.5%</i>	2	MO GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	1	GC
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days) GC
<i>alclometasone dipropionate</i>	4	MO
<i>beser lotn 0.05%</i>	4	QL (120 ML per 30 days)
<i>betamethasone dipropionate augmented crea</i>	3	MO
<i>betamethasone dipropionate augmented gel, lotn, oint</i>	4	MO
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>calcipotriene/betamethasone dipropionate oint</i>	4	QL (400 GM per 28 days) PA MO
<i>clobetasol propionate emollient cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate emulsion foam 0.05%</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	4	QL (118 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>clobetasol propionate spray 0.05%</i>	4	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide lotn</i>	4	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream, oint</i>	4	QL (100 GM per 30 days) MO
<i>desrx</i>	4	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	4	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	5	QL (60 GM per 30 days) MO
ENSTILAR	5	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	3	MO
<i>fluticasone propionate lotn 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate cream, oint</i>	4	QL (50 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrocortisone butyrate hydrophilic lipophilic base cream 0.1%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn 0.1%</i>	4	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	4	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO GC
<i>hydrocortisone crea 2.5%</i>	1	QL (30 GM per 30 days) MO GC
<i>hydrocortisone lotn 2.5%</i>	2	MO GC
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO GC
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate soln 0.1%</i>	3	MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	4	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	4	
TEXACORT	4	MO
<i>tovet</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	MO GC
<i>triamcinolone acetonide crea 0.1%</i>	2	QL (454 GM per 30 days) MO GC
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external soln 4%</i>	4	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	4	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	3	QL (3 EA per 1 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>lidocaine oint</i>	4	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	4	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	3	MO
<i>azelaic acid gel 15%</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) PA MO
<i>diclofenac sodium external soln 2%</i>	5	QL (224 GM per 28 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO
DOXYCYCLINE DR CAP 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM 15%	4	QL (50 GM per 30 days) MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	4	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	4	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	4	MO
IMIQUIMOD PUMP	5	QL (7.5 GM per 30 days) MO
<i>imiquimod crea 5%</i>	3	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	5	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
PENNSAID	5	QL (224 GM per 28 days) PA MO
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	4	
<i>procto-pak</i>	4	MO
<i>proctozone-hc</i>	4	

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

Drug name	Drug tier	Requirements/Limits
RECTIV	4	QL (30 GM per 30 days) MO
<i>rosadan</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
TARGRETIN	5	QL (60 GM per 30 days) PA
VALCHLOR	5	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP 2.5%	5	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	3	MO
<i>permethrin cream 5%</i>	4	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	3	MO
STERILE WATER FOR IRRIGATION	3	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate soln 0.12%</i>	1	MO GC
<i>clinpro 5000</i>	4	MO
<i>clotrimazole troc 10mg</i>	3	MO
<i>dentagel</i>	4	MO
<i>fluoridex daily defense</i>	4	
<i>fluoridex sensitivity relief/sls free</i>	4	
<i>fluorimax 5000</i>	4	
<i>fluorimax 5000 sensitive</i>	4	
<i>just right 5000</i>	4	
<i>lidocaine viscous sol 2%</i>	4	MO
<i>nystatin susp 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	4	
<i>paroex</i>	1	GC
<i>periogard</i>	1	GC
<i>pilocarpine hydrochloride tabs</i>	4	MO
<i>sf gel</i>	4	MO
<i>sodium fluoride 5000 ppm</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sodium fluoride 5000 ppm sensitive</i>	4	MO
<i>sodium fluoride gel 1.1%</i>	4	MO
<i>triamcinolone acetonide dental paste</i>	4	MO

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

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	18, 20	ADVAIR DISKUS	98	<i>amabelz</i>	72
<i>abacavir sulfate/ lamivudine</i>	20	ADVAIR HFA	98	<i>amantadine hcl</i>	52
<i>abacavir sulfate/ lamivudine/ zidovudine</i>	20	<i>afeditab cr</i>	41	AMBISOME	17
ABELCET	17	AFINITOR	30	<i>ambrisentan</i>	43
ABILIFY MAINTENA	53	AFINITOR DISPERZ	30	<i>amethia</i>	67
<i>abiraterone acetate</i>	28	<i>afirmelle</i>	67	<i>amethyst</i>	67
ABRAXANE	29	AIMOVIG	59	<i>amikacin sulfate</i>	15
<i>acamprosate calcium dr</i>	60	<i>ak-poly-bac</i>	91	<i>amiloride hcl</i>	42
<i>acarbose</i>	63	<i>ala-cort</i>	100	<i>amiloride/ hydrochlorothiazide</i>	42
<i>accutane</i>	98	<i>albendazole</i>	15	<i>aminophylline</i>	96
<i>acebutolol hydrochloride</i>	40	<i>albuterol sulfate</i>	96	AMINOSYN-PF 7%	90
<i>acetaminophen/ codeine</i>	12	<i>albuterol sulfate er</i>	96	<i>amiodarone hcl</i>	38
<i>acetazolamide</i>	42	<i>albuterol sulfate hfa</i>	96	<i>amiodarone hydrochloride</i>	38
<i>acetazolamide er</i>	42	<i>alclometasone dipropionate</i>	100	<i>amitriptyline hcl</i>	49
<i>acetic acid</i>	94	ALECENSA	30	<i>amitriptyline hydrochloride</i>	49
ACETIC ACID 0.25%	80	<i>alendronate sodium</i>	66	<i>amlodipine besylate</i>	36, 37, 41, 42
<i>acetylcysteine</i>	74, 96	<i>alfuzosin hcl</i>	80	<i>amlodipine besylate/ atorvastatin calcium</i>	42
<i>acitretin</i>	99	ALIMTA	27	<i>amlodipine</i>	36
ACTHIB	86	<i>aliskiren</i>	42	<i>besylate/benazepril hydrochloride</i>	37
ACTIMMUNE	85	<i>allopurinol</i>	10	<i>amlodipine besylate/ valsartan</i>	37
<i>acyclovir</i>	21, 103	<i>almotriptan malate</i>	59	<i>amlodipine/ olmesartan</i>	37
<i>acyclovir sodium</i>	21	<i>alosetron hydrochloride</i>	79	<i>medoxomil</i>	
ADACEL	86	ALPHAGAN P	93	<i>amlodipine/ valsartan/hctz</i>	37
<i>adc/fluoride</i>	89	<i>alprazolam</i>	44		
<i>adefovir dipivoxil</i>	21	<i>alprazolam er</i>	44		
ADEMPAS	43	ALPRAZOLAM	44		
		INTENSOL			
		ALREX	92		
		<i>altavera</i>	67		
		ALUNBRIG	30		
		<i>alyacen 1/35</i>	67		
		<i>alyacen 7/7/7</i>	67		
		<i>alyq</i>	43		

Drug name	Page	Drug name	Page	Drug name	Page
<i>amlodipine/</i>	37	ARISTADA INITIO	53	<i>azelastine hcl</i>	92,
<i>valsartan/</i>		<i>armodafinil</i>	60		95
<i>hydrochlorothiazide</i>		ARNUITY ELLIPTA	97	<i>azithromycin</i>	23
<i>ammonium lactate</i>	103	<i>arsenic trioxide</i>	29	AZITHROMYCIN	23
<i>amnesteem</i>	98	<i>asenapine maleate sl</i>	54	<i>aztreonam</i>	15
<i>amoxapine</i>	49	<i>ashlyna</i>	67	<i>bacitracin</i>	91
<i>amoxicillin</i>	24	ASPARLAS	29	<i>bacitracin/polymyxin</i>	91
<i>amoxicillin/</i>	24	<i>aspirin/dipyridamole</i>	83	<i>b</i>	
<i>clavulanate</i>		<i>aspirin/dipyridamole</i>	83	<i>baclofen</i>	60
<i>potassium</i>		<i>er</i>		<i>balsalazide disodium</i>	78
<i>amoxicillin/</i>	24	<i>atazanavir sulfate</i>	18	BALVERSA	30
<i>clavulanate</i>		<i>atenolol</i>	40	<i>balziva</i>	68
<i>potassium er</i>		<i>atenolol/</i>	40	BANZEL	45
<i>amphetamine/</i>	57	<i>chlorthalidone</i>		BARACLUDGE	21
<i>dextroamphetamine</i>		<i>atomoxetine</i>	57	BASAGLAR	62
<i>amphetamine/</i>	56	<i>atomoxetine</i>	57	KWIKPEN	
<i>dextroamphetamine</i>		<i>hydrochloride</i>		BCG VACCINE	86
<i>er</i>		<i>atorvastatin calcium</i>	39	BD ALCOHOL	62
<i>amphotericin b</i>	17	<i>atovaquone</i>	15,	SWABS	
<i>amphotericin b</i>	17		18	BD/ULTIMED/	62
<i>liposome</i>		<i>atovaquone/</i>	18	ALLISON/	
<i>ampicillin</i>	24	<i>proguanil hcl</i>		TRIVIDIA/MHC	
<i>ampicillin sodium</i>	24	ATROPINE SULFATE	94	INSULIN SYRINGE	
<i>ampicillin-sulbactam</i>	24	ATROVENT HFA	95	SAFETYGLIDE/1ML/	
<i>anagrelide</i>	83	<i>aubra</i>	67	29G X 1/2	
<i>hydrochloride</i>		<i>aubra eq</i>	67	BD/ULTIMED/	62
<i>anastrozole</i>	28	<i>aurovela 1.5/30</i>	67	ALLISON/TRIVIDIA/	
ANDRODERM	61	<i>aurovela 24 fe</i>	67	MHC INSULIN	
ANORO ELLIPTA	94	<i>aurovela fe 1.5/30</i>	67	SYRINGE ULTRA-	
APO-VARENICLINE	60	<i>aurovela fe 1/20</i>	67	FINE/0.3ML/31G X	
<i>aprepitant</i>	76	AUSTEDO	59	15/64	
<i>apri</i>	67	<i>aviane</i>	68	BD/ULTIMED/	62
APTIOM	45	AVONEX	60	ALLISON/TRIVIDIA/	
APTIVUS	18	<i>ayuna</i>	68	MHC INSULIN	
<i>aranelle</i>	67	AYVAKIT	30	SYRINGE ULTRA-	
ARCALYST	85	<i>azacitidine</i>	27	FINE/0.5ML/30G X	
<i>aripiprazole</i>	53	<i>azathioprine</i>	85	1/2	
<i>aripiprazole odt</i>	53	<i>azelaic acid</i>	103		
ARISTADA	53				

Drug name	Page	Drug name	Page	Drug name	Page
BD/ULTIMED/ ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA- FINE/1ML/31G X 5/16	62	BETASERON	60	<i>brinzolamide</i>	93
BD/ULTIMED/ ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16	62	<i>betaxolol hcl</i>	40, 93	BRIVIACT	45
<i>bekyree</i>	68	<i>bethanechol chloride</i>	80	<i>bromfenac</i>	92
BELEODAQ	30	BETOPTIC-S	93	<i>bromocriptine mesylate</i>	52
BELSOMRA	58	BEVESPI	94	BROMSITE	92
<i>benazepril hcl</i>	36	AEROSPHERE		BRUKINSA	30
<i>benazepril hcl/ hydrochlorothiazide</i>	36	<i>bexarotene</i>	29, 103	<i>budesonide</i>	78, 97
<i>benazepril hydrochloride</i>	36	BEXSERO	86	<i>budesonide er</i>	78
<i>benazepril hydrochloride/ hydrochlorothiazide</i>	36	<i>bicalutamide</i>	28	<i>bumetanide</i>	42
BENDEKA	26	BICILLIN L-A	24	<i>buprenorphine</i>	12
BENLYSTA	85	BIDIL	42	<i>buprenorphine hcl</i>	60
<i>benztropine mesylate</i>	52	BIKTARVY	20	<i>buprenorphine hcl/ naloxone hcl</i>	60
<i>bepotastine besilate</i>	92	<i>bisoprolol fumarate</i>	40	<i>buprenorphine hydrochloride/ naloxone hydrochloride</i>	61
BEPREVE	92	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	40	<i>bupropion</i>	49
<i>beser</i>	100	BIVIGAM	85	<i>bupropion</i>	49
BESIVANCE	91	BLENREP	30	<i>bupropion</i>	61
BESREMI	29	<i>bleomycin sulfate</i>	26	<i>hydrochloride er</i>	49
<i>betaine anhydrous</i>	74	BLEPHAMIDE S.O.P. OINT	90	<i>bupropion</i>	49
<i>betamethasone dipropionate</i>	100	<i>blisovi 24 fe</i>	68	<i>hydrochloride er</i>	49
<i>betamethasone dipropionate augmented</i>	100	<i>blisovi fe 1.5/30</i>	68	<i>bupropion</i>	49
<i>betamethasone dipropionate augmented crea</i>	100	<i>blisovi fe 1/20</i>	68	<i>hydrochloride er (sr)</i>	49
<i>betamethasone valerate</i>	100	BOOSTRIX	86	<i>bupropion</i>	49
		<i>bortezomib</i>	30	<i>hydrochloride er (xl)</i>	49
		BORTEZOMIB	30	<i>bupropion</i>	49
		<i>bosentan</i>	44	<i>buspirone hcl tabs</i>	44
		BOSULIF	30	<i>buspirone</i>	44
		BRAFTOVI	30	<i>hydrochloride</i>	26
		BREO ELLIPTA	98	<i>busulfan</i>	26
		BREZTRI	94	<i>butorphanol tartrate</i>	12, 13
		AEROSPHERE		BYDUREON BCISE	63
		<i>briellyn</i>	68	BYDUREON PEN	63
		BRILINTA	83	BYETTA	63
		<i>brimonidine tartrate</i>	93	BYSTOLIC	40
		BRIMONIDINE	93	<i>cabergoline</i>	74
		TARTRATE			

Drug name	Page	Drug name	Page	Drug name	Page
CABOMETYX	30	CARBINOXAMINE	95	<i>celecoxib</i>	10
<i>calcipotriene</i>	99, 100	MALEATE		CELONTIN	45
<i>calcipotriene/ betamethasone dipropionate</i>	100	<i>carboplatin</i>	26	<i>cephalexin</i>	23
<i>calcitonin-salmon</i>	66	<i>carglumic acid</i>	74	CERDELGA	74
<i>calcitrene</i>	100	<i>carmustine</i>	26	<i>cetirizine</i>	95
<i>calcitriol</i>	76	<i>carteolol hcl</i>	93	<i>hydrochloride</i>	
CALCITRIOL	100	<i>cartia xt</i>	41	<i>cevimeline</i>	104
<i>calcium acetate</i>	75	<i>carvedilol</i>	40	<i>hydrochloride</i>	
CALQUENCE	30	<i>carvedilol er</i>	40	CHANTIX	61
<i>camila</i>	68	<i>caspofungin acetate</i>	17	CHANTIX	61
CAMRESE	68	<i>cataflam</i>	10	CONTINUING	
CAMRESE LO	68	CAYSTON	15	MONTH PAK	
<i>candesartan cilexetil</i>	37, 38	<i>caziant</i>	68	CHANTIX STARTING	61
<i>candesartan cilexetil/ hydrochlorothiazide</i>	37	<i>cefaclor</i>	22	MONTH PAK	
CAPLYTA	54	CEFACLOR ER	22	<i>charlotte 24 fe</i>	68
CAPRELSA	30	<i>cefadroxil</i>	22	<i>chateal</i>	68
<i>captopril</i>	36	<i>cefazolin</i>	22	<i>chateal eq</i>	68
<i>captopril/ hydrochlorothiazide</i>	36	CEFAZOLIN	22	CHEMET	67
CARBAGLU	74	<i>cefazolin sodium</i>	22	<i>chloramphenicol</i>	15
<i>carbamazepine</i>	45	CEFAZOLIN SODIUM	22	<i>chlordiazepoxide/ amitriptyline</i>	49
<i>carbamazepine er</i>	45	<i>cefdinir</i>	22	<i>chlordiazepoxide hcl</i>	44
<i>carbidopa</i>	52	<i>cefepime</i>	22	<i>chlordiazepoxide hydrochloride</i>	44
<i>carbidopa/levodopa</i>	53	<i>cefixime</i>	22	<i>chlorhexidine</i>	104
CARBIDOPA/ LEVODOPA/ ENTACAPONE	53	<i>cefotetan</i>	22	<i>gluconate</i>	
<i>carbidopa/levodopa er</i>	53	<i>cefoxitin sodium</i>	22	<i>chloroquine</i>	18
<i>carbidopa/levodopa odt</i>	53	<i>cefpodoxime proxetil</i>	22	<i>phosphate</i>	
<i>carbinoxamine</i>	95	<i>cefprozil</i>	22	<i>chlorpromazine hcl</i>	54
<i>maleate</i>		<i>ceftazidime</i>	22, 23	<i>chlorpromazine</i>	54
		CEFTAZIDIME/ DEXTROSE	22	<i>hydrochloride</i>	
		<i>ceftriaxone in iso- osmotic dextrose</i>	23	<i>chlorthalidone</i>	42
		<i>ceftriaxone sodium</i>	23	<i>chlorzoxazone</i>	60
		CEFTRIAZONE SODIUM	23	<i>cholestyramine</i>	39
		<i>cefuroxime axetil</i>	23	<i>cholestyramine light</i>	39
		<i>cefuroxime sodium</i>	23	<i>ciclopirox</i>	99
				<i>ciclopirox olamine</i>	99
				<i>cilostazol</i>	83
				CILOXAN	91

Drug name	Page	Drug name	Page	Drug name	Page
CIMDUO	20	CLINIMIX 4.25%/	90	<i>clozapine</i>	54
<i>cimetidine</i>	78	DEXTROSE 5%		<i>clozapine odt</i>	54
<i>cimetidine</i>	78	CLINIMIX 4.25%/	90	CLOZAPINE ODT	54
<i>hydrochloride</i>		DEXTROSE 10%		COARTEM	18
<i>cinacalcet</i>	74	CLINIMIX 5%/	90	CODEINE SULFATE	13
<i>hydrochloride</i>		DEXTROSE 15%		<i>colchicine</i>	10
CIPROFLOXACIN	94	CLINIMIX 5%/	90	<i>colesevelam</i>	39
<i>ciprofloxacin/</i>	94	DEXTROSE 20%		<i>hydrochloride</i>	
<i>dexamethasone</i>		CLINIMIX 6/5	90	<i>colestipol hcl</i>	39
<i>ciprofloxacin hcl</i>	23	CLINIMIX 8/10	90	<i>colestipol</i>	39
<i>ciprofloxacin</i>	24,	CLINIMIX 8/14	90	<i>hydrochloride</i>	
<i>hydrochloride</i>	91	<i>clinisol sf 15%</i>	90	<i>colistimethate</i>	15
<i>ciprofloxacin i.v.-in</i>	24	CLINOLIPID	90	<i>sodium</i>	
<i>d5w</i>		<i>clinpro 5000</i>	104	COMBIGAN	93
CIPRO HC	94	<i>clobazam</i>	45	COMBIVENT	94
<i>cisplatin</i>	26	<i>clobetasol</i>	100,	RESPIMAT	
<i>citalopram</i>	49,	<i>propionate</i>	101	COMETRIQ	31
<i>hydrobromide</i>	50	<i>clobetasol</i>	100	COMPLERA	20
<i>cladribine</i>	27	<i>propionate emollient</i>		<i>compro</i>	76
<i>claravis</i>	98	<i>clobetasol</i>	100	<i>constulose</i>	78
<i>clarithromycin</i>	23	<i>propionate emulsion</i>		COPAXONE	60
<i>clarithromycin er</i>	23	<i>clobetasol</i>	101	COPIKTRA	31
<i>clemastine fumarate</i>	95	<i>propionate</i>		CORLANOR	42
CLENPIQ	78	<i>clodan</i>	101	COTELLIC	31
<i>clindamycin hcl</i>	15	<i>clofarabine</i>	27	CREON	80
<i>clindamycin</i>	15	<i>clomipramine hcl</i>	50	CRIXIVAN	18
<i>hydrochloride</i>		<i>clonazepam</i>	45	<i>cromolyn sodium</i>	79,
<i>clindamycin</i>	15	<i>clonazepam odt</i>	45		93,
<i>palmitate hcl</i>		<i>clonidine hcl</i>	42		96
<i>clindamycin</i>	15,	<i>clonidine</i>	42	<i>cryselle-28</i>	68
<i>phosphate</i>	81,	<i>hydrochloride</i>		CURITY GAUZE	62
	98	<i>clopidogrel</i>	83	PADS 2	
<i>clindamycin</i>	98	<i>clorazepate</i>	45	<i>cyclafem 1/35</i>	68
<i>phosphate/benzoyl</i>		<i>dipotassium</i>		<i>cyclafem 7/7/7</i>	68
<i>peroxide</i>		<i>clotrimazole</i>	99	<i>cyclobenzaprine</i>	60
<i>clindamycin</i>	15	<i>clotrimazole/</i>	99	<i>hydrochloride</i>	
<i>phosphate/dextrose</i>		<i>betamethasone</i>		<i>cyclophosphamide</i>	26
CLINDAMYCIN/	15	<i>dipropionate</i>		CYCLOPHOSPHA-	26
SODIUM CHLORIDE		<i>clotrimazole troc</i>	104	MIDE	

Drug name	Page	Drug name	Page	Drug name	Page
CYCLOPHOSPHAMIDE MONOHYDRATE	26	<i>deblitane</i>	68	<i>dextroamphetamine sulfate</i>	57
<i>cycloserine</i>	21	<i>decitabine</i>	27	<i>dextroamphetamine sulfate er</i>	57
<i>cyclosporine</i>	85	<i>deferasirox</i>	67	DEXTROSE 2.5%/ NACL 0.45%	87
<i>cyclosporine modified</i>	85	DELESTROGEN	72	<i>dextrose 5%</i>	87, 90
<i>cyproheptadine hcl</i>	95	DELSTRIGO	20	DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	87
<i>cyproheptadine hydrochloride</i>	95	<i>delyla</i>	68	DEXTROSE 5%/ LACTATED RINGERS	87
<i>cyred</i>	68	DENGVAXIA	86	DEXTROSE 5%/ NACL 0.2%	87
<i>cyred eq</i>	68	<i>dentagel</i>	104	<i>dextrose 5%/nacl 0.3%</i>	87
CYSTADANE	74	DESCOVY	20	DEXTROSE 5%/ NACL 0.9%	87
CYSTAGON	74	<i>desipramine hydrochloride</i>	50	DEXTROSE 5%/ NACL 0.33%	87
CYSTARAN	94	<i>desloratadine</i>	95	DEXTROSE 5%/ NACL 0.45%	87
<i>cytarabine</i>	27	<i>desloratadine odt</i>	95	DEXTROSE 5%/ NACL 0.225%	87, 90
<i>cytarabine aqueous</i>	27	<i>desmopressin acetate</i>	74	DEXTROSE 10%/ NACL 0.2%	87
<i>dabigatran etexilate</i>	81	<i>desogestrel/ethinyl estradiol</i>	68	<i>dextrose 10%</i>	87, 90
<i>dacarbazine</i>	29	<i>desonide</i>	101	DEXTROSE 10%/ NACL 0.45%	87
<i>dactinomycin</i>	26	<i>desoximetasone</i>	101	DEXTROSE 50%	90
<i>dalfampridine er</i>	60	<i>desrx</i>	101	DEXTROSE 70%	90
DALIRESP	96	<i>desvenlafaxine er</i>	50	DIACOMIT	45
<i>danazol</i>	72	DESVENLAFAXINE ER	50	<i>diazepam</i>	45, 46
<i>dantrolene sodium</i>	60	<i>dexamethasone</i>	73	DIAZEPAM RECTAL GEL	45
<i>dapsone</i>	15, 98	DEXAMETHASONE INTENSOL	73	<i>diazoxide</i>	74
DAPTACEL	86	<i>dexamethasone sodium phosphate</i>	73, 92	<i>diclofenac potassium</i>	10
<i>daptomycin</i>	15	DEXILANT	80		
DAPTOMYCIN	15	<i>dexlansoprazole</i>	80		
<i>darifenacin hydrobromide er</i>	81	<i>dexmethylphenidate hcl</i>	57		
<i>dasetta 1/35</i>	68	<i>dexmethylphenidate hcl er</i>	57		
<i>dasetta 7/7/7</i>	68	<i>dexmethylphenidate hydrochloride</i>	57		
<i>daunorubicin hydrochloride</i>	26	<i>dexmethylphenidate hydrochloride er</i>	57		
DAUNORUBICIN HYDROCHLORIDE	26	<i>dextrazoxane</i>	35		
DAURISMO	31				
<i>daysee</i>	68				

Drug name	Page	Drug name	Page	Drug name	Page
<i>diclofenac sodium</i>	92, 103	DIPHTHERIA/ TETANUS TOXOIDS	86	<i>doxy 100</i>	25
<i>diclofenac sodium dr</i>	10	ADSORBED PEDIATRIC		<i>doxycycline</i>	25
<i>diclofenac sodium er</i>	10	<i>dipyridamole</i>	83	DOXYCYCLINE DR	103
<i>diclofenac sodium/ misoprostol</i>	10	<i>disopyramide</i>	38	<i>doxycycline hyclate</i>	25
<i>dicloxacillin sodium</i>	24	<i>phosphate</i>		<i>doxycycline hyclate dr</i>	25
<i>dicyclomine hcl</i>	77	<i>disulfiram</i>	61	<i>doxycycline</i>	25
<i>dicyclomine hydrochloride</i>	78	<i>divalproex sodium</i>	46	<i>monohydrate</i>	
DIFICID	23	<i>divalproex sodium dr</i>	46	DRIZALMA	50
<i>diflorasone diacetate</i>	101	<i>divalproex sodium er</i>	46	<i>dronabinol</i>	76
<i>diflunisal</i>	10	<i>docetaxel</i>	29	<i>drospirenone/ethinyl estradiol</i>	68
<i>difluprednate</i>	92	DOCETAXEL	29	<i>drospirenone/ ethinyl estradiol/ levomefolate calcium</i>	68
<i>digitek</i>	42	<i>dofetilide</i>	38	DROXIA	83
<i>digox</i>	42	<i>dolishale</i>	68	<i>droxidopa</i>	43
<i>digoxin</i>	43	<i>donepezil hcl</i>	49	DUAVEE	72
<i>dihydroergotamine mesylate</i>	59	<i>donepezil hcl odt</i>	49	DUEXIS	10
DILANTIN	46	<i>donepezil</i>	49	<i>duloxetine hcl</i>	50
DILANTIN-125	46	<i>hydrochloride</i>		<i>duloxetine</i>	50
DILANTIN INFATABS	46	DOPTELET	83	<i>hydrochloride</i>	
<i>diltiazem hcl</i>	41	<i>dorzolamide hcl/ timolol maleate</i>	93	DUREZOL	92
DILTIAZEM HCL	41	<i>dorzolamide</i>	93	<i>dutasteride</i>	80
<i>diltiazem hcl caps er</i>	41	<i>hydrochloride</i>		<i>dutasteride/ tamsulosin</i>	80
<i>diltiazem hcl cd</i>	41	<i>dorzolamide</i>	93	<i>hydrochloride</i>	
<i>diltiazem hcl inj</i>	41	<i>hydrochloride/timolol maleate</i>		<i>ec-naproxen</i>	10
<i>diltiazem</i>	41	<i>dotti</i>	72	<i>econazole nitrate</i>	99
<i>hydrochloride</i>		DOVATO	20	EDARBI	38
<i>diltiazem</i>	41	<i>doxazosin mesylate</i>	37	EDARBYCLOR	37
<i>hydrochloride er</i>		<i>doxepin hcl</i>	50	EDURANT	18
<i>dilt-xr</i>	41	<i>doxepin</i>	50, 58	<i>efavirenz</i>	18
DIMENHYDRINATE	76	<i>hydrochloride</i>		<i>efavirenz/ emtricitabine/ tenofovir disoproxil fumarate</i>	20
<i>diphenhydramine hcl</i>	95	DOXEPIN	103		
<i>diphenoxylate/ atropine</i>	79	HYDROCHLORIDE			
<i>diphenoxylate</i>	79	<i>doxercalciferol</i>	76		
<i>hydrochloride/ atropine sulfate</i>		<i>doxorubicin</i>	26		
		<i>hydrochloride liposomal</i>			

Drug name	Page	Drug name	Page	Drug name	Page
<i>efavirenz/</i>	20	<i>entecavir</i>	21	<i>erythromycin</i>	23
<i>lamivudine/tenofovir</i>		ENTRESTO	37	<i>stearate</i>	
<i>disoproxil fumarate</i>		<i>enulose</i>	78	ESBRIET	96
<i>effer-k</i>	89	EPCLUSA	21	<i>escitalopram oxalate</i>	50
<i>eletriptan</i>	59	EPIDIOLEX	46	<i>esomeprazole</i>	80
<i>hydrobromide</i>		<i>epinastine hcl</i>	93	<i>magnesium</i>	
<i>elinest</i>	68	<i>epinephrine</i>	43,	<i>esomeprazole</i>	80
ELIQUIS	81		96	<i>sodium</i>	
ELIQUIS STARTER	81	<i>epirubicin hcl</i>	27	<i>estarylla</i>	68
PACK		<i>epitol</i>	46	<i>estradiol</i>	73
ELITEK	35	EPIVIR HBV	21	<i>estradiol/</i>	73
ELMIRON	80	<i>eplerenone</i>	36	<i>norethindrone</i>	
<i>eluryng</i>	68	<i>epoprostenol sodium</i>	44	<i>acetate</i>	
EMCYT	28	EPRONTIA	46	<i>estradiol vaginal</i>	73
EMEND	76	<i>ergotamine tartrate/</i>	59	<i>estradiol valerate</i>	72
<i>emoquette</i>	68	<i>caffeine</i>		ESTRING	73
EMSAM	50	ERIVEDGE	31	<i>eszopiclone</i>	58
<i>emtricitabine</i>	18	ERLEADA	28	<i>ethambutol</i>	21
<i>emtricitabine/</i>	20	<i>erlotinib</i>	31	<i>hydrochloride</i>	
<i>tenofovir disoproxil</i>		<i>hydrochloride</i>		<i>ethosuximide</i>	46
<i>emtricitabine/</i>	20	<i>errin</i>	68	<i>ethosuximide soln</i>	46
<i>tenofovir disoproxil</i>		ERTACZO	99	<i>ethynodiol diacetate/</i>	69
<i>fumarate</i>		<i>ertapenem</i>	15	<i>ethinyl estradiol</i>	
EMTRIVA	18	<i>ery</i>	98	<i>etodolac</i>	11
EMVERM	15	ERYTHROCIN	23	<i>etodolac er</i>	10
<i>enalapril maleate</i>	36	LACTOBIONATE		<i>etoposide</i>	29
<i>enalapril maleate/</i>	36	<i>erythrocin stearate</i>	23	<i>etravirine</i>	18
<i>hydrochlorothiazide</i>		<i>erythromycin</i>	23,	<i>euthyrox</i>	76
ENBREL	84		91,	<i>everolimus</i>	31,
ENBREL MINI	83	<i>erythromycin base</i>	23		85
ENBREL SURECLICK	83	<i>erythromycin/</i>	98	EVOTAZ	20
<i>endocet</i>	13	<i>benzoyl peroxide</i>		<i>exemestane</i>	28
ENGERIX-B	86	<i>erythromycin dr</i>	23	EXKIVITY	31
ENHERTU	31	<i>erythromycin</i>	23	<i>ezetimibe</i>	39
<i>enoxaparin sodium</i>	81	<i>ethylsuccinate</i>		<i>ezetimibe/</i>	39
<i>enpresse-28</i>	68	<i>erythromycin</i>	23	<i>simvastatin</i>	
<i>enskyce</i>	68	<i>erythromycin</i>	23	<i>falmina</i>	69
ENSTILAR	101	<i>lactobionate</i>		<i>famciclovir</i>	21
<i>entacapone</i>	53			<i>famotidine</i>	78

Drug name	Page	Drug name	Page	Drug name	Page
<i>famotidine premixed</i>	78	FLEBOGAMMA DIF	85	FLUOROURACIL	103
FANAPT	54	<i>flecainide acetate</i>	38	CREA 0.5%	
FANAPT TITRATION	54	FLOVENT DISKUS	97	<i>fluorouracil external</i>	103
PACK		FLOVENT HFA	97	<i>fluoxetine dr</i>	50
FARXIGA	63	<i>flubiprofen sodium</i>	92	<i>fluoxetine hcl</i>	50
FARYDAK	31	<i>fluconazole</i>	17	<i>fluoxetine</i>	50,
FASENRA	96,	<i>fluconazole in</i>	17	<i>hydrochloride</i>	51
	97	<i>sodium chloride</i>		<i>fluphenazine</i>	54
<i>fayosim</i>	69	<i>fluconazole/sodium</i>	17	<i>decanoate</i>	
<i>febuxostat</i>	10	<i>chloride</i>		<i>fluphenazine hcl</i>	54
<i>felbamate</i>	46	<i>flucytosine</i>	17	<i>fluphenazine</i>	54
<i>felodipine er</i>	41	<i>fludarabine</i>	27	<i>hydrochloride</i>	
<i>femynor</i>	69	<i>phosphate</i>		<i>flurbiprofen</i>	11
<i>fenofibrate</i>	39	<i>fludrocortisone</i>	73	<i>flutamide</i>	28
<i>fenofibrate</i>	39	<i>acetate</i>		<i>fluticasone</i>	97,
<i>micronized</i>		<i>flunisolid</i>	97	<i>propionate</i>	101
<i>fenofibric acid dr</i>	39	<i>fluocinolone</i>	101	<i>fluvastatin</i>	39
<i>fenoprofen calcium</i>	11	<i>acetonide</i>		<i>fluvastatin sodium er</i>	39
FENOPROFEN	11	<i>fluocinolone</i>	101	<i>fluvoxamine maleate</i>	44
CALCIUM		<i>acetonide body</i>		<i>fluvoxamine maleate</i>	44
<i>fentanyl</i>	12	<i>fluocinolone</i>	94	<i>er</i>	
<i>fentanyl citrate</i>	13	<i>acetonide otic oil</i>		<i>fomepizole</i>	74
<i>fesoterodine</i>	81	<i>fluocinolone</i>	101	<i>fondaparinux sodium</i>	82
<i>fumarate er</i>		<i>acetonide scalp</i>		FORTEO	66
FETZIMA	50	<i>fluocinonide</i>	101	<i>fosamprenavir</i>	18
FETZIMA TITRATION	50	<i>fluocinonide</i>	101	<i>calcium</i>	
PACK		<i>emulsified</i>		<i>fosinopril sodium</i>	36
FIASP	62	<i>fluoride</i>	89	<i>fosinopril sodium/</i>	36
FIASP FLEXTOUCH	62	<i>fluoridex</i>	104	<i>hydrochlorothiazide</i>	
FIASP PENFILL	62	<i>fluoridex sensitivity</i>	104	<i>fosphenytoin sodium</i>	46
FINACEA	103	<i>relief/sls free</i>		FOTIVDA	31
<i>finasteride</i>	80	<i>fluorimax 5000</i>	104	FRAGMIN	82
<i>tingolimod</i>	60	<i>fluorimax 5000</i>	104	FREAMINE HBC	90
FINTEPLA	46	<i>sensitive</i>		FREAMINE III	90
<i>finzala</i>	69	<i>fluoritab</i>	89	<i>frovatriptan succinate</i>	59
<i>flac (otic) oil</i>	94	FLUOROMETHOLONE	92	<i>fulvestrant</i>	28
FLAREX	92	FLUOROPLEX	103	<i>furosemide</i>	42
<i>flavoxate hcl</i>	81	<i>fluorouracil</i>	27,	FUZEON	18
			103	<i>fyavolv</i>	73

Drug name	Page	Drug name	Page	Drug name	Page
FYCOMPA	46	<i>gentamicin</i>	15	<i>halobetasol</i>	101
<i>gabapentin</i>	46	<i>sulfate/0.9% sodium</i>		<i>propionate</i>	
<i>galantamine</i>	49	<i>chloride</i>		<i>haloperidol</i>	54
<i>hydrobromide</i>		<i>gentamicin sulfate</i>	15	<i>haloperidol</i>	54
<i>galantamine</i>	49	<i>pediatric</i>		<i>decanoate</i>	
<i>hydrobromide er</i>		GENVOYA	20	<i>haloperidol lactate</i>	54
GAMASTAN	85	GIANVI	69	HARVONI	21
GAMMAGARD	85	GILENYA	60	HAVRIX	86
LIQUID		GILOTRIF	31	<i>heather</i>	69
GAMMAGARD S/D	85	<i>glimepiride</i>	63,	<i>heparin sodium</i>	82
GAMMAKED	85		64	HEPARIN SODIUM	82
GAMMAPLEX	85	<i>glipizide</i>	64	HEPARIN SODIUM/	82
GAMUNEX-C	85	<i>glipizide er</i>	64	D5W	
<i>ganciclovir</i>	21	<i>glipizide/metformin</i>	64	HEPARIN SODIUM/	82
GARDASIL 9	86	<i>hydrochloride</i>		DEXTROSE	
<i>gatifloxacin</i>	91	<i>glipizide xl</i>	64	HEPARIN SODIUM/	82
GATTEX	79	<i>glycopyrrolate</i>	78	NACL 0.45%	
<i>gavilyte-c</i>	78	GLYXAMBI	64	HEPARIN SODIUM/	82
<i>gavilyte-g</i>	78	GOLYTELY	79	SODIUM CHLORIDE	
<i>gavilyte-h</i>	78	<i>granisetron hcl</i>	76	HEPATAMINE	90
<i>gavilyte-n/flavor</i>	78	<i>griseofulvin</i>	17	HERCEPTIN	31
<i>pack</i>		<i>microsize</i>		HYLECTA	
GAVRETO	31	<i>griseofulvin</i>	17	HETLIOZ	58
<i>gemcitabine hcl</i>	27	<i>ultramicrosize</i>		HETLIOZ LQ ORAL	58
<i>gemcitabine</i>	27	<i>guanfacine er</i>	57	SUSP	
<i>hydrochloride</i>		<i>guanfacine hcl</i>	43	HIBERIX	86
GEMCITABINE	27	<i>guanfacine</i>	43	HUMIRA	84
HYDROCHLORIDE		<i>hydrochloride</i>		HUMIRA PEDIATRIC	84
<i>gemfibrozil</i>	39	<i>guanfacine</i>	57	CROHNS DISEASE	
<i>generlac</i>	78	<i>hydrochloride er</i>		STARTER PACK	
<i>gengraf</i>	85	GUANIDINE HCL	59	HUMIRA PEN	84
GENOTROPIN	75	GVOKE HYOPEN	74	HUMIRA PEN-	84
GENOTROPIN	75	GVOKE KIT	74	PEDIATRIC UC	
MINIQUICK		GVOKE PFS	74	STARTER PACK	
<i>gentak</i>	91	HAEGARDA	83	HUMULIN R U-500	62
<i>gentamicin sulfate</i>	15,	<i>hailey 1.5/30</i>	69	(CONCENTRATED)	
	91,	<i>hailey 24 fe</i>	69	HUMULIN R U-500	62
	99	<i>hailey fe 1.5/30</i>	69	KWIKPEN	
		<i>hailey fe 1/20</i>	69	<i>hydralazine hcl</i>	43

Drug name	Page	Drug name	Page	Drug name	Page
<i>hydralazine</i>	43	<i>hyperlyte-cr</i>	87	INTRON A	85
<i>hydrochloride</i>		HYSINGLA ER	12	<i>introvale</i>	69
<i>hydrochlorothiazide</i>	42	<i>ibandronate sodium</i>	66	INVEGA HAFYERA	54
<i>hydrocodone/</i>	13	IBRANCE	31	INVEGA SUSTENNA	54,
<i>acetaminophen</i>		<i>ibu</i>	11		55
<i>hydrocodone</i>	13	<i>ibuprofen</i>	11	INVEGA TRINZA	55
<i>bitartrate/</i>		<i>ibuprofen/famotidine</i>	11	INVIRASE	18
<i>acetaminophen</i>		<i>icatibant acetate</i>	83	IPOL INACTIVATED	86
<i>hydrocodone</i>	12	<i>iclevia</i>	69	IPV	
<i>bitartrate er</i>		ICLUSIG	31	<i>ipratropium bromide</i>	95
<i>hydrocodone/</i>	13	<i>idarubicin hcl</i>	27	<i>ipratropium bromide/</i>	95
<i>ibuprofen</i>		IDHIFA	31	<i>albuterol sulfate</i>	
<i>hydrocortisone</i>	73,	IFEX	26	<i>ipratropium bromide</i>	95
	78,	<i>ifosfamide</i>	26	<i>nasal</i>	
	102	IFOSFAMIDE	26	<i>irbesartan</i>	37,
<i>hydrocortisone/</i>	94	ILEVRO	92		38
<i>acetic acid</i>		<i>imatinib mesylate</i>	31	<i>irbesartan/</i>	37
<i>hydrocortisone</i>	102	IMBRUVICA	31,	<i>hydrochlorothiazide</i>	
<i>butyrate</i>			32	IRESSA	32
<i>hydrocortisone</i>	102	<i>imipenem/cilastatin</i>	15	<i>irinotecan</i>	29
<i>butyrate hydrophilic</i>		<i>imipramine hcl</i>	51	<i>irinotecan</i>	29
<i>lipophilic base</i>		<i>imipramine</i>	51	<i>hydrochloride</i>	
<i>hydrocortisone</i>	103	<i>hydrochloride</i>		ISENTRESS	18,
<i>perianal</i>		<i>imipramine pamoate</i>	51		19
<i>hydrocortisone</i>	102	<i>imiquimod</i>	103	ISENTRESS HD	18
<i>valerate</i>		IMIQUIMOD PUMP	103	<i>isibloom</i>	69
<i>hydromorphone hcl</i>	13	IMLYGIC	29	ISOLYTE-P/	87
HYDROMORPHONE	13	IMOVAX RABIES	86	DEXTROSE 5%	
HCL		(H.D.C.V.)		ISOLYTE-S	87
<i>hydromorphone</i>	13	<i>incassia</i>	69	ISOLYTE-S PH 7.4	87
<i>hydrochloride</i>		INCRELEX	75	<i>isoniazid</i>	21
HYDROMORPHONE	13	INCRUSE ELLIPTA	95	ISOPTO ATROPINE	94
HYDROCHLORIDE		<i>indapamide</i>	42	<i>isosorbide dinitrate</i>	43
<i>hydroxychloroquine</i>	84	INFANRIX	86	<i>isosorbide dinitrate/</i>	43
<i>sulfate</i>		INLYTA	32	<i>hydralazine</i>	
<i>hydroxyurea</i>	29	INQOVI	27	<i>hydrochloride</i>	
<i>hydroxyzine hcl</i>	95	INREBIC	32	<i>isosorbide</i>	43
<i>hydroxyzine</i>	95	INTELENCE	18	<i>mononitrate</i>	
<i>hydrochloride</i>					
<i>hydroxyzine pamoate</i>	95				

Drug name	Page	Drug name	Page	Drug name	Page
<i>isosorbide</i>	43	KCL 0.3%/D5W/	88	<i>klor-con m10</i>	89
<i>mononitrate er</i>		NACL 0.9%		<i>klor-con m15</i>	89
<i>isotonic gentamicin</i>	15	KCL 0.3%/D5W/	88	<i>klor-con m20</i>	89
<i>isotretinoin</i>	98	NACL 0.45%		KORLYM	75
<i>isradipine</i>	41	KCL 0.15%/D5W/	88	KRISTALOSE	79
ISTODAX (OVERFILL)	32	NACL 0.2%		<i>kurvelo</i>	69
<i>itraconazole</i>	17	KCL 0.15%/D5W/	88	KYNMOBI	53
<i>ivermectin</i>	16	NACL 0.9%		<i>labetalol</i>	40
IXIARO	86	KCL 0.15%/D5W/	88	<i>hydrochloride</i>	
<i>jaimiess</i>	69	NACL 0.45%		<i>lacosamide</i>	46, 47
JAKAFI	32	KCL 0.075%/D5W/	87	<i>lactated ringers</i>	88
<i>jantoven</i>	82	NACL 0.45%		<i>viaflex</i>	
JANUMET	64	<i>kelnor 1/35</i>	69	<i>lactulose</i>	79
JANUMET XR	64	<i>kelnor 1/50</i>	69	<i>lamivudine</i>	19, 21
JANUVIA	64	KERENDIA	36	<i>lamivudine/</i>	20
JARDIANCE	64	KESIMPTA	60	<i>zidovudine</i>	
<i>jasmiel</i>	69	<i>ketoconazole</i>	17, 99, 100	<i>lamotrigine</i>	47
<i>javygtor</i>	75	<i>ketodan</i>	99	<i>lamotrigine er</i>	47
<i>jencycla</i>	69	<i>ketoprofen</i>	11	<i>lamotrigine odt</i>	47
JENTADUETO	64	<i>ketoprofen er</i>	11	<i>lamotrigine starter</i>	47
JENTADUETO XR	64	<i>ketorolac</i>	11,	<i>kit/blue</i>	
<i>jinteli</i>	73	<i>tromethamine</i>	92	<i>lamotrigine starter</i>	47
JOLESSA	69	KEYTRUDA	32	<i>kit/green</i>	
<i>juleber</i>	69	KHAPZORY	35	<i>lamotrigine starter</i>	47
JULUCA	20	KINRIX	86	<i>kit/orange</i>	
<i>junel 1.5/30</i>	69	KISQALI	29, 32	<i>lansoprazole/</i>	79
<i>junel 1/20</i>	69	KISQALI FEMARA	29	<i>amoxicillin/</i>	
<i>junel fe 1.5/30</i>	69	200 DOSE		<i>clarithromycin</i>	
<i>junel fe 1/20</i>	69	KISQALI FEMARA	29	<i>lansoprazole dr</i>	80
<i>junel fe 24</i>	69	400 DOSE		<i>lanthanum carbonate</i>	75
<i>just right 5000</i>	104	KISQALI FEMARA	29	<i>lapatinib ditosylate</i>	32
KADCYLA	32	600 DOSE		<i>larin 1.5/30</i>	69
<i>kaitlib fe</i>	69	<i>klor-con</i>	89	<i>larin 1/20</i>	69
KALETRA	20	KLOR-CON 8	89	<i>larin 24 fe</i>	69
<i>kalliga</i>	69	KLOR-CON 10	89	<i>larin fe 1.5/30</i>	69
KALYDECO	97	<i>klor-con/ef</i>	89	<i>larin fe 1/20</i>	69
<i>kariva</i>	69			<i>larissia</i>	69

Drug name	Page	Drug name	Page	Drug name	Page
LASTACAFT	93	LEVOCARNITINE	75	LITHIUM	59
<i>latanoprost</i>	93	<i>levocetirizine</i>	95,	<i>lithium carbonate</i>	59
LATUDA	55	<i>dihydrochloride</i>	96	<i>lithium carbonate er</i>	59
LEENA	70	<i>levofloxacin</i>	24,	<i>loestrin 1.5/30-21</i>	70
<i>leflunomide</i>	85		91	<i>loestrin 1/20-21</i>	70
<i>lenalidomide</i>	28	<i>levofloxacin in d5w</i>	24	<i>loestrin fe 1.5/30</i>	70
LENVIMA	32	<i>levoleucovorin</i>	35	<i>loestrin fe 1/20</i>	70
LENVIMA 8 MG	32	<i>calcium</i>		<i>lojaimiess</i>	70
DAILY DOSE		<i>levonest</i>	70	LOKELMA	67
LENVIMA 10 MG	32	<i>levonorgestrel/</i>	70	LONSURF	27
DAILY DOSE		<i>ethinyl estradiol</i>		<i>loperamide hcl</i>	79
LENVIMA 14 MG	32	<i>levora</i>	70	<i>lopinavir/ritonavir</i>	20
DAILY DOSE		LEVO-T	76	LOPREEZA	73
LENVIMA 18 MG	32	<i>levothyroxine sodium</i>	76	<i>lorazepam</i>	44
DAILY DOSE		LEVOTHYROXINE	76	<i>lorazepam intensol</i>	44
LENVIMA 20 MG	32	SODIUM		LORBRENA	32
DAILY DOSE		LEVOXYL	76	<i>loryna</i>	70
LENVIMA 24 MG	32	LEXIVA	19	<i>losartan potassium</i>	38
DAILY DOSE		LIBTAYO	32	<i>losartan potassium/</i>	37
<i>lessina</i>	70	<i>lidocaine</i>	102,	<i>hydrochlorothiazide</i>	
<i>letrozole</i>	28		103	LOTEMAX	92
<i>leucovorin calcium</i>	35	<i>lidocaine hcl</i>	14,	LOTEMAX SM	92
LEUKERAN	26		38	<i>loteprednol</i>	92
<i>leuprolide acetate</i>	28	LIDOCAINE HCL	38	<i>etabonate</i>	
<i>levalbuterol</i>	96	<i>lidocaine hcl external</i>	102	<i>lovastatin</i>	39
<i>levalbuterol</i>	96	LIDOCAINE HCL IN	38	<i>low-ogestrel</i>	70
<i>hydrochloride</i>		D5W		<i>loxapine</i>	55
LEVALBUTEROL	96	<i>lidocaine</i>	15	<i>loxapine succinate</i>	55
TARTRATE HFA		<i>hydrochloride</i>		<i>lo-zumandimine</i>	70
LEVEMIR	62,	<i>lidocaine/prilocaine</i>	102	LUMAKRAS	32
	63	<i>lidocaine viscous</i>	104	LUMIGAN	93
LEVEMIR	63	<i>lillow</i>	70	LUMOXITI	32
FLEXTOUCH		<i>linezolid</i>	16	LUPRON DEPOT	28
<i>levetiracetam</i>	47	LINEZOLID	16	(1-MONTH)	
<i>levetiracetam er</i>	47	LINZESS	79	LUPRON DEPOT	28
<i>levetiracetam/</i>	47	<i>liothyronine sodium</i>	76	(3-MONTH)	
<i>sodium chloride</i>		<i>lisinopril</i>	36	LUPRON DEPOT-PED	75
<i>levobunolol hcl</i>	93	<i>lisinopril/</i>	36	(1-MONTH)	
<i>levocarnitine</i>	75	<i>hydrochlorothiazide</i>			

Drug name	Page	Drug name	Page	Drug name	Page
LUPRON DEPOT-PED (3-MONTH)	75	MEMANTINE HCL TITRATION PAK	49	<i>methylphenidate hydrochloride</i>	58
<i>lutra</i>	70	<i>memantine hydrochloride</i>	49	<i>methylphenidate hydrochloride cd</i>	57, 58
<i>lyleq</i>	70	<i>memantine hydrochloride er</i>	49	<i>methylphenidate hydrochloride er</i>	57, 58
<i>lyllana</i>	73	MENACTRA	86	METHYLPHENIDATE HYDROCHLORIDE ER	58
LYNPARZA	32	MENQUADFI	86	<i>methylprednisolone</i>	73, 74
LYSODREN	28	MENVEO	86	<i>methylprednisolone acetate</i>	73
<i>lyza</i>	70	<i>meprobamate</i>	44	<i>methylprednisolone sodium succinate</i>	73
<i>mafenide acetate</i>	99	<i>mercaptapurine</i>	27	<i>metoclopramide hcl</i>	77
<i>magnesium sulfate</i>	88	<i>meropenem</i>	16	<i>metoclopramide hydrochloride</i>	77
MAGNESIUM SULFATE	88	<i>mesalamine</i>	78	<i>metoclopramide odt</i>	77
<i>malathion</i>	104	<i>mesalamine dr</i>	78	METOCLOPRAMIDE ODT	77
<i>maprotiline</i>	51	<i>mesna</i>	35	<i>metolazone</i>	42
<i>maraviroc</i>	19	MESNEX	35	<i>metoprolol/ hydrochlorothiazide</i>	40
<i>marlissa</i>	70	<i>metformin hydrochloride</i>	65	<i>metoprolol succinate er</i>	40
MARPLAN	51	<i>metformin hydrochloride er</i>	64, 65	<i>metoprolol tartrate</i>	40
MATULANE	29	<i>methadone hcl</i>	12	<i>metronidazole</i>	16, 103
<i>matzim la</i>	41	METHADONE HCL INJ	12	<i>metronidazole vaginal</i>	81
MAVYRET	21	<i>methazolamide</i>	42	<i>metyrosine</i>	43
<i>meclizine hcl</i>	77	<i>methenamine hippurate</i>	16	<i>mibelas 24 fe</i>	70
<i>meclizine hydrochloride</i>	77	<i>methenamine mandelate</i>	16	<i>micafungin</i>	17
<i>meclofenamate sodium</i>	11	<i>methergine</i>	75	<i>miconazole 3 vaginal</i>	81
<i>medroxyprogesterone acetate</i>	70, 75	<i>methimazole</i>	76	MICROGESTIN 1.5/30	70
<i>mefloquine hcl</i>	18	<i>methotrexate</i>	27, 85	MICROGESTIN 1/20	70
<i>megestrol acetate</i>	28, 75, 76	<i>methotrexate sodium</i>	27	<i>microgestin 24 fe</i>	70
MEKINIST	32	<i>methoxsalen</i>	100		
MEKTOVI	32	<i>methscopolamine bromide</i>	78		
<i>melodetta 24 fe</i>	70	<i>methyldopa</i>	43		
<i>meloxicam</i>	11	<i>methylergonovine maleate</i>	75		
<i>melphalan</i>	26				
<i>melphalan hydrochloride</i>	26				

Drug name	Page	Drug name	Page	Drug name	Page
MICROGESTIN FE 1.5/30	70	MORPHINE SULFATE/SODIUM CHLORIDE	12	<i>naproxen/esomeprazole magnesium</i>	11
MICROGESTIN FE 1/20	70	MOVANTIK	79	<i>naproxen sodium</i>	11
<i>midodrine hcl</i>	43	<i>moxifloxacin hydrochloride</i>	24, 91	NAPROXEN SODIUM	11
<i>miglitol</i>	65	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	24	NAPROXEN SODIUM CR	11
<i>mili</i>	70	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	24	<i>naproxen sodium er</i>	11
<i>mimvey</i>	73	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	24	<i>naratriptan hcl</i>	59
<i>minitran</i>	43	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	24	NARCAN	61
<i>minocycline hcl</i>	25	MULTAQ	38	NATACYN	91
<i>minocycline hydrochloride</i>	25	<i>multi-vitamin/fluoride</i>	89	<i>nateglinide</i>	65
<i>minocycline hydrochloride er</i>	25	<i>multivitamin/fluoride</i>	89	NATPARA	66
<i>minoxidil</i>	43	<i>multi-vitamin/fluoride/iron</i>	89	NAYZILAM	47
<i>mirtazapine</i>	51	<i>mupirocin</i>	99	<i>nebivolol</i>	40
<i>mirtazapine odt</i>	51	<i>mutamycin</i>	27	<i>nebivolol hydrochloride</i>	40
<i>misoprostol</i>	79	<i>mycophenolate mofetil</i>	85, 86	<i>necon 0.5/35-28</i>	70
MITIGARE	10	<i>mycophenolic acid dr</i>	86	<i>nefazodone hydrochloride</i>	51
<i>mitomycin</i>	27	MYLOTARG	32	<i>neomycin/bacitracin/polymyxin</i>	91
<i>mitoxantrone hcl</i>	29	<i>myorisan</i>	98	<i>neomycin/polymyxin/bacitracin</i>	90
M-M-R II	86	MYRBETRIQ	81	<i>hydrocortisone</i>	
M-NATAL PLUS	89	<i>nabumetone</i>	11	<i>neomycin/polymyxin/dexamethasone</i>	90
<i>modafinil</i>	60	<i>nadolol</i>	40	<i>neomycin/polymyxin/gramicidin</i>	91
<i>moexipril hcl</i>	36	<i>nafcillin sodium</i>	24	<i>neomycin/polymyxin</i>	94
<i>molindone hydrochloride</i>	55	<i>naftifine</i>	99	<i>neomycin/polymyxin/hc</i>	91, 94
<i>mometasone furoate</i>	97, 102	<i>nalbuphine hcl</i>	14	<i>neomycin/polymyxin/hydrocortisone</i>	91, 94
<i>mondoxyne nl</i>	25	<i>naloxone hcl</i>	61	<i>neomycin sulfate</i>	16
MONJUVI	32	<i>naloxone hydrochloride</i>	61	NEONATAL PLUS	89
<i>mono-lynyah</i>	70	<i>naltrexone hcl</i>	61	<i>neo-polycin</i>	91
<i>montelukast sodium</i>	96	NAMZARIC	49		
<i>morgidox 1x100mg</i>	25	<i>naproxen</i>	11		
<i>morgidox 2x100mg</i>	25	<i>naproxen dr</i>	11		
<i>morphine sulfate</i>	13, 14				
MORPHINE SULFATE	14				
<i>morphine sulfate er</i>	12				

Drug name	Page	Drug name	Page	Drug name	Page
<i>neo-polycin hc</i>	90	<i>norethindrone</i>	70	NOVOLOG FLEXPEN	63
NEPHRAMINE	90	<i>norethindrone</i>	76	NOVOLOG MIX	63
NERLYNX	32	<i>acetate</i>		70/30	
<i>neuac</i>	98	<i>norethindrone</i>	71,	NOVOLOG MIX	63
NEUPRO	53	<i>acetate/ethinyl</i>	73	70/30 PREFILLED	
<i>nevirapine</i>	19	<i>estradiol</i>		FLEXPEN	
<i>nevirapine er</i>	19	<i>norethindrone</i>	70	NOVOLOG PENFILL	63
NEXAVAR	32	<i>acetate/ethinyl</i>		NOXAFIL	18
<i>niacin</i>	39	<i>estradiol/ferrous</i>		NUBEQA	28
<i>niacin er</i>	39	<i>fumarate</i>		NUEDEXTA	59
<i>niacor</i>	39	<i>norethindrone/ethinyl</i>	71	NULOJIX	86
<i>nicardipine hcl</i>	41	<i>estradiol/ferrous</i>		NULYTELY	79
NICOTROL	61	<i>fumarate</i>		NULYTELY/FLAVOR	79
NICOTROL INHALER	61	<i>norgestimate/ethinyl</i>	71	PACKS	
<i>nifedipine er</i>	41	<i>estradiol</i>		NUPLAZID	55
<i>nikki</i>	70	NORITATE	103	NURTEC	59
<i>nilutamide</i>	28	<i>norlyda</i>	71	NUTRILIPID	90
<i>nimodipine</i>	41	<i>norlyroc</i>	71	NUZYRA	25
NINLARO	32	NORPACE CR	38	<i>nyamyc</i>	99
NIPENT	29	<i>nortrel 0.5/35 (28)</i>	71	<i>nylia 1/35</i>	71
<i>nisoldipine er</i>	41	<i>nortrel 1/35</i>	71	<i>nylia 7/7/7</i>	71
<i>nitazoxanide</i>	16	<i>nortrel 7/7/7</i>	71	<i>nymyo</i>	71
<i>nitisinone</i>	75	<i>nortriptyline hcl</i>	51	<i>nystatin</i>	18,
NITRO-BID	43	<i>nortriptyline</i>	51		99,
<i>nitrofurantoin</i>	16	<i>hydrochloride</i>			104
<i>macrocrystals</i>		NORVIR	19	<i>nystop</i>	99
<i>nitrofurantoin</i>	16	NOVO/BD/ULTIMED/	62	OCELLA	71
<i>monohydrate/</i>		OWEN/TRIVIDIA PEN		OCTAGAM	85
<i>macrocrystals</i>		NEEDLE/ORIGINAL/		<i>octreotide acetate</i>	75
NITROGLYCERIN INJ	43	ULTRA-FINE		ODEFSEY	20
<i>nitroglycerin lingual</i>	43	NOVOLIN 70/30	63	ODOMZO	32
<i>spray</i>		NOVOLIN 70/30	63	OFEV	97
<i>nitroglycerin sl</i>	43	FLEXPEN		<i>ofloxacin</i>	91,
<i>nitroglycerin</i>	43	NOVOLIN N	63		94
<i>transdermal</i>		NOVOLIN N	63	<i>olanzapine</i>	55
NIVA-PLUS	89	FLEXPEN		<i>olanzapine odt</i>	55
<i>nizatidine</i>	78	NOVOLIN R	63	<i>olmesartan</i>	37,
NORA-BE	70	NOVOLIN R FLEXPEN	63	<i>medoxomil</i>	38
		NOVOLOG	63		

Drug name	Page	Drug name	Page	Drug name	Page
<i>olmesartan</i>	37	<i>oxycodone hcl</i>	14	<i>pemetrexed</i>	27
<i>medoxomil/</i>		<i>oxycodone</i>	14	<i>disodium</i>	
<i>amlodipine/</i>		<i>hydrochloride</i>		<i>penicillamine</i>	67
<i>hydrochlorothiazide</i>		<i>oxymorphone</i>	14	<i>penicillin g potassium</i>	25
<i>olmesartan</i>	37	<i>hydrochloride</i>		PENICILLIN G	24
<i>medoxomil/</i>		OZEMPIC	65	POTASSIUM IN	
<i>hydrochlorothiazide</i>		<i>pacerone</i>	38	ISO-OSMOTIC	
<i>olopatadine hcl</i>	93,	<i>paclitaxel</i>	29	DEXTROSE	
	96	<i>paclitaxel protein-</i>	29	PENICILLIN G	25
<i>omeprazole</i>	80	<i>bound particles</i>		PROCAINE	
ONCASPAR	29	PADCEV	33	<i>penicillin g sodium</i>	25
<i>ondansetron hcl</i>	77	<i>paliperidone er</i>	55	<i>penicillin v potassium</i>	25
<i>ondansetron</i>	77	<i>pamidronate</i>	66	PENNSAID	103
<i>hydrochloride</i>		<i>disodium</i>		PENTACEL	86
<i>ondansetron odt</i>	77	PAMIDRONATE	66	<i>pentamidine</i>	16
ONUREG	27	DISODIUM		<i>isethionate</i>	
OPSUMIT	44	PANRETIN	103	<i>pentoxifylline er</i>	83
ORACEA	103	<i>pantoprazole sodium</i>	80	PEPAXTO	26
<i>oralone dental paste</i>	104	PANZYGA	85	<i>perindopril erbumine</i>	36
ORGOVYX	28	<i>paraplatin</i>	26	<i>periogard</i>	104
ORKAMBI	97	<i>paricalcitol</i>	76	<i>permethrin</i>	104
<i>orsythia</i>	71	<i>paroex</i>	104	<i>perphenazine</i>	51,
ORTHO MICRONOR	71	<i>paromomycin sulfate</i>	16		55
<i>oseltamivir</i>	21	<i>paroxetine hcl</i>	51	<i>perphenazine/</i>	51
<i>phosphate</i>		<i>paroxetine hcl er</i>	51	<i>amitriptyline</i>	
OTEZLA	84	<i>paroxetine</i>	51	PERSERIS	55
<i>oxacillin sodium</i>	24	<i>hydrochloride</i>		<i>phenelzine sulfate</i>	51
<i>oxaliplatin</i>	26	PASER	21	<i>phenobarbital</i>	47
<i>oxandrolone</i>	61	PAXIL	51	<i>phenobarbital</i>	47
<i>oxaprozin</i>	11	PEDIARIX	86	<i>sodium</i>	
<i>oxazepam</i>	44	PEDVAX HIB	86	PHENYTEK	47
<i>oxcarbazepine</i>	47	<i>peg-3350/</i>	79	<i>phenytoin</i>	47
<i>oxiconazole nitrate</i>	99	<i>electrolytes</i>		<i>phenytoin sodium</i>	47
<i>oxybutynin chloride</i>	81	<i>peg-3350/nacl/na</i>	79	PHESGO	33
<i>oxybutynin chloride</i>	81	<i>bicarbonate/kcl</i>		<i>philith</i>	71
<i>er</i>		PEGASYS	22	PHOSPHOLINE	93
<i>oxycodone/</i>	14	PEMAZYRE	33	IODIDE	
<i>acetaminophen</i>		<i>pemetrexed</i>	28	PIFELTRO	19
<i>oxycodone/aspirin</i>	14	PEMETREXED	27	<i>pilocarpine hcl</i>	93

Drug name	Page	Drug name	Page	Drug name	Page
<i>pilocarpine hydrochloride</i>	104	POTASSIUM CHLORIDE/	88	PREDNISONE	74
<i>pimozide</i>	55	DEXTROSE		INTENSOL	
<i>pimtrea</i>	71	POTASSIUM CHLORIDE/	88	<i>pregabalin</i>	47
<i>pindolol</i>	40	DEXTROSE/SODIUM		<i>pregabalin er</i>	59
<i>pioglitazone hcl</i>	65	CHLORIDE		PREHEVBRIO	87
<i>pioglitazone hcl-glimepiride</i>	65	<i>potassium chloride er</i>	89	PREMARIN	73
<i>pioglitazone hcl/metformin hcl</i>	65	<i>potassium chloride/sodium chloride</i>	88	PREMASOL	90
<i>pioglitazone hydrochloride</i>	65	POTASSIUM CHLORIDE/SODIUM	88	PREMPRO	73
<i>piperacillin sodium/tazobactam sodium</i>	25	CHLORIDE		PRENATAL	89
PIQRAY	33	<i>potassium citrate er</i>	81	PRENATAL PLUS	89
<i>pirfenidone</i>	97	POTELIGEO	33	PRENATAL PLUS LOW IRON	89
<i>pirmella 1/35</i>	71	PRADAXA	82	PREPLUS	89
<i>pirmella 7/7/7</i>	71	PRALUENT	39	PRETOMANID	21
<i>piroxicam</i>	12	<i>pramipexole dihydrochloride</i>	53	<i>prevalite</i>	40
PLASMA-LYTE-148	88	<i>pramipexole dihydrochloride er</i>	53	<i>previfem</i>	71
PLASMA-LYTE A	88	<i>prasugrel</i>	83	PREVYMIS	22
<i>plenamine</i>	90	<i>pravastatin sodium</i>	39	PREZCOBIX	20
PLENVU	79	<i>praziquantel</i>	16	PREZISTA	19
PNV PRENATAL PLUS MULTIVITAMIN	89	<i>prazosin hydrochloride</i>	37	PRIFTIN	21
<i>podofilox</i>	103	<i>prednicarbate</i>	102	<i>primaquine phosphate</i>	18
POLIVY	33	PREDNICARBATE	102	<i>primidone</i>	47
<i>polycin</i>	91	<i>prednisolone</i>	74	PRIORIX	87
<i>polymyxin b sulfate/trimethoprim sulfate</i>	91	<i>prednisolone acetate</i>	92	PRIVIGEN	85
<i>poly-vitamin/fluoride</i>	89	<i>prednisolone sodium phosphate</i>	74	<i>probenecid</i>	10
POMALYST	28	PREDNISOLONE	92	<i>probenecid/colchicine</i>	10
<i>portia-28</i>	71	SODIUM		PROCALAMINE	90
<i>posaconazole dr</i>	18	PHOSPHATE		<i>prochlorperazine</i>	77
<i>potassium chloride</i>	88, 89	OPHTHALMIC SOLN		<i>prochlorperazine edisylate</i>	77
POTASSIUM CHLORIDE	88	1%		<i>prochlorperazine maleate</i>	77
		<i>prednisone</i>	74	PROCRIT	83
				<i>procto-med hc</i>	103
				<i>procto-pak</i>	103
				<i>proctosol hc</i>	102

Drug name	Page	Drug name	Page	Drug name	Page
<i>proctozone-hc</i>	103	<i>quetiapine fumarate</i>	55	<i>rimantadine</i>	22
<i>progesterone</i>	76	<i>er</i>		<i>hydrochloride</i>	
PROGRAF	86	<i>quinapril hcl</i>	36	RINGERS INJECTION	88
PROLASTIN-C	97	<i>quinapril</i>	36	RINVOQ	84
PROLENSA	92	<i>hydrochloride</i>		<i>risedronate sodium</i>	66
PROLIA	66	<i>quinapril/</i>	36	<i>risedronate sodium</i>	66
PROMACTA	83	<i>hydrochlorothiazide</i>		<i>dr</i>	
<i>promethazine hcl</i>	77	<i>quinidine sulfate</i>	39	RISPERDAL CONSTA	56
<i>promethazine</i>	77	<i>quinine sulfate</i>	18	<i>risperidone</i>	56
<i>hydrochloride</i>		RABAVERT	87	<i>risperidone odt</i>	56
<i>promethegan</i>	77	<i>rabeprazole sodium</i>	80	<i>ritonavir</i>	19
<i>propafenone hcl</i>	39	<i>dr</i>		RITUXAN	33
<i>propafenone</i>	39	<i>raloxifene</i>	75	RITUXAN HYCELA	33
<i>hydrochloride er</i>		<i>hydrochloride</i>		<i>rivastigmine tartrate</i>	49
<i>proparacaine hcl</i>	94	<i>ramipril</i>	36	<i>rivastigmine</i>	49
<i>propranolol hcl</i>	40	<i>ranolazine er</i>	43	<i>transdermal system</i>	
<i>propranolol hcl er</i>	40	<i>rasagiline mesylate</i>	53	RIVELSA	71
<i>propranolol</i>	40	<i>reclipsen</i>	71	<i>rizatriptan benzoate</i>	59
<i>hydrochloride</i>		RECOMBIVAX HB	87	<i>rizatriptan benzoate</i>	59
<i>propranolol</i>	40	RECTIV	104	<i>odt</i>	
<i>hydrochloride er</i>		REGRANEX	104	<i>roflumilast</i>	97
<i>propranolol/</i>	40	<i>relafen</i>	12	<i>romidepsin</i>	33
<i>hydrochlorothiazide</i>		RELENZA	22	<i>ropinirole er</i>	53
<i>propylthiouracil</i>	76	DISKHALER		<i>ropinirole hcl</i>	53
PROQUAD	87	<i>repaglinide</i>	65	<i>ropinirole</i>	53
PROSOL	90	RESTASIS	94	<i>hydrochloride</i>	
<i>protriptyline hcl</i>	51	RESTASIS	94	<i>rosadan</i>	104
PULMICORT	97	MULTIDOSE		<i>rosuvastatin calcium</i>	39
FLEXHALER		RETEVMO	33	ROTARIX	87
PULMOZYME	97	REVLIMID	28	ROTATEQ	87
PURIXAN	28	REXULTI	56	<i>roweepra</i>	47
<i>pyrazinamide</i>	21	REYATAZ	19	ROZLYTREK	33
<i>pyridostigmine</i>	59	REZUROCK	86	RUBRACA	33
<i>bromide</i>		RHOPRESSA	93	<i>rufinamide</i>	47,
<i>pyridostigmine</i>	59	<i>ribavirin</i>	22		48
<i>bromide er</i>		<i>rifabutin</i>	21	RUKOBIA	19
QINLOCK	33	<i>rifampin</i>	21	RUXIENCE	33
QUADRACEL	87	<i>riluzole</i>	59	RYBELSUS	65
<i>quetiapine fumarate</i>	55				

Drug name	Page	Drug name	Page	Drug name	Page
RYDAPT	33	SODIUM	88	SPRITAM	48
<i>sajazir</i>	83	BICARBONATE		SPRYCEL	33
SANCUSO	77	<i>sodium chloride</i>	88	<i>sps</i>	67
SANDIMMUNE	86	SODIUM CHLORIDE	88	<i>sronyx</i>	71
SANDOSTATIN LAR	75	SODIUM CHLORIDE	104	SSD	99
SANTYL	104	0.9% IRRIGATION		<i>stavudine</i>	19
<i>sapropterin</i>	75	SOLN		STELARA	84
<i>dihydrochloride</i>		<i>sodium chloride</i>	88	STERILE WATER FOR	104
SARCLISA	33	0.45%		IRRIGATION	
SCEMBLIX	33	<i>sodium fluoride</i>	89,	STIVARGA	33
<i>scopolamine</i>	77		105	<i>streptomycin sulfate</i>	16
SECUADO	56	<i>sodium fluoride 5000</i>	104,	STRIBILD	20
<i>selegiline hcl</i>	53	<i>ppm</i>	105	<i>subvenite</i>	48
<i>selenium sulfide</i>	100	<i>sodium fluoride 5000</i>	105	<i>subvenite starter kit</i>	48
SELZENTRY	19	<i>ppm sensitive</i>		<i>sucrafate</i>	79
SEREVENT DISKUS	96	<i>sodium</i>	75	SUCRALFATE SUSP	79
<i>sertraline hcl</i>	51	<i>phenylbutyrate</i>		<i>sulfacetamide</i>	91,
<i>sertraline</i>	51,	<i>sodium polystyrene</i>	67	<i>sodium</i>	98
<i>hydrochloride</i>	52	SODIUM SULFATE/	79	<i>sulfacetamide</i>	91
<i>setlakin</i>	71	POTASSIUM		<i>sodium/prednisolone</i>	
<i>sf gel</i>	104	SULFATE/		<i>sodium phosphate</i>	
<i>sharobel</i>	71	MAGNESIUM		<i>sulfadiazine</i>	16
SHINGRIX	87	SULFATE		<i>sulfamethoxazole/</i>	16
SIGNIFOR	75	<i>solifenacin succinate</i>	81	<i>trimethoprim</i>	
<i>sildenafil</i>	44	SOLQUA 100/33	63	<i>sulfamethoxazole/</i>	16
<i>silodosin</i>	80	SOLTAMOX	28	<i>trimethoprim ds</i>	
SILVER	99	SOLU-CORTEF	74	SULFAMYLON	99
SULFADIAZINE		SOMATULINE DEPOT	75	<i>sulfasalazine</i>	78
SIMBRINZA	93	SOMAVERT	75	SULFASALAZINE	78
<i>simliya</i>	71	<i>sorafenib tosylate</i>	33	<i>sulindac</i>	12
<i>simpesse</i>	71	<i>sorine</i>	39	<i>sumatriptan</i>	59
<i>simvastatin</i>	39	<i>sotalol hcl</i>	39	<i>sumatriptan/</i>	59
<i>sirolimus</i>	86	<i>sotalol hydrochloride</i>	39	<i>naproxen sodium</i>	
SIRTURO	21	<i>af</i>		<i>sumatriptan</i>	59
SIVEXTRO	16	<i>spironolactone</i>	37,	<i>succinate</i>	
SKYRIZI	84		42	<i>sumatriptan</i>	59
SKYRIZI PEN	84	<i>spironolactone/</i>	42	<i>succinate refill</i>	
<i>sodium bicarbonate</i>	88	<i>hydrochlorothiazide</i>		<i>sunitinib malate</i>	33
		<i>sprintec</i>	28	SUPRAX	23

Drug name	Page	Drug name	Page	Drug name	Page
SUPREP BOWEL PREP	79	TDVAX	87	THALOMID	28, 29
SUTAB	79	TECENTRIQ	33	<i>theophylline</i>	97
SUTENT	33	TECFIDERA	60	<i>theophylline er</i>	97
<i>syeda</i>	71	TECFIDERA STARTER	60	<i>thioridazine hcl</i>	56
SYMBICORT	98	PACK		<i>thiotepa</i>	26
SYMLINPEN 60	65	TEFLARO	23	<i>thiothixene</i>	56
SYMLINPEN 120	65	<i>telmisartan</i>	37, 38	<i>tiadylt er</i>	41
SYMPAZAN	48	<i>telmisartan/ amlodipine</i>	37	<i>tiagabine hydrochloride</i>	48
SYMTUZA	20	<i>telmisartan/ hydrochlorothiazide</i>	37, 38	TIBSOVO	34
SYNAREL	72	<i>temazepam</i>	58	TICOVAC	87
SYNERCID	16	TEMIXYS	20	<i>tigecycline</i>	25
SYNJARDY	65, 66	<i>temsirolimus</i>	34	TILIA FE	71
SYNJARDY XR	65	TENIVAC	87	<i>timolol maleate</i>	41, 93, 94
SYNRIBO	29	<i>tenofovir disoproxil fumarate</i>	19	TIMOLOL MALEATE	93
SYNTHROID	76	TEPMETKO	34	<i>tinidazole</i>	16
TABLOID	28	<i>terazosin hcl</i>	37	TIVICAY	19
TABRECTA	33	<i>terazosin hydrochloride</i>	37	TIVICAY PD	19
<i>tacrolimus</i>	86, 104	<i>terbinafine hcl</i>	18	<i>tizanidine hcl</i>	60
<i>tadalafil</i>	44	<i>terbutaline sulfate</i>	96	<i>tizanidine hydrochloride</i>	60
TAFINLAR	33	<i>terconazole</i>	81	TOBRADEX	91
TAGRISSO	33	<i>testosterone</i>	62	TOBRADEX ST	91
TALTZ	84	<i>testosterone cypionate</i>	61	<i>tobramycin</i>	92
TALZENNA	33	<i>testosterone enanthate</i>	61	<i>tobramycin/ dexamethasone</i>	91
<i>tamoxifen citrate</i>	28	<i>testosterone gel</i>	62	<i>tobramycin nebu</i>	17
<i>tamsulosin hydrochloride</i>	80	<i>testosterone pump</i>	61, 62	<i>tobramycin sulfate</i>	16, 17
TARGRETIN	104	<i>tetrabenazine</i>	59, 60	<i>tolterodine tartrate</i>	81
<i>tarina fe 1/20</i>	71	<i>tetracycline hydrochloride</i>	25	<i>tolterodine tartrate er</i>	81
<i>tarina fe 1/20 eq</i>	71	TEXACORT	102	<i>topiramate</i>	48
TASIGNA	33			TOPIRAMATE ER	48
<i>tazarotene</i>	100			<i>toposar</i>	30
<i>tazicef</i>	23			<i>topotecan hcl</i>	29
TAZORAC	100			TOPOTECAN HCL	29
<i>taztia xt</i>	41				
TAZVERIK	33				

Drug name	Page	Drug name	Page	Drug name	Page
<i>toremifene citrate</i>	28	<i>triamcinolone</i>	74,	TRIUMEQ	20
<i>toremifene citrate</i>	28	<i>acetamide</i>	102	TRIUMEQ PD	20
<i>toremifene citrate</i>	28	<i>triamcinolone</i>	105	<i>tri-vite/fluoride</i>	89
<i>torseamide</i>	42	<i>acetamide dental</i>		<i>trivora-28</i>	72
<i>tovet</i>	102	<i>paste</i>		<i>tri-vylibra</i>	72
TOVIAZ	81	<i>triamterene/</i>	42	<i>tri-vylibra lo</i>	72
TPN ELECTROLYTES	88	<i>hydrochlorothiazide</i>		TRIZIVIR	20
TRACLEER	44	<i>triazolam</i>	58	TRODELVY	34
TRADJENTA	66	TRICARE PRENATAL	90	TROGARZO	19
<i>tramadol hcl</i>	14	<i>trientine</i>	67	TROPHAMINE	90
<i>tramadol hcl er</i>	12	<i>hydrochloride</i>		<i>trospium chloride</i>	81
<i>tramadol</i>	14	<i>tri-estarylla</i>	71	<i>trospium chloride er</i>	81
<i>hydrochloride</i>		<i>tri femynor</i>	71	TRULICITY	66
<i>tramadol</i>	14	<i>trifluoperazine hcl</i>	56	TRUMENBA	87
<i>hydrochloride/</i>		<i>trifluridine</i>	92	TRUSELTIQ	34
<i>acetaminophen</i>		<i>trihexyphenidyl hcl</i>	53	TUKYSA	34
<i>trandolapril</i>	36	<i>trihexyphenidyl</i>	53	TURALIO	34
<i>trandolapril/</i>	36	<i>hydrochloride</i>		TWINRIX	87
<i>verapamil hcl er</i>		TRIJARDY XR	66	TYBOST	19
<i>tranexamic acid</i>	83	TRIKAFTA	97	<i>tydemy</i>	72
<i>tranylcypramine</i>	52	<i>tri-legest fe</i>	72	TYPHIM VI	87
<i>sulfate</i>		<i>tri-linyah</i>	72	UBRELVY	59
TRAVASOL	90	<i>tri-lo-estarylla</i>	72	UKONIQ	34
<i>travoprost</i>	94	<i>tri-lo-marzia</i>	72	UNITHROID	76
<i>trazodone</i>	52	<i>tri-lo-mili</i>	72	<i>ursodiol</i>	79
<i>hydrochloride</i>		<i>tri-lo-sprintec</i>	72	<i>valacyclovir hcl</i>	22
TRECTOR	21	<i>trilyte</i>	79	<i>valacyclovir</i>	22
TRELEGE ELLIPTA	95	<i>trimethobenzamide</i>	77	<i>hydrochloride</i>	
TRELSTAR MIXJECT	28	<i>hydrochloride</i>		VALCHLOR	104
<i>treprostinil</i>	44	<i>trimethoprim</i>	17,	<i>valganciclovir</i>	22
TRESIBA	63		92	<i>valganciclovir</i>	22
TRESIBA	63	<i>trimethoprim sulfate/</i>	92	<i>hydrochloride</i>	
FLEXTOUCH		<i>polymyxin b sulfate</i>		<i>valproate sodium</i>	48
<i>tretinoin</i>	29,	<i>tri-mili</i>	72	<i>valproic acid</i>	48
	98	<i>trimipramine maleate</i>	52	<i>valsartan</i>	38
TRETINOIN	98	TRINTELLIX	52	<i>valsartan/</i>	38
MICROSPHERE		<i>tri-nymyo</i>	72	<i>hydrochlorothiazide</i>	
TRETINOIN	98	<i>tri-previfem</i>	72	VALTOCO	48
MICROSPHERE		<i>tri-sprintec</i>	72		
PUMP					

Drug name	Page	Drug name	Page	Drug name	Page
VANCOMYCIN	17	VICTOZA	66	XALKORI	34
<i>vancomycin hcl</i>	17	<i>vienva</i>	72	XARELTO	82
VANCOMYCIN HCL	17	<i>vigabatrin</i>	48	XARELTO STARTER	82
<i>vancomycin</i>	17	<i>vigadrone</i>	48	PACK	
<i>hydrochloride</i>		VIIIBRYD	52	XATMEP	85
VANCOMYCIN	17	VIIIBRYD STARTER	52	XCOPRI	48
HYDROCHLORIDE		PACK		XCOPRI TITRATION	48
VAQTA	87	<i>vilazodone</i>	52	PACK	
VARENICLINE	61	<i>hydrochloride</i>		XELJANZ	84
STARTING		VIMPAT	48	XELJANZ XR	84
<i>varenicline tartrate</i>	61	<i>vinblastine sulfate</i>	30	XERMELO	79
VARIVAX	87	<i>vincasar pfs</i>	30	XGEVA	66
VASCEPA	40	<i>vincristine sulfate</i>	30	XIFAXAN	79
VELCADE	34	<i>vinorelbine tartrate</i>	30	XIGDUO XR	66
<i>velivet</i>	72	<i>viorele</i>	72	XIIDRA	94
VELTASSA	67	VIRACEPT	19	XOLAIR	97
VEMLIDY	22	VIREAD	19	XOSPATA	34
VENCLEXTA	34	VITRAKVI	34	XPOVIO	34,
VENCLEXTA	34	VIVITROL	61		35
STARTING PACK		VIZIMPRO	34	XTANDI	28
VENLAFAXINE	52	<i>volnea</i>	72	XULTOPHY	63
BESYLATE ER		VONJO	34	XYREM	60
<i>venlafaxine hcl</i>	52	<i>voriconazole</i>	18	YERVOY	35
<i>venlafaxine hcl er</i>	52	VOSEVI	22	YF-VAX	87
<i>venlafaxine</i>	52	VOTRIENT	34	<i>yuvafem</i>	73
<i>hydrochloride er</i>		VP-PNV-DHA	90	<i>zafirlukast</i>	96
VENTAVIS	44	VRAYLAR	56	<i>zaleplon</i>	58
VENTOLIN HFA	96	VRAYLAR CAP	56	<i>zarah</i>	72
<i>verapamil hcl</i>	41	THERAPY PACK		ZARXIO	83
<i>verapamil hcl er</i>	42	<i>vyfemla</i>	72	ZEJULA	35
<i>verapamil hcl sr</i>	42	<i>vylibra</i>	72	ZELBORAF	35
VERAPAMIL HCL SR	42	VYVANSE	58	<i>zenatane</i>	98
<i>verapamil</i>	42	VYZULTA	94	ZENPEP	80
<i>hydrochloride</i>		<i>warfarin sodium</i>	82	<i>zenzedi</i>	58
<i>verapamil</i>	42	WELIREG	29	ZEPZELCA	26
<i>hydrochloride er</i>		<i>wera</i>	72	ZERVIAE	93
VERSACLOZ	56	WESTAB PLUS	90	<i>zidovudine</i>	20
VERZENIO	34	<i>wymzya fe</i>	72	<i>ziprasidone hcl</i>	56
<i>vestura</i>	72				

Drug name	Page
<i>ziprasidone mesylate</i>	56
ZIRABEV	35
ZIRGAN	92
<i>zoledronic acid</i>	67
ZOLEDRONIC ACID	67
ZOLINZA	35
<i>zolmitriptan</i>	59
<i>zolmitriptan odt</i>	59
<i>zolpidem tartrate</i>	58
ZONISADE	49
<i>zonisamide</i>	49
ZORTRESS	86
<i>zovia 1/35</i>	72
ZTALMY	49
<i>zumandimine</i>	72
ZYCLARA PUMP	104
ZYDELIG	35
ZYKADIA	35
ZYLET	91
ZYPREXA RELPREVV	56
ZYTIGA	28

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Contract/PBP: H0523-002, 022, 031, 052, 061; **H1109**-005, 006; **H1608**-001, 004, 008, 012, 013, 016, 017, 018, 021, 024, 028, 029, 031, 035, 037, 038, 039, 040, 041, 043, 047, 048, 050, 051, 052, 053, 054, 056, 059; **H1609**-001, 009, 028, 053, 060; **H1692**-002, 003, 004; **H2056**-001, 002, 003, 004, 005; **H2663**-006, 017, 021, 023, 026, 028, 029, 032, 034, 038, 039, 040, 041, 042, 043; **H3146**-001, 004, 005, 006, 010, 011, 012, 013, 014; **H3152**-022, 048, 080, 082, 084, 088, 092; **H3192**-002, 003; **H3288**-001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 033, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 046, 047, 048; **H3312**-002, 018, 048, 062, 064, 065, 068; **H3597**-001, 007, 009; **H3748**-001, 003, 004, 005, 006, 007, 008, 009; **H3928**-001, 002; **H3931**-064, 070, 091, 092, 093, 094, 095, 096, 098, 099, 100, 101, 104, 105, 107, 108, 109, 112, 115, 118, 124, 126, 129, 133, 134, 140, 143; **H3959**-033, 037, 052, 055, 058; **H4523**-001, 015, 020, 021, 024; **H4711**-001, 002, 005, 006, 007, 008, 009; **H4835**-001, 002, 003, 004, 005, 006; **H5302**-018, 019; **H5521**-013, 015, 016, 020, 022, 027, 033, 037, 040, 053, 055, 056, 057, 076, 077, 081, 082, 083, 084, 085, 086, 087, 088, 089, 090, 091, 095, 099, 100, 101, 102, 110, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 127, 128, 134, 139, 140, 141, 150, 154, 156, 157, 159, 160, 168, 169, 170, 171, 177, 178, 184, 190, 194, 195, 196, 197, 200, 205, 206, 207, 211, 214, 215, 216, 217, 218, 219, 220, 222, 223, 224, 226, 227, 228, 230, 231, 232, 233, 234, 236, 239, 243, 245, 246, 247, 249, 250, 251, 252, 254, 259, 260, 262, 263, 266, 267, 268, 269, 270, 271, 272, 273, 275, 277, 278, 280, 281, 284, 285, 288, 289, 290, 292, 293, 294, 295, 298, 299, 300, 301, 302, 303, 304, 305, 307, 309, 310, 311, 312, 313, 314, 318, 319, 321, 326, 328, 331, 332, 333, 340, 341, 344, 345, 348, 352, 354; **H5522**-004, 017, 020; **H5793**-001, 010, 014, 015, 016, 018; **H7149**-001, 004; **H7301**-007, 009, 011, 012; **H8332**-001, 002, 003, 004; **H8649**-003, 008; **H9431**-001, 002, 004, 005, 006, 009, 013, 014; **R6694**-006



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