



Aetna Medicare Rx offered by SilverScript

2020 Formulary (List of Covered Drugs)

GRP B2 (3 Tier) Formulary

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

This formulary was updated on 10/01/2019. For more recent information or other questions, please contact our Customer Care at the number on the back of your ID card. TTY users should call 711.

Formulary ID Number: 20178

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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means Aetna Medicare Rx offered by SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of 10/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Aetna Medicare Rx offered by SilverScript Formulary?

A formulary is a list of covered drugs selected by Aetna Medicare Rx offered by SilverScript 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. Aetna Medicare Rx offered by SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Aetna Medicare Rx offered by SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *2020 Evidence of Coverage*.

Please note: Aetna Medicare Rx offered by SilverScript may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Aetna Medicare Rx offered by SilverScript Customer Care, or refer to your *2020 Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, 2020, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

This formulary is current as of 10/01/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 at the back of this document. 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 (PA): Aetna Medicare Rx offered by SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aetna Medicare Rx offered by SilverScript before you fill your prescriptions. If you don't get approval, Aetna Medicare Rx offered by SilverScript may not cover the drug.

Quantity Limits (QL): For certain drugs, Aetna Medicare Rx offered by SilverScript limits the amount of the drug that Aetna Medicare Rx offered by SilverScript will cover. For example, Aetna Medicare Rx offered by SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, Aetna Medicare Rx offered by SilverScript 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, Aetna Medicare Rx offered by SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare Rx offered by SilverScript 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 1. You may 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 Aetna Medicare Rx offered by SilverScript 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 Rx offered by SilverScript Formulary?" 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 Aetna Medicare Rx offered by SilverScript Customer Care and ask if your drug is covered.

If you learn that Aetna Medicare Rx offered by SilverScript does not cover your drug, you have two options:

- You can ask Aetna Medicare Rx offered by SilverScript Customer Care 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 Rx offered by SilverScript Formulary?

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

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

Generally, Aetna Medicare Rx offered by SilverScript will only approve your request for an exception if the alternative drug is included on the plan's formulary or if 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 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 than 30 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 30-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 30 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Aetna Medicare Rx offered by SilverScript prescription drug coverage, please review your *2020 Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact Customer Care at the number on the back of your member ID card. 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 Part D 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 <https://www.medicare.gov>.

Drug Tier Copay Levels

This comprehensive formulary is a listing of brand-name and generic drugs. This 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. Please refer to your *2020 Evidence of Coverage* for copay information specific to your plan.

<i>Formulary Name</i>	<i>GRP B2 (3 Tier) Formulary</i>
Tier 1	Generic Drugs
Tier 2	Preferred Brand Drugs
Tier 3	Non-Preferred Drugs

You can find complete cost-sharing and days' supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

Aetna Medicare Rx offered by SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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 Aetna Medicare Rx offered by SilverScript has any special requirements for coverage of your drug.

PA	Prior Authorization.
QL	Drug has Quantity Limits
ST	Step Therapy required
MO	Mail Order Delivery
LA	Limited Access. This prescription may be available only at certain pharmacies.
B/D	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.

Please Note: Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
CAMBIA	3	PA MO
<i>celecoxib caps 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium/misoprostol</i>	3	MO
<i>diflunisal tabs 500mg</i>	3	MO
DUEXIS	3	MO
<i>etodolac er</i>	3	MO
<i>etodolac caps, tabs</i>	2	MO
<i>fenoprofen calcium caps 400mg</i>	3	MO
<i>fenoprofen calcium tabs</i>	3	MO
<i>flurbiprofen tabs</i>	1	MO
<i>ibuprofen susp</i>	1	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	3	MO
<i>ketoprofen caps 25mg</i>	3	MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	3	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium caps</i>	3	MO
<i>meloxicam tabs</i>	1	MO
<i>nabumetone tabs</i>	1	MO
<i>naproxen dr tabs 375mg, 500mg</i>	1	MO
<i>naproxen sodium cr tabs 375mg</i>	3	MO
<i>naproxen sodium er tb24 500mg</i>	3	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>naproxen susp, tabs</i>	1	MO
<i>oxaprozin</i>	3	MO
PENNSAID SOLN 2%	3	QL (224 GM per 28 days) PA MO
<i>piroxicam caps</i>	2	MO
<i>profeno</i>	3	
<i>sulindac tabs</i>	1	MO
VIMOVO	3	MO
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch</i>	3	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	3	QL (15 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
<i>methadone hcl inj</i>	1	PA
<i>methadone hcl tabs</i>	2	QL (180 EA per 30 days) PA MO
<i>methadone hcl oral soln</i>	2	QL (3000 ML per 30 days) PA MO
<i>methadone hcl conc</i>	2	QL (360 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	3	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tbcr 15mg</i>	2	QL (90 EA per 30 days) PA MO
NUCYNTA ER	2	QL (60 EA per 30 days) PA MO
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	3	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	3	QL (30 EA per 30 days) PA MO
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (4500 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	3	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	3	
<i>butorphanol tartrate inj 2mg/ml</i>	3	MO
<i>codeine sulfate tabs 30mg, 60mg</i>	3	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	1	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	2	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	3	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 10mg/ml, 50mg/5ml</i>	3	B/D
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml</i>	3	B/D MO
<i>hydromorphone hydrochloride pf inj 1mg/ml, 2mg/ml</i>	3	B/D
<i>hydromorphone hydrochloride pf inj 4mg/ml</i>	3	B/D MO
<i>lorcet</i>	3	QL (180 EA per 30 days)
<i>lorcet hd</i>	3	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL (180 EA per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate pf inj 1mg/ml</i>	3	B/D MO
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (1800 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	2	MO
<i>oxycodone hcl caps</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hcl oral conc</i>	3	QL (180 ML per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	2	QL (120 EA per 30 days) MO
<i>oxycodone hcl tabs 10mg, 20mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	2	QL (5400 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 15mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	2	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride immediate release tabs</i>	3	QL (180 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tabs</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	3	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	3	QL (180 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	3	QL (180 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	3	
<i>lidocaine hcl external soln 4%</i>	3	MO
<i>lidocaine viscous</i>	3	MO
<i>lidocaine/prilocaine crea</i>	3	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	2	QL (90 EA per 30 days) PA MO
<i>lidocaine oint</i>	3	QL (35.44 GM per 30 days) PA MO
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	3	MO
<i>disulfiram tabs</i>	3	MO
<i>naltrexone hcl tabs</i>	2	MO
VIVITROL	3	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl/naloxone hcl subl</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hcl subl</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days) MO
Opioid Reversal Agents		
<i>naloxone hcl cartridge 0.4mg/ml</i>	1	
<i>naloxone hcl inj 0.4mg/ml, 4mg/10ml</i>	1	MO
<i>naloxone hcl inj 2mg/2ml</i>	2	
NARCAN LIQD	2	MO
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	3	PA MO
CHANTIX STARTING MONTH PAK	3	PA MO
CHANTIX TABS 0.5MG, 1MG	3	PA MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	MO
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	3	MO
<i>gentamicin sulfate pediatric</i>	3	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	3	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	3	MO
<i>gentamicin sulfate inj 40mg/ml</i>	3	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	3	MO
<i>neomycin tabs</i>	1	MO
<i>paromomycin caps</i>	3	MO
<i>streptomycin sulfate inj 1gm</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor er tb</i> 12 500mg	3	MO
<i>cefaclor caps</i>	1	MO
<i>cefaclor oral susp</i> 125mg/5ml, 250mg/5ml, 375mg/5ml	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	2	
<i>cefazolin sodium inj</i> 100gm, 1gm iv, 20gm, 300gm	3	
<i>cefazolin sodium inj</i> 10gm, 1gm, 500mg	3	MO
CEFAZOLIN INJ 2GM/100ML; 4%	2	
<i>cefdinir caps</i>	1	MO
<i>cefdinir oral susp</i>	2	MO
<i>cefepime inj</i> 1gm, 2gm	3	MO
<i>cefixime caps</i>	2	MO
<i>cefixime oral susp</i>	3	MO
<i>cefotetan</i>	3	
<i>cefoxitin sodium inj</i> 10gm, 1gm, 2gm	3	
<i>cefpodoxime proxetil</i>	3	MO
<i>cefprozil</i>	2	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime inj</i> 6gm	3	
<i>ceftazidime inj</i> 1gm, 2gm	3	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	3	
<i>ceftriaxone sodium inj</i> 100gm, 1gm iv	3	
<i>ceftriaxone sodium inj</i> 10gm, 1gm, 250mg, 2gm, 500mg	3	MO
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj</i> 1.5gm, 7.5gm	3	
<i>cefuroxime sodium inj</i> 750mg	3	MO
<i>cephalexin</i>	1	MO
SUPRAX CAPS	2	MO
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	MO
SUPRAX ORAL SUSP 500MG/5ML	2	
<i>tazicef inj</i> 1gm, 2gm, 6gm	3	
TEFLARO	3	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM/50ML; 0, 2GM/50ML; 0	3	
AZACTAM INJ 1GM, 2GM	3	
<i>aztreonam inj</i> 2gm	1	MO
<i>aztreonam inj</i> 1gm	3	MO
<i>ertapenem</i>	3	MO
<i>imipenem/cilastatin</i>	3	MO
INVANZ	3	MO
<i>meropenem inj</i> 500mg	3	
<i>meropenem inj</i> 1gm	3	MO
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	3	MO
<i>amoxicillin chew</i> 125mg, 250mg	1	MO
<i>amoxicillin caps, oral susp, tabs</i>	1	MO
<i>ampicillin sodium inj</i> 10gm, 125mg, 1gm iv, 250mg, 2gm iv	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	3	MO
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin caps 500mg</i>	1	MO
AUGMENTIN ES-600	3	MO
AUGMENTIN ORAL SUSP 125MG/5ML, 250MG/5ML	3	MO
AUGMENTIN TABS 500MG; 125MG, 875MG; 125MG	3	MO
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	MO
<i>dicloxacillin caps</i>	2	MO
<i>nafcillin sodium inj 10gm</i>	1	
<i>nafcillin sodium inj 10gm iv, 1gm, 2gm iv</i>	3	
<i>nafcillin sodium inj 2gm</i>	3	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	3	
<i>oxacillin sodium inj 2gm</i>	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	3	MO
<i>penicillin g procaine</i>	3	MO
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin/tazobactam</i>	3	
Macrolides		
AZITHROMYCIN PACK	2	MO
<i>azithromycin oral susp, tabs</i>	1	MO
<i>azithromycin inj 500mg</i>	3	MO
<i>clarithromycin er</i>	3	MO
<i>clarithromycin oral susp, tabs</i>	2	MO
DIFICID	2	MO
E.E.S. 400 TABS	3	MO
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	MO
<i>erythromycin base</i>	2	MO
<i>erythromycin dr</i>	3	MO
<i>erythromycin ethylsuccinate tabs</i>	2	MO
<i>erythromycin stearate tabs 250mg</i>	2	MO
<i>erythromycin cpep 250mg</i>	2	MO
Quinolones		
<i>ciprofloxacin er</i>	2	MO
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	3	MO
CIPROFLOXACIN OTIC (EAR) SOLN	2	MO
<i>ciprofloxacin oral susp 500mg/5ml</i>	2	MO
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	3	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride inj</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl inj</i>	3	
<i>moxifloxacin hcl ophthalmic soln</i>	2	MO
<i>moxifloxacin hydrochloride tabs</i>	3	MO
Sulfonamides		
<i>sulfadiazine tabs</i>	3	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	3	MO
Tetracyclines		
<i>doxy 100 inj</i>	3	MO
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	3	MO
<i>doxycycline hyclate caps</i>	2	MO
<i>doxycycline hyclate inj</i>	3	MO
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg, 75mg</i>	2	MO
<i>doxycycline monohydrate tabs</i>	1	MO
<i>doxycycline monohydrate caps</i>	3	MO
<i>doxycycline oral susp</i>	2	MO
<i>minocycline hcl er 135mg, 45mg, 90mg</i>	3	ST MO
<i>minocycline hcl caps 75mg</i>	1	MO
<i>minocycline hcl tabs</i>	3	ST MO
<i>minocycline hydrochloride er tb24 115mg, 65mg</i>	3	ST MO
<i>minocycline hydrochloride er tb24 105mg, 115mg, 55mg, 80mg</i>	3	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	MO
<i>mondoxyne nl</i>	3	
<i>morgidox 1x100mg caps</i>	3	
<i>morgidox 1x50mg caps</i>	3	
<i>morgidox 2x100mg caps</i>	3	
<i>okebo caps 75mg</i>	3	
<i>soloxide</i>	3	
<i>tetracycline hydrochloride caps</i>	3	MO
Anticonvulsants		
Anticonvulsants, Other		
APTIOM	2	QL (60 EA per 30 days) MO
BRIVIACT INJ	3	PA
BRIVIACT ORAL SOLN, TABS	3	PA MO
EPIDIOLEX	3	QL (600 ML per 30 days) PA LA
FYCOMPA SUSP	3	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 2MG, 4MG, 6MG	3	QL (60 EA per 30 days) PA MO
<i>levetiracetam er</i>	3	MO
<i>levetiracetam/sodium chloride inj 5mg/ml, 10mg/ml, 15mg/ml</i>	3	
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>levetiracetam inj 500mg/5ml</i>	3	MO
<i>roweepra</i>	1	
<i>roweepra xr</i>	3	
SPRITAM	3	MO
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide</i>	3	MO
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	2	QL (900 ML per 30 days) PA MO
<i>zonisamide</i>	1	MO
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam susp</i>	1	PA MO
<i>clobazam tabs 20mg</i>	1	PA MO
<i>clobazam tabs 10mg</i>	3	PA MO
<i>clonazepam odt tbdp 1mg</i>	2	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) MO
DIASTAT ACUDIAL	3	MO
DIASTAT PEDIATRIC GEL 2.5MG	3	MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	3	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	3	MO
<i>divalproex sodium sprinkle caps</i>	2	MO
<i>gabapentin caps 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	2	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QL (90 EA per 30 days) MO
GABITRIL TABS 12MG, 16MG, 2MG, 4MG	3	MO
NAYZILAM	3	
ONFI SUSP	3	PA MO
ONFI TABS 10MG, 20MG	3	PA MO
<i>phenobarbital sodium inj</i>	3	PA
<i>phenobarbital elix</i>	3	QL (1500 ML per 30 days) PA MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL (120 EA per 30 days) PA MO
<i>primidone tabs</i>	1	MO
SABRIL TABS	3	QL (180 EA per 30 days) PA LA
SYMPAZAN	3	PA MO
<i>tiagabine tabs</i>	3	MO
<i>valproate sodium inj 100mg/ml</i>	3	
<i>valproic acid caps, soln</i>	1	MO
<i>vigabatrin</i>	1	QL (180 EA per 30 days) PA
<i>vigadrone</i>	3	QL (180 EA per 30 days) PA
Glutamate Reducing Agents		
<i>felbamate</i>	3	MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine odt</i>	3	MO
<i>lamotrigine starter kit/blue</i>	3	MO
<i>lamotrigine starter kit/green</i>	3	MO
<i>lamotrigine starter kit/orange</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine chew, tabs</i>	1	MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	3	
<i>subvenite starter kit/green</i>	3	
<i>subvenite starter kit/orange</i>	3	
<i>topiramate er</i>	3	MO
<i>topiramate sprinkle caps, tabs</i>	1	MO
Sodium Channel Agents		
BANZEL	3	PA MO
<i>carbamazepine er</i>	3	MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
DILANTIN INFATABS	2	MO
DILANTIN-125	3	MO
DILANTIN CAPS	2	MO
<i>epitol</i>	3	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	3	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	3	MO
<i>oxcarbazepine tabs</i>	2	MO
<i>oxcarbazepine susp</i>	3	MO
PEGANONE TABS 250MG	3	MO
PHENYTEK	2	MO
<i>phenytoin sodium er caps</i>	2	MO
<i>phenytoin sodium inj</i>	3	
<i>phenytoin chew, susp</i>	2	MO
VIMPAT INJ	2	
VIMPAT ORAL SOLN	2	QL (1200 ML per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	2	QL (60 EA per 30 days) MO
VIMPAT TABS 50MG	3	QL (120 EA per 30 days) MO
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	1	QL (60 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	3	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	3	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	3	QL (30 EA per 30 days) MO
<i>rivastigmine tartrate caps</i>	3	QL (60 EA per 30 days) MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl</i>	2	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	3	PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO
NAMZARIC	3	MO
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl tabs 100mg</i>	2	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride tabs 75mg</i>	2	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	1	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	3	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	3	QL (60 EA per 30 days) MO
Monoamine Oxidase Inhibitors		
EMSAM	3	QL (30 EA per 30 days) PA MO
MARPLAN	3	QL (180 EA per 30 days) MO
<i>phenelzine sulfate</i>	2	MO
<i>tranylcypromine sulfate</i>	3	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	2	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA
DRIZALMA SPRINKLE CSDR 40MG	3	QL (90 EA per 30 days) PA
<i>duloxetine hcl cpep 20mg, 40mg</i>	2	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days) MO
<i>escitalopram oxalate soln</i>	2	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	3	PA MO
FETZIMA CP24 120MG, 80MG	3	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	3	QL (60 EA per 30 days) PA MO
<i>fluoxetine (generic sarafem) caps 10mg, 20mg</i>	1	MO
<i>fluoxetine dr</i>	3	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	1	MO
FLUOXETINE HYDROCHLORIDE TABS 60MG	2	MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	1	MO
<i>fluvoxamine maleate er</i>	3	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	2	MO
<i>maprotiline hcl</i>	3	MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	3	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	3	MO
<i>paroxetine hcl er tb24 37.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	3	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg</i>	1	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 20mg</i>	1	QL (30 EA per 30 days) MO
PAXIL SUSP	3	QL (900 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl conc</i>	2	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA per 30 days) MO
<i>trazodone hydrochloride</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	1	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	3	MO
VIIBRYD TABS	3	QL (30 EA per 30 days) MO
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	2	PA MO
<i>amoxapine</i>	2	MO
<i>chlordiazepoxide/amitriptyline</i>	3	PA MO
<i>clomipramine hcl caps</i>	3	PA MO
<i>desipramine hcl tabs</i>	3	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	2	PA MO
<i>imipramine pamoate</i>	3	PA MO
<i>nortriptyline hcl caps 10mg, 25mg, 75mg</i>	2	MO
<i>nortriptyline hcl soln</i>	2	MO
<i>nortriptyline hydrochloride caps 50mg</i>	2	MO
<i>perphenazine/amitriptyline</i>	3	PA MO
<i>protriptyline hcl</i>	3	MO
<i>trimipramine maleate caps</i>	3	PA MO
Antiemetics		
Antiemetics, Other		
<i>dimenhydrinate inj</i>	3	
<i>meclizine hcl tabs</i>	1	MO
<i>phenadoz supp 25mg</i>	3	PA
<i>phenadoz supp 12.5mg</i>	3	PA MO
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	3	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	3	PA
<i>promethegan supp 50mg</i>	3	PA MO
<i>scopolamine patch</i>	3	QL (10 EA per 30 days) PA MO
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hcl caps 300mg</i>	3	PA MO
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	3	B/D MO
<i>dronabinol</i>	3	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	3	B/D MO
<i>granisetron hcl tabs</i>	2	QL (60 EA per 30 days) B/D MO
<i>ondansetron hcl oral soln</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml</i>	3	MO
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D MO
<i>ondansetron hydrochloride inj 4mg/2ml</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron odt</i>	2	B/D MO
SANCUSO	3	QL (4 EA per 28 days) MO
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	3	B/D
<i>amphotericin b inj</i>	3	B/D MO
<i>caspofungin acetate inj 50mg</i>	1	
<i>caspofungin acetate inj 70mg</i>	3	
<i>ciclopirox olamine crea</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate crea</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole lozg</i>	2	MO
<i>clotrimazole topical soln</i>	2	QL (30 ML per 30 days) MO
<i>clotrimazole crea</i>	2	QL (45 GM per 30 days) MO
<i>econazole nitrate crea</i>	3	QL (85 GM per 30 days) MO
ERTACZO	3	QL (60 GM per 30 days) MO
<i>fluconazole in nacl inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	
<i>fluconazole tabs</i>	1	MO
<i>fluconazole oral susp</i>	2	MO
<i>flucytosine caps</i>	1	MO
<i>griseofulvin microsize</i>	3	MO
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	3	MO
<i>itraconazole caps</i>	3	PA MO
<i>ketoconazole tabs</i>	1	PA MO
<i>ketoconazole sham</i>	1	QL (120 ML per 30 days) MO
<i>ketoconazole crea</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam</i>	3	QL (100 GM per 30 days) MO
<i>miconazole 3 supp</i>	3	MO
MYCAMINE INJ 100MG	3	
MYCAMINE INJ 50MG	3	MO
<i>naftifine hcl 1% cream</i>	3	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride 2% cream</i>	3	QL (60 GM per 30 days) MO
NOXAFIL SUSP	3	QL (630 ML per 30 days) MO
NOXAFIL TBEC	3	QL (93 EA per 30 days) MO
<i>nyamyc</i>	2	QL (60 GM per 30 days)
<i>nystatin crea</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powd</i>	2	QL (60 GM per 30 days) MO
<i>nystatin oral susp, tabs</i>	3	MO
<i>nystatin oint</i>	3	QL (30 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	3	QL (90 GM per 30 days) MO
<i>posaconazole dr</i>	1	QL (93 EA per 30 days) MO
<i>terbinafine hcl tabs</i>	1	QL (90 EA per 365 days) MO
<i>terconazole crea</i>	2	MO
<i>terconazole supp</i>	3	MO
<i>voriconazole inj</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral susp, tabs</i>	3	MO
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs</i>	1	MO
<i>colchicine caps</i>	2	QL (60 EA per 30 days) MO
<i>colchicine tabs 0.6mg</i>	2	QL (120 EA per 30 days) MO
COLCRYS	2	QL (120 EA per 30 days) MO
<i>febuxostat</i>	2	ST MO
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid/colchicine</i>	2	MO
<i>probenecid tabs</i>	2	MO
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate inj</i>	3	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	3	QL (8 ML per 28 days) PA MO
<i>ergotamine tartrate/caffeine</i>	2	MO
<i>Prophylactic</i>		
AIMOVIG INJ 140MG/ML	2	QL (1 ML per 30 days) PA MO
AIMOVIG INJ 70MG/ML	2	QL (2 ML per 30 days) PA MO
EMGALITY INJ 120MG/ML	2	QL (2 ML per 30 days) PA MO
EMGALITY INJ 100MG/ML	2	QL (3 ML per 30 days) PA
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
<i>almotriptan malate</i>	3	QL (8 EA per 30 days) MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
<i>frovatriptan succinate</i>	3	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	3	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	3	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	3	QL (9 EA per 30 days) MO
<i>sumatriptan soln</i>	1	QL (12 EA per 30 days) MO
<i>zolmitriptan odt</i>	3	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	3	QL (6 EA per 30 days) MO
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	3	
<i>pyridostigmine bromide er</i>	2	MO
<i>pyridostigmine bromide tabs</i>	2	MO
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	2	MO
<i>rifabutin</i>	3	MO
<i>Antituberculars</i>		
<i>cycloserine</i>	1	MO
<i>ethambutol hcl tabs 100mg</i>	3	MO
<i>ethambutol hydrochloride tabs 400mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid syrp, tabs</i>	1	MO
<i>isoniazid inj</i>	3	
PASER	3	MO
PRIFTIN	3	MO
<i>pyrazinamide tabs</i>	3	MO
<i>rifampin caps</i>	2	MO
<i>rifampin inj</i>	3	
RIFATER	3	MO
SIRTURO	3	PA LA
TRECTOR	3	MO
Antineoplastics		
<i>Alkylating Agents</i>		
BENDEKA	3	
<i>busulfan</i>	1	
<i>cyclophosphamide caps</i>	2	B/D MO
<i>cyclophosphamide inj</i>	3	
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	MO
KISQALI FEMARA 200MG-2.5MG CO-PACK	3	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	3	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	3	PA
LEUKERAN	3	MO
MATULANE	3	LA
<i>melphalan hydrochloride inj</i>	1	
<i>melphalan tabs</i>	3	B/D MO
<i>thiotepa inj 15mg</i>	1	
VALCHLOR	3	QL (60 GM per 30 days) PA LA MO
<i>Antiandrogens</i>		
<i>abiraterone acetate</i>	1	PA
<i>bicalutamide</i>	2	MO
ERLEADA	2	PA LA
<i>flutamide</i>	3	MO
<i>nilutamide</i>	1	MO
NUBEQA	3	QL (120 EA per 30 days) PA
XTANDI	2	PA LA
ZYTIGA	2	PA LA
<i>Antiangiogenic Agents</i>		
POMALYST CAPS 1MG, 2MG	3	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	3	QL (21 EA per 28 days) PA LA
REVLIMID	3	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	3	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	3	QL (56 EA per 28 days) PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	3	MO
FARESTON	3	PA MO
SOLTAMOX	3	MO
<i>tamoxifen citrate tabs</i>	1	MO
<i>toremifene citrate</i>	3	PA MO
<i>Antimetabolites</i>		
<i>clofarabine</i>	1	
DROXIA	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil inj 1gm/20ml</i>	2	B/D
<i>hydroxyurea caps</i>	1	MO
<i>mercaptopurine tabs</i>	3	MO
PURIXAN	3	
TABLOID	3	MO
Antineoplastics, Other		
ABRAXANE	3	
<i>adrucil</i>	2	B/D
ALIMTA	3	
<i>arsenic trioxide</i>	1	
AVASTIN	3	PA LA
<i>bleomycin sulfate</i>	3	B/D
BORTEZOMIB	3	PA
BRAFTOVI	3	PA LA MO
<i>carboplatin</i>	2	
<i>carmustine</i>	1	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	2	
<i>cladribine</i>	3	B/D
COPIKTRA	3	PA LA MO
<i>cytarabine aqueous</i>	3	B/D
<i>dacarbazine</i>	3	
<i>dactinomycin</i>	1	
<i>daunorubicin hcl inj 20mg/4ml</i>	3	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	3	
<i>decitabine</i>	3	
<i>dexrazoxane</i>	3	
DOCETAXEL INJ 160MG/16ML, 20MG/2ML, 80MG/8ML	3	B/D
<i>docetaxel inj 160mg/8ml, 200mg/10ml</i>	1	B/D
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	3	B/D
<i>doxorubicin hcl liposome 2mg/ml pf</i>	3	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	3	
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	3	
FASLODEX	3	
<i>fludarabine phosphate</i>	3	
<i>fluorouracil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
<i>fulvestrant</i>	1	
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	3	
<i>gemcitabine hydrochloride inj 100mg/ml</i>	3	
<i>gemcitabine inj 38mg/ml</i>	3	
HERCEPTIN INJ 440MG	3	PA
<i>idarubicin hcl</i>	3	
IFEX	3	
<i>ifosfamide</i>	3	
INTRON A	3	
<i>irinotecan</i>	3	
KADCYLA	3	
KHAPZORY	3	PA
KISQALI	3	PA
<i>leucovorin calcium tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	3	
<i>levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml</i>	1	
LEVOLEUCOVORIN INJ 175MG	3	
<i>levoleucovorin inj 50mg</i>	1	
LIBTAYO	3	PA
LONSURF	3	PA
LUMOXITI	3	PA
LYNPARZA TABS	3	PA LA
MEKTOVI	3	PA LA
<i>mesna</i>	3	
MESNEX TABS	3	MO
<i>mitomycin inj 40mg</i>	1	
<i>mitomycin inj 20mg, 5mg</i>	3	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mutamycin inj 40mg</i>	1	
<i>mutamycin inj 20mg, 5mg</i>	3	
NERLYNX	3	PA LA
NINLARO	3	PA
NIPENT	3	
<i>oxaliplatin</i>	3	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	3	
<i>romidepsin</i>	1	
RUBRACA	3	PA LA
RYDAPT	3	PA
SYNRIBO	3	PA
TALZENNA	3	PA LA
TAXOTERE INJ 80MG/4ML	3	B/D
TRISENOX INJ 12MG/6ML	3	
VELCADE	3	PA
VERZENIO	3	PA LA
<i>vinblastine sulfate inj 1mg/ml</i>	3	B/D
<i>vincasar pfs</i>	3	B/D
<i>vincristine sulfate</i>	3	B/D
<i>vinorelbine tartrate</i>	3	
VIZIMPRO	3	PA LA
XPOVIO 100 MG ONCE WEEKLY	3	QL (20 EA per 28 days) PA MO
XPOVIO 60 MG ONCE WEEKLY	3	QL (12 EA per 28 days) PA MO
XPOVIO 80 MG ONCE WEEKLY	3	QL (32 EA per 28 days) PA MO
XPOVIO 80 MG TWICE WEEKLY	3	QL (32 EA per 28 days) PA MO
YERVOY	3	PA
ZEJULA	3	PA LA MO
ZOLINZA	3	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	MO
<i>exemestane</i>	3	MO
<i>letrozole</i>	1	MO
Enzyme Inhibitors		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
TOPOTECAN HCL INJ 4MG/4ML	3	
<i>topotecan hcl inj 4mg</i>	1	
Molecular Target Inhibitors		
AFINITOR	3	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	3	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	3	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	3	QL (90 EA per 30 days) PA
ALECENSA	3	PA LA
ALUNBRIG	3	PA LA
BALVERSA TABS 5MG	3	QL (28 EA per 28 days) PA MO
BALVERSA TABS 4MG	3	QL (56 EA per 28 days) PA MO
BALVERSA TABS 3MG	3	QL (84 EA per 28 days) PA MO
BELEODAQ	3	PA
BOSULIF	3	PA
CABOMETYX	3	QL (30 EA per 30 days) PA LA
CALQUENCE	3	PA LA MO
CAPRELSA	3	PA LA MO
COMETRIQ	3	PA LA MO
COTELLIC	3	PA LA
DAURISMO	3	PA LA
ERIVEDGE	3	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	1	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	1	QL (90 EA per 30 days) PA
FARYDAK	3	PA LA
GILOTRIF	3	PA LA MO
IBRANCE	2	QL (21 EA per 28 days) PA LA
ICLUSIG	3	PA LA MO
IDHIFA	3	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	1	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	1	QL (90 EA per 30 days) PA
IMBRUVICA	3	PA LA MO
INLYTA TABS 5MG	3	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	3	QL (180 EA per 30 days) PA LA
INREBIC	3	QL (120 EA per 30 days) PA
IRESSA	3	PA LA MO
JAKAFI	3	QL (60 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	3	PA LA MO
LENVIMA 12MG DAILY DOSE	3	PA LA MO
LENVIMA 14 MG DAILY DOSE	3	PA LA MO
LENVIMA 18 MG DAILY DOSE	3	PA LA MO
LENVIMA 20 MG DAILY DOSE	3	PA LA MO
LENVIMA 24 MG DAILY DOSE	3	PA LA MO
LENVIMA 4 MG DAILY DOSE	3	PA LA MO
LENVIMA 8 MG DAILY DOSE	3	PA LA MO
LORBRENA	3	PA LA
MEKINIST	3	PA LA
NEXAVAR	3	PA LA
ODOMZO	3	PA LA
PIQRAY 200MG DAILY DOSE	3	QL (28 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE	3	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	3	QL (56 EA per 28 days) PA
ROZLYTREK CAPS 100MG	3	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	3	QL (90 EA per 30 days) PA
SPRYCEL	2	PA
STIVARGA	3	PA LA
SUTENT	3	QL (30 EA per 30 days) PA
TAFINLAR	3	PA LA
TAGRISSE	3	QL (30 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	3	QL (30 EA per 30 days) PA LA
TARCEVA TABS 25MG	3	QL (90 EA per 30 days) PA LA
TASIGNA	3	PA
<i>temsirolimus</i>	1	
TIBSOVO	3	PA LA
TURALIO	3	QL (120 EA per 30 days) PA MO
TYKERB	3	PA LA
VENCLEXTA	3	PA LA MO
VENCLEXTA STARTING PACK	3	PA LA MO
VITRAKVI	3	PA LA
VOTRIENT	3	PA LA
XALKORI	3	PA LA
XOSPATA	3	PA LA MO
ZELBORAF	3	PA LA
ZYDELIG	3	PA LA
ZYKADIA TABS	3	PA
ZYKADIA CAPS	3	PA LA
Monoclonal Antibody/Antibody-Drug Conjugate		
HERCEPTIN HYLECTA	3	PA
HERCEPTIN INJ 150MG	3	PA
KEYTRUDA INJ 100MG/4ML	3	PA
MYLOTARG	3	PA LA
POLIVY	3	PA
POTELIGEO	3	PA
RITUXAN	3	PA LA
RITUXAN HYCELA	3	PA LA
TECENTRIQ INJ 840MG/14ML	3	PA
TECENTRIQ INJ 1200MG/20ML	3	PA LA
Retinoids		
<i>bexarotene</i>	1	PA
PANRETIN	3	QL (60 GM per 30 days) MO
TARGRETIN GEL	3	QL (60 GM per 30 days) PA
<i>tretinoin caps 10mg</i>	1	MO
Treatment Adjuncts		
ELITEK	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	1	MO
ALBENZA	3	MO
BILTRICIDE	2	MO
EMVERM	3	QL (12 EA per 365 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin tabs</i>	2	MO
<i>praziquantel tabs</i>	2	MO
Antiprotozoals		
ALINIA	3	MO
<i>atovaquone</i>	3	PA MO
<i>atovaquone/proguanil hcl</i>	3	MO
<i>chloroquine phosphate tabs</i>	1	MO
COARTEM	3	MO
<i>hydroxychloroquine sulfate tabs</i>	2	MO
<i>mefloquine hcl</i>	2	MO
NEBUPENT	3	B/D MO
PENTAM 300	3	MO
<i>pentamidine isethionate</i>	3	
<i>primaquine phosphate tabs</i>	2	MO
<i>quinine sulfate caps 324mg</i>	3	PA MO
Pediculicides/Scabicides		
<i>malathion</i>	2	MO
<i>permethrin crea</i>	3	MO
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj, tabs</i>	1	PA MO
<i>trihexyphenidyl hcl soln</i>	1	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	1	PA MO
Antiparkinson Agents, Other		
<i>amantadine hcl tabs</i>	2	MO
<i>amantadine hcl caps, syrp</i>	3	MO
<i>entacapone</i>	3	MO
Dopamine Agonists		
APOKYN INJ 30MG/3ML	2	QL (60 ML per 30 days) PA LA
<i>bromocriptine mesylate caps, tabs</i>	3	MO
NEUPRO	3	MO
<i>pramipexole dihydrochloride er</i>	3	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	1	MO
<i>ropinirole er tb24 6mg</i>	3	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	3	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	3	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	3	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	3	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	1	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	2	MO
<i>carbidopa/levodopa/entacapone</i>	3	MO
<i>carbidopa tabs</i>	1	MO
STALEVO 100	3	ST MO
STALEVO 125	3	ST MO
STALEVO 150	3	ST MO

Drug Name	Drug Tier	Requirements/Limits
STALEVO 200	3	ST MO
STALEVO 50	3	ST MO
STALEVO 75	3	ST MO
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	2	MO
<i>selegiline hcl caps, tabs</i>	1	MO
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tabs</i>	3	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	3	
<i>chlorpromazine hcl inj 25mg/ml</i>	3	MO
<i>compro</i>	1	MO
<i>fluphenazine decanoate inj</i>	3	MO
<i>fluphenazine hcl conc, tabs</i>	1	MO
<i>fluphenazine hcl inj</i>	3	MO
<i>fluphenazine hydrochloride</i>	1	MO
<i>haloperidol decanoate inj</i>	3	MO
<i>haloperidol lactate inj</i>	3	MO
<i>haloperidol conc, tabs</i>	2	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	2	MO
<i>loxapine caps 10mg</i>	2	MO
<i>molindone hydrochloride</i>	2	
<i>perphenazine tabs</i>	3	MO
<i>pimozide</i>	3	MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	3	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	3	MO
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine supp 25mg</i>	1	MO
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	PA MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	MO
<i>trifluoperazine hcl tabs</i>	3	MO
2nd Generation/Atypical		
ABILIFY MAINTENA	2	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	1	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	3	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	3	QL (900 ML per 30 days) MO
ARISTADA INITIO	2	
ARISTADA INJ 441MG/1.6ML	2	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	2	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	2	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	2	QL (3.9 ML per 56 days)
FANAPT	3	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	3	PA MO
GEODON INJ	3	QL (6 EA per 3 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	2	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	2	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	2	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	2	QL (1.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	2	QL (0.88 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJ 410MG/1.315ML	2	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	2	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	2	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	3	QL (60 EA per 30 days) MO
NUPLAZID	3	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	3	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	2	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 9mg</i>	1	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg</i>	3	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	3	QL (60 EA per 30 days) MO
PERSERIS	2	QL (1 EA per 30 days)
<i>quetiapine fumarate er tb24 50mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL (30 EA per 30 days) MO
<i>quetiapine fumarate er tb24 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	2	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	2	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	2	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	2	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	2	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	2	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 4mg</i>	3	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	3	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	3	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	1	MO
<i>risperidone tabs 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
SAPHRIS	3	QL (60 EA per 30 days) MO
VRAYLAR CAP THERAPY PACK	3	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	3	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	3	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	3	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 210MG, 300MG	3	QL (2 EA per 28 days) PA
Treatment-Resistant		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	3	PA
<i>clozapine odt tbdp 200mg</i>	3	QL (135 EA per 30 days) PA
<i>clozapine odt tbdp 150mg</i>	3	QL (180 EA per 30 days) PA
<i>clozapine odt tbdp 100mg</i>	3	QL (270 EA per 30 days) PA
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	3	QL (600 ML per 30 days) PA
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	MO
<i>dantrolene sodium caps</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl caps</i>	1	MO
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
PREVYMIS TABS	3	QL (28 EA per 28 days) MO
<i>valganciclovir oral soln</i>	1	MO
<i>valganciclovir tabs</i>	1	MO
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	3	QL (30 EA per 30 days) MO
BARACLUDGE SOLN	3	MO
<i>entecavir</i>	3	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	3	MO
<i>lamivudine tabs 100mg</i>	2	MO
VEMLIDY	3	MO
<i>Anti-hepatitis C (HCV) Agents, Direct Acting Agents</i>		
EPCLUSA	2	PA
HARVONI TABS 90MG; 400MG	2	PA
MAVYRET	2	PA
VOSEVI	2	PA
<i>Anti-hepatitis C (HCV) Agents, Other</i>		
PEGASYS	3	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	3	PA
REBETOL SOLN	3	
RIBASPHERE RIBAPAK TBPK 1000 DOSE PAK, 1200MG DOSE PAK	3	
<i>ribasphere caps</i>	2	
RIBASPHERE TABS 600MG	3	
<i>ribasphere tabs 200mg</i>	2	
<i>ribavirin caps 200mg</i>	2	
<i>ribavirin tabs 200mg</i>	2	
SYLATRON	3	PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
ATRIPLA	3	MO
BIKTARVY	3	MO
GENVOYA	3	MO
ISENTRESS PACK	2	MO
ISENTRESS TABS	3	MO
ISENTRESS CHEW 25MG	2	MO
ISENTRESS CHEW 100MG	3	MO
TIVICAY TABS 10MG	2	MO
TIVICAY TABS 25MG, 50MG	3	MO
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	3	MO
EDURANT	3	MO
<i>efavirenz caps 50mg</i>	2	MO
<i>efavirenz caps 200mg</i>	3	MO
<i>efavirenz tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	3	MO
<i>nevirapine er tb24 100mg</i>	2	
<i>nevirapine er tb24 400mg</i>	2	MO
<i>nevirapine tabs</i>	2	MO
<i>nevirapine susp</i>	3	
ODEFSEY	3	MO
RESCRIPTOR TABS 200MG	3	MO
STRIBILD	3	MO
SUSTIVA TABS	3	MO
SUSTIVA CAPS 200MG, 50MG	3	MO
VIRAMUNE SUSP	3	MO
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	2	MO
<i>abacavir sulfate/lamivudine</i>	3	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	MO
CIMDUO	2	MO
DESCOVY	3	MO
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	3	MO
DOVATO	3	MO
EMTRIVA	2	MO
EPZICOM	3	MO
JULUCA	3	MO
<i>lamivudine/zidovudine</i>	3	MO
<i>lamivudine soln 10mg/ml</i>	3	MO
<i>lamivudine tabs 150mg, 300mg</i>	3	MO
<i>stavudine caps</i>	2	MO
SYMFI	2	MO
SYMFI LO	2	MO
TEMIXYS	3	MO
<i>tenofovir tabs</i>	3	MO
TRIUMEQ	3	MO
TRUVADA	3	QL (30 EA per 30 days) MO
VIDEX EC CPDR 125MG	3	MO
VIDEX PEDIATRIC	3	MO
VIREAD POWD	3	MO
VIREAD TABS 150MG, 200MG, 250MG	3	MO
<i>zidovudine</i>	2	MO
<i>Anti-HIV Agents, Other</i>		
DELSTRIGO	3	MO
FUZEON	3	
ISENTRESS HD	3	MO
PIFELTRO	3	MO
SELZENTRY SOLN	3	
SELZENTRY TABS 25MG, 75MG	3	
SELZENTRY TABS 150MG, 300MG	3	MO
TROGARZO	3	LA
TYBOST	3	MO
<i>Anti-HIV Agents, Protease Inhibitors</i>		

Drug Name	Drug Tier	Requirements/Limits
APTIVUS SOLN	3	
APTIVUS CAPS	3	MO
<i>atazanavir sulfate caps 200mg, 300mg</i>	1	MO
<i>atazanavir sulfate caps 150mg</i>	3	MO
CRIXIVAN CAPS 200MG, 400MG	3	MO
EVOTAZ	2	MO
<i>fosamprenavir calcium</i>	1	MO
INVIRASE TABS	3	MO
KALETRA TABS	3	MO
LEXIVA SUSP	3	MO
<i>lopinavir/ritonavir</i>	3	MO
NORVIR TABS	2	MO
NORVIR PACK, SOLN	3	MO
PREZCOBIX	3	MO
PREZISTA SUSP	3	QL (400 ML per 30 days) MO
PREZISTA TABS 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	3	QL (30 EA per 30 days) MO
PREZISTA TABS 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABS 600MG	3	QL (60 EA per 30 days) MO
REYATAZ	3	MO
<i>ritonavir</i>	2	MO
SYMTUZA	3	MO
VIRACEPT	3	MO
Anti-influenza Agents		
<i>oseltamivir phosphate caps, oral susp</i>	2	MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>rimantadine hcl</i>	3	MO
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	3	B/D
<i>acyclovir caps, susp, tabs</i>	1	MO
<i>acyclovir oint</i>	3	QL (30 GM per 30 days) MO
<i>famciclovir tabs 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>valacyclovir hcl tabs 1gm</i>	2	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	2	MO
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg, 30mg</i>	1	MO
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	MO
<i>doxepin hcl caps 100mg, 10mg, 150mg, 50mg, 75mg</i>	2	PA MO
<i>doxepin hcl caps, oral conc</i>	2	PA MO
<i>doxepin hydrochloride caps 25mg</i>	2	PA MO
<i>meprobamate</i>	3	PA MO
Benzodiazepines		
<i>alprazolam er tb24 0.5mg, 1mg</i>	3	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	3	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	3	QL (90 EA per 30 days) MO
<i>alprazolam intensol oral soln conc</i>	3	QL (300 ML per 30 days) MO
<i>alprazolam immediate release tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>alprazolam immediate release tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hcl caps 25mg</i>	3	QL (120 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL (90 EA per 30 days) MO
<i>diazepam oral conc 5mg/ml</i>	2	QL (240 ML per 30 days) PA MO
<i>diazepam inj 5mg/ml</i>	3	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln 5mg/5ml</i>	3	QL (1200 ML per 30 days) PA MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>lorazepam oral conc</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	3	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) MO
<i>lorazepam tabs 1mg</i>	1	QL (180 EA per 30 days) MO
<i>oxazepam</i>	3	QL (120 EA per 30 days) MO
<i>temazepam</i>	3	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	3	QL (60 EA per 30 days) MO
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tabs</i>	3	MO
<i>lithium carbonate caps, tabs</i>	1	MO
LITHIUM ORAL SOLN	3	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) MO
BYDUREON PEN	2	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	3	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 30 days) MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide/metformin hydrochloride</i>	1	MO
<i>glipizide tabs</i>	1	MO
<i>glyburide micronized tabs 3mg, 6mg</i>	1	PA MO
<i>glyburide/metformin hydrochloride</i>	1	PA MO
<i>glyburide tabs</i>	1	PA MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	2	QL (60 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
KORLYM	3	PA LA MO
<i>metformin hcl er tb24 (generic Glucophage XR) 500mg, 750mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er tb24 (generic Glumetza and Fortamet)</i> 500mg	3	QL (150 EA per 30 days) PA MO
<i>metformin hydrochloride tabs</i>	1	MO
<i>miglitol</i>	3	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	2	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	2	QL (3 ML per 28 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
SYMLINPEN 120	3	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	3	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) MO
VICTOZA	2	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
Glycemic Agents		
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
PROGLYCEM	3	MO
Insulins		
BASAGLAR KWIKPEN	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	
HUMULIN R U-500 (CONCENTRATED)	2	B/D MO
HUMULIN R U-500 KWIKPEN	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 PREFILLED PEN	2	QL (30 ML per 30 days) MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6 PREFILLED PEN	2	QL (15 ML per 30 days) MO
Blood Products/Modifiers/Volume Expanders		
<i>Anticoagulants</i>		
COUMADIN TABS	2	MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	3	MO
<i>fondaparinux sodium</i>	3	MO
FRAGMIN INJ	3	MO
HEPARIN SODIUM/D5W INJ 5%; 25000UNIT/500ML, 5%; 3 40UNIT/ML		
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	3	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml</i>	3	
HEPARIN SODIUM/NACL 0.45% INJ 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%</i>	2	
<i>heparin sodium inj 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
PRADAXA	3	QL (60 EA per 30 days) MO
<i>warfarin sodium tabs</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	2	QL (60 EA per 30 days) MO
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	2	MO
ARANESP ALBUMIN FREE INJ 500MCG/ML	2	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	2	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	2	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	2	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	2	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	2	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
<i>azacitidine</i>	1	B/D
PROCRIT	2	PA
PROMACTA POWDER PACK	3	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	3	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	3	QL (60 EA per 30 days) PA LA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO	3	PA
Hemostasis Agents		
<i>tranexamic acid tabs</i>	2	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	2	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tabs</i>	3	PA MO
<i>prasugrel</i>	3	MO
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl weekly patch</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hcl tabs 0.1mg, 0.3mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.2mg</i>	1	MO
<i>guanfacine hcl</i>	3	PA MO
<i>methyldopa tabs 250mg, 500mg</i>	3	PA MO
<i>midodrine hcl</i>	3	MO
NORTHERA CAPS 200MG, 300MG	3	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	3	QL (90 EA per 30 days) PA LA
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tabs</i>	1	MO
<i>prazosin hcl caps 1mg, 5mg</i>	2	MO
<i>prazosin hydrochloride caps 2mg</i>	2	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
Angiotensin II Receptor Antagonists		
<i>amlodipine/olmesartan medoxomil</i>	3	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) ST MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	3	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	3	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs</i>	2	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>captopril tabs</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	3	
<i>amiodarone hcl tabs 200mg, 400mg</i>	1	MO
<i>amiodarone hcl inj 150mg/3ml, 450mg/9ml</i>	3	
<i>amiodarone hydrochloride tabs 100mg</i>	1	MO
<i>disopyramide phosphate caps</i>	3	PA MO
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	2	MO
<i>lidocaine hcl in d5w inj 4mg/ml</i>	3	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	3	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl tabs</i>	2	MO
<i>propafenone hydrochloride er</i>	3	MO
<i>quinidine sulfate tabs</i>	1	MO
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af) tabs 160mg</i>	1	MO
<i>sotalol hcl (af) tabs 120mg, 80mg</i>	1	MO
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	MO
<i>atenolol/chlorthalidone</i>	2	MO
<i>atenolol tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	3	QL (60 EA per 30 days) MO
<i>carvedilol phosphate caps</i>	3	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride tabs</i>	2	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	3	MO
<i>metoprolol succinate er tabs</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge inj 1mg/ml</i>	3	
<i>metoprolol tartrate vial inj 5mg/5ml</i>	3	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>nadolol/bendroflumethiazide</i>	2	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	3	MO
<i>pindolol tabs</i>	2	MO
<i>propranolol hcl er caps cp24 120mg, 160mg, 60mg</i>	3	MO
<i>propranolol hcl oral soln</i>	2	MO
<i>propranolol hcl inj</i>	3	
<i>propranolol hcl tabs 40mg, 80mg</i>	2	MO
<i>propranolol hydrochloride er caps 80mg</i>	3	MO
<i>propranolol hcl tabs 10mg, 20mg, 60mg</i>	2	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine besylate tabs</i>	1	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem cd cp24 360mg</i>	1	MO
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 120mg</i>	1	MO
<i>diltiazem hcl er caps, tabs</i>	1	MO
<i>diltiazem hcl tabs</i>	1	MO
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	3	
<i>diltiazem hydrochloride er</i>	1	MO
<i>felodipine er</i>	3	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl caps</i>	3	MO
<i>nifedical xl tb24 60mg</i>	2	
<i>nifedipine er</i>	2	MO
<i>nimodipine caps</i>	3	MO
<i>nisoldipine er</i>	3	MO
NYMALIZE ORAL SOLN	3	
<i>taztia xt</i>	1	
<i>verapamil hcl er caps, tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr cp24 360mg</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	1	MO
<i>verapamil hcl tabs 40mg, 80mg</i>	1	MO
<i>verapamil hcl tabs 120mg</i>	1	MO
<i>verapamil hydrochloride inj</i>	3	MO
Cardiovascular Agents, Other		
CORLANOR SOLN	3	
CORLANOR TABS	3	MO
DEMSER	3	PA MO
<i>digitek tabs 0.125mg</i>	2	
<i>digitek tabs 0.25mg</i>	2	PA
<i>digoxin oral soln</i>	2	PA MO
<i>digoxin inj 0.25mg/ml</i>	3	PA MO
<i>digoxin tabs 125mcg</i>	2	MO
<i>digoxin tabs 250mcg</i>	2	PA MO
<i>digox tabs 125mcg</i>	2	
<i>digox tabs 250mcg</i>	2	PA
ENTRESTO	2	MO
<i>pentoxifylline cr</i>	1	MO
<i>pentoxifylline er</i>	1	MO
RANEXA	2	MO
<i>ranolazine er</i>	2	MO
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er caps</i>	3	MO
<i>acetazolamide tabs</i>	2	MO
<i>methazolamide</i>	3	MO
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	3	MO
<i>torseamide tabs</i>	2	MO
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO
<i>spironolactone tabs</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs</i>	1	MO
Diuretics, Thiazide		
<i>chlorothiazide tabs</i>	2	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide tabs</i>	1	MO
<i>metolazone</i>	3	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 67mg, 134mg, 200mg</i>	2	MO
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	2	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 120mg, 40mg</i>	3	MO
FENOFIBRIC ACID TABS	2	MO
<i>fenofibric acid dr</i>	3	MO
<i>gemfibrozil tabs</i>	1	MO
LIPOFEN	3	MO
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TB24 40MG, 60MG	3	QL (30 EA per 30 days) ST MO
ALTOPREV TB24 20MG	3	QL (60 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er caps</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin tabs</i>	1	QL (60 EA per 30 days) MO
LIVALO	3	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tabs</i>	1	QL (30 EA per 30 days) MO
Dyslipidemics, Other		
<i>cholestyramine light pack, powd</i>	3	MO
<i>cholestyramine pack, powd</i>	3	MO
<i>colesevelam hydrochloride</i>	2	MO
<i>colestipol hcl</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO
JUXTAPID	3	PA LA MO
<i>niacin er tbc 1000mg, 750mg</i>	3	MO
<i>niacin er tbc 500mg</i>	3	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	3	MO
NIACOR	3	MO
<i>omega-3-acid ethyl esters</i>	3	QL (120 EA per 30 days) MO
PRALUENT	3	PA MO
<i>prevalite pack, powd</i>	3	MO
VASCEPA	3	MO
WELCHOL	2	MO
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	MO
ISORDIL TITRADOSE TABS 40MG, 5MG	3	MO
<i>isosorbide dinitrate er tabs 40mg</i>	1	MO
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide mononitrate er tabs</i>	1	MO
<i>isosorbide mononitrate immediate release tabs</i>	1	MO
<i>minitran patch</i>	1	
NITRO-BID	2	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	MO
<i>nitroglycerin lingual spray soln</i>	3	MO
<i>nitroglycerin patch</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	3	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	MO
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	3	MO
<i>hydralazine hcl tabs 10mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl tabs 100mg, 25mg, 50mg</i>	1	MO
<i>minoxidil tabs</i>	1	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine er cp24</i>	3	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	2	QL (90 EA per 30 days) MO
<i>dextroamphetamine sulfate er caps</i>	3	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate oral soln</i>	3	QL (1800 ML per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	3	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	3	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	3	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs</i>	3	QL (60 EA per 30 days) MO
<i>guanfacine er</i>	2	QL (30 EA per 30 days) PA MO
<i>metadate er tbc 20mg</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 50mg, 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er cp24 (generic Ritalin la) 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er cp24 (generic Ritalin LA) 30mg</i>	3	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er cpcr 30mg, 40mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 18mg (generic Concerta), 27mg (generic Concerta), 36mg (generic Concerta), 54mg (generic Concerta), 72mg (generic Relexxii)</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chew</i>	3	QL (180 EA per 30 days) MO
<i>methylphenidate hcl oral soln 5mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>methylphenidate hcl oral soln 10mg/5ml</i>	3	QL (900 ML per 30 days) MO
Central Nervous System, Other		
AUSTEDO TABS 12MG, 9MG	2	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	2	QL (60 EA per 30 days) PA LA
LYRICA CR	2	QL (60 EA per 30 days) PA MO
NUEDEXTA	3	QL (60 EA per 30 days) PA MO
<i>riluzole</i>	2	MO
<i>tetrabenazine tabs 25mg</i>	1	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	1	QL (90 EA per 30 days) PA
XENAZINE TABS 25MG	3	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	3	QL (90 EA per 30 days) PA LA
Multiple Sclerosis Agents		
AMPYRA	2	PA LA

Drug Name	Drug Tier	Requirements/Limits
BETASERON	2	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	2	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	2	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	1	PA
GILENYA CAPS 0.5MG	2	QL (28 EA per 28 days) PA
REBIF	3	QL (6 ML per 28 days) PA
REBIF REBIDOSE	3	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	3	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	3	QL (8.4 ML per 365 days) PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hcl</i>	3	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
<i>clinpro 5000</i>	3	MO
<i>dentagel</i>	3	QL (56 GM per 30 days) MO
<i>fluoridex</i>	3	
<i>fluoridex sensitivity relief/sls free</i>	3	
<i>oralone dental paste</i>	3	
<i>paroex oral soln</i>	1	
<i>periogard oral soln</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	3	MO
<i>pilocarpine hydrochloride tabs 5mg</i>	3	MO
<i>sf gel 1.1%</i>	3	QL (56 GM per 30 days) MO
<i>sodium fluoride gel 1.1%</i>	3	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	3	MO
Dermatological Agents		
<i>Dermatological Agents</i>		
<i>acitretin</i>	2	PA MO
<i>ammonium lactate crea, lotn</i>	2	MO
<i>amnesteam</i>	3	
<i>avita crea</i>	3	QL (45 GM per 30 days) PA
<i>avita gel</i>	3	QL (45 GM per 30 days) PA MO
<i>azelaic acid</i>	3	QL (50 GM per 30 days) MO
<i>calcipotriene/betamethasone dipropionate oint</i>	3	QL (100 GM per 30 days) PA MO
<i>calcipotriene crea, oint</i>	3	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	3	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	3	QL (120 GM per 30 days) PA MO
<i>calcitriol oint 3mcg/gm</i>	3	QL (100 GM per 30 days) MO
CARAC	3	QL (30 GM per 30 days) PA MO
<i>claravis</i>	3	
<i>clindacin etz pledgets</i>	2	MO
<i>clindacin-p pad 1%</i>	2	MO
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%;1.2%, 5%;1.2%</i>	3	MO
<i>clindamycin phosphate foam 1%</i>	3	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%;1%</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone gel 5%</i>	3	QL (90 GM per 30 days) MO
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) PA MO
<i>doxepin hydrochloride crea 5%</i>	3	QL (45 GM per 30 days) PA MO
<i>doxycycline cpdr 40mg</i>	3	QL (30 EA per 30 days) PA MO
ENSTILAR	3	QL (120 GM per 30 days) PA MO
<i>ery pad 2%</i>	3	MO
<i>erythromycin/benzoyl peroxide</i>	3	MO
<i>erythromycin gel 2%</i>	1	MO
<i>erythromycin pads 2%</i>	3	MO
<i>erythromycin soln 2%</i>	1	MO
FINACEA	3	QL (50 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	3	QL (118.28 ML per 30 days) MO
<i>fluorouracil crea 0.5%</i>	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	3	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	3	QL (10 ML per 30 days) MO
<i>gentamicin sulfate crea 0.1%</i>	2	MO
<i>gentamicin sulfate oint 0.1%</i>	2	MO
<i>imiquimod pump</i>	1	QL (7.5 GM per 30 days) MO
<i>imiquimod crea</i>	2	QL (24 EA per 30 days) MO
<i>isotretinoin caps</i>	3	
<i>mafenide acetate</i>	3	MO
<i>methoxsalen caps</i>	1	MO
<i>metronidazole crea 0.75%</i>	3	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	3	MO
<i>metronidazole lotn 0.75%</i>	3	MO
<i>mupirocin oint</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	3	QL (30 GM per 30 days) MO
<i>myorisan</i>	3	
<i>neuac gel</i>	3	MO
NORITATE	3	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PICATO GEL 0.05%	3	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	3	QL (3 EA per 30 days) MO
<i>podofilox soln</i>	3	MO
RECTIV	3	QL (30 GM per 30 days) MO
REGRANEX	2	QL (30 GM per 30 days) PA MO
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	3	QL (45 GM per 30 days)
SANTYL	3	MO
<i>selenium sulfide lotn</i>	1	MO
<i>silver sulfadiazine</i>	2	MO
SSD 1% CREA	2	
STELARA INJ 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	3	QL (1 ML per 28 days) PA
<i>sulfacetamide sodium lotn 10%</i>	2	MO
SULFAMYLON	3	MO
<i>tacrolimus oint 0.03%, 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>tazarotene crea</i>	2	QL (60 GM per 30 days) PA MO
TAZORAC CREA 0.05%	3	QL (60 GM per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel</i>	3	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere pump gel</i>	3	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	3	
ZYCLARA CREA	3	QL (56 EA per 28 days) MO
ZYCLARA PUMP	3	QL (15 GM per 30 days) MO
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJ 10%	3	B/D
AMINOSYN-PF 10%	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN INJ 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
<i>clinisol sf 15%</i>	3	B/D MO
CLINOLIPID	2	B/D
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
<i>dextrose 10%</i>	2	
<i>dextrose 10%/nacl 0.2%</i>	3	
<i>dextrose 2.5%/nacl 0.45%</i>	3	
<i>dextrose 5%</i>	2	MO
<i>dextrose 5%/lactated ringers</i>	3	
<i>dextrose 5%/nacl 0.2%</i>	3	
DEXTROSE 5%/NACL 0.225%	3	
<i>dextrose 5%/nacl 0.3%</i>	3	
<i>dextrose 5%/nacl 0.33%</i>	3	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	MO
<i>dextrose 50%</i>	2	B/D
<i>dextrose 70%</i>	2	B/D
<i>fluoride chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	3	MO
<i>fluoritab chew 0.5mg, 1mg</i>	3	
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>glucose 5%</i>	2	MO
HEPATAMINE	3	B/D
INTRALIPID INJ 20GM/100ML	2	B/D
INTRALIPID INJ 30GM/100ML	3	B/D
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	3	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	3	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	3	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	MO
KLOR-CON M15	2	MO
<i>klor-con m20</i>	2	MO
KLOR-CON POW 20MEQ	2	
<i>klor-con sprinkle cpcr 8meq</i>	1	
<i>klor-con/ef tabs</i>	2	MO
<i>lactated ringers viaflex inj</i>	3	
<i>ludent</i>	3	MO
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	3	
NEPHRAMINE	3	B/D
NORMOSOL-M IN D5W	3	
NORMOSOL-R IN D5W	3	
NORMOSOL-R INJ PH 7.4	3	
NUTRILIPID	2	B/D
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>plenamine</i>	3	B/D
<i>potassium chloride cr tbcr 10meq, 20meq</i>	1	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	1	MO
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride sr tbcr 8meq</i>	1	MO
<i>potassium chloride/dextrose/sodium chloride</i>	3	
POTASSIUM CHLORIDE/DEXTROSE INJ 5%; 40MEQ/L	3	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 40meq/l; 0.9%</i>	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	3	MO
<i>potassium chloride pack</i>	2	MO
<i>potassium chloride oral soln</i>	3	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	3	
<i>potassium chloride inj 20meq/50ml, 10meq/100ml, 2meq/ml</i>	3	MO
<i>potassium citrate er</i>	3	MO
PREMASOL INJ 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>sodium chloride inj 0.45%</i>	3	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	3	MO
<i>sodium fluoride chew 0.25mg, 0.5mg (1.1mg), 1mg (2.2mg)</i>	3	MO
<i>sodium fluoride soln 0.5mg/ml</i>	3	MO
<i>sodium fluoride tabs 1mg</i>	3	
<i>sterile water irrigation</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE	3	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	MO
DEPEN TITRATABS	3	MO
EXJADE	3	PA
<i>fomepizole</i>	1	
JADENU SPRINKLE GRANULES	3	PA LA
JADENU TABS	3	PA LA
<i>kionex susp</i>	2	
<i>levocarnitine soln, tabs</i>	3	MO
<i>sodium bicarbonate inj</i>	3	MO
<i>sodium bicarbonate inj partial fill 4.2%</i>	3	
<i>sodium polystyrene sulfonate rectal susp</i>	2	
<i>sodium polystyrene sulfonate powd, oral susp</i>	2	MO
<i>sps oral susp 15gm/60ml</i>	2	MO
<i>trientine hydrochloride</i>	1	PA MO
Phosphate Binders		
AURYXIA	2	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps 667mg</i>	2	MO
<i>calcium acetate tabs 667mg</i>	2	MO
RENAGEL TABS 800MG	3	ST MO
<i>sevelamer carbonate pack</i>	2	MO
<i>sevelamer carbonate tabs (generic Renvela) 800mg</i>	3	MO
Vitamins		
<i>adc/fluoride soln 35mg/ml; 400unit/ml; 0.5mg/ml; 1500unit/ml</i>	3	MO
BAL-CARE DHA	2	MO
C-NATE DHA	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL BLOOM	2	MO
CITRANATAL HARMONY CAPS	2	MO
CITRANATAL MEDLEY	2	
CITRANATAL RX TABS	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
DUET DHA 400	2	MO
DUET DHA BALANCED	2	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
FOLET ONE	2	MO
FOLIVANE-OB	2	MO
M-NATAL PLUS	2	MO
MARNATAL-F CAPS	2	MO
<i>multi-vitamin/fluoride chew 0.5mg</i>	3	
<i>multi vitamin/fluoride chew 1mg</i>	3	MO
<i>multi-vit/fluoride drops 0.25mg/ml</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>multi-vit/iron/fluoride drops 0.25mg/ml</i>	3	MO
<i>multi-vitamin/fluoride/iron drops 0.25mg/ml</i>	3	MO
<i>multi-vitamin/fluoride drops 0.5mg/ml</i>	3	MO
<i>multivitamin with fluoride chew 0.25mg</i>	3	MO
<i>multivitamin/fluoride soln 0.5mg/ml</i>	3	
<i>mvc-fluoride</i>	3	MO
NATACHEW TABS	2	MO
NEONATAL PLUS	2	MO
NESTABS ONE	2	MO
NESTABS TABS	2	MO
NEXA PLUS CAPS	2	MO
NIVA-PLUS	2	MO
O-CAL FA TABS	2	MO
O-CAL PRENATAL	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO
OB COMPLETE TABS	2	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
PNV TABS 29-1	2	MO
PNV-DHA	2	MO
PNV-OMEGA	2	MO
PNV-SELECT	2	MO
<i>poly-vitamin/fluoride drops 0.25mg/ml</i>	3	
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATA	2	MO
PRENATAL 19 CHEW TABS	2	MO
PRENATAL 19 TABS	2	MO
PRENATAL PLUS IRON TABS	2	MO
PRENATAL PLUS TABS	2	MO
PRENATAL VITAMINS PLUS LOW IRON	2	MO
PRENATAL TABS	2	MO
PRENATE AM	2	MO
PRENATE CHEW	2	MO
PRENATE DHA CAPS 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	2	MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL CAPS	2	MO
PRENATE MINI CAPS	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PREPLUS TABS	2	MO
PRETAB	2	MO
PRIMACARE CAPS	2	MO
PROVIDA DHA	2	MO

Drug Name	Drug Tier	Requirements/Limits
PROVIDA OB	2	MO
PUREFE OB PLUS	2	
SE-NATAL 19	2	MO
SELECT-OB	2	MO
TARON-C DHA	2	MO
TARON-PREX	2	MO
THRIVITE RX	2	MO
TL-SELECT	2	MO
<i>tri-vitamin/fluoride</i>	3	MO
TRICARE PRENATAL DHA ONE/FOLATE	2	MO
TRICARE PRENATAL DHA ONE CAPS 60MG; 300MCG; 800UNIT; 2MG; 100MCG; 215MG; 25MG; 45MG; 27MG; 500MG; 1MG; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 10MG	2	
TRICARE PRENATAL TABS	2	MO
TRINATAL RX 1	2	MO
TRISTART DHA	2	MO
TRISTART ONE	2	
VENA-BAL DHA	2	MO
VIRT-C DHA	2	MO
VIRT-NATE DHA	2	MO
VIRT-PN	2	MO
VIRT-PN DHA CAPS	2	MO
VIRT-PN PLUS	2	MO
VITAFOL FE+	2	MO
VITAFOL GUMMIES	2	MO
VITAFOL STRIPS	2	
VITAFOL ULTRA	2	MO
VITAFOL-NANO	2	MO
VITAFOL-OB	2	MO
VITAFOL-ONE	2	MO
VITAMEDMD ONE RX/QUATREFOLIC	2	MO
<i>vitamins a/c/d/fluoride</i>	3	MO
VOL-NATE	2	MO
VOL-PLUS	2	MO
VP-PNV-DHA	2	MO
ZATEAN-PN DHA	2	MO
ZATEAN-PN PLUS	2	MO
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl oral soln</i>	2	MO
<i>dicyclomine hcl inj</i>	3	
<i>dicyclomine hydrochloride caps, tabs</i>	1	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	3	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	3	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>methscopolamine bromide tabs</i>	3	PA MO
<i>Gastrointestinal Agents, Other</i>		
<i>cromolyn sodium oral conc 100mg/5ml</i>	3	MO
<i>diphenoxylate/atropine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
GATTEX	3	PA LA
<i>loperamide hcl caps</i>	2	MO
<i>metoclopramide hcl inj, oral soln</i>	3	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl tabs 10mg</i>	1	MO
<i>metoclopramide odt</i>	1	MO
MOVANTIK TABS 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	2	QL (60 EA per 30 days) MO
RELISTOR INJ	2	PA MO
<i>ursodiol caps</i>	2	MO
<i>ursodiol tabs</i>	3	MO
Histamine2 (H2) receptor Antagonists		
<i>cimetidine hcl oral soln</i>	3	MO
<i>cimetidine tabs</i>	3	MO
<i>famotidine premixed inj 20mg/50ml</i>	3	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	3	
<i>famotidine oral susp 40mg/5ml</i>	2	MO
<i>famotidine tabs 20mg, 40mg</i>	1	MO
<i>nizatidine</i>	3	MO
<i>ranitidine hcl syrp</i>	1	MO
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	3	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO
<i>ranitidine hydrochloride caps</i>	1	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	1	QL (60 EA per 30 days) MO
AMITIZA CAPS 8MCG	2	QL (180 EA per 30 days) MO
AMITIZA CAPS 24MCG	2	QL (60 EA per 30 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
Laxatives		
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	1	MO
GOLYTELY	2	MO
<i>lactulose soln</i>	1	MO
NULYTELY/FLAVOR PACKS	2	MO
OSMOPREP	3	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
<i>polyethylene glycol 3350 pack</i>	1	MO
PREPOPIK	3	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte</i>	1	
Protectants		
CARAFATE	3	MO
<i>misoprostol</i>	2	MO
SUCRALFATE SUSP	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate tabs</i>	1	MO
Proton Pump Inhibitors		
DEXILANT	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	2	
ESOMEPRAZOLE STRONTIUM CPDR 49.3MG	3	QL (60 EA per 30 days) MO
<i>lansoprazole caps dr, odt tabs</i>	3	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pantoprazole sodium dr tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	3	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	3	MO
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</i>		
ADAGEN	3	PA LA MO
ALDURAZYME	3	PA LA
ARALAST NP	3	PA LA
CARBAGLU	3	PA LA MO
CERDELGA	3	PA
CEREZYME	3	PA LA
CREON CPEP 6000UNIT, 12000UNIT, 24000UNIT, 30000UNIT, 36000UNIT	2	MO
CYSTADANE	3	LA MO
CYSTAGON	3	PA LA
FABRAZYME	3	PA LA
KUVAN	3	PA LA
LUMIZYME	3	PA LA
<i>miglustat</i>	1	PA
NAGLAZYME	3	PA LA
NITYR	3	PA LA MO
ORFADIN CAPS 10MG, 20MG, 2MG, 5MG	3	PA LA MO
PROLASTIN-C	2	PA LA MO
<i>sodium phenylbutyrate powd, tabs</i>	1	PA
ZEMAIRA	3	PA LA
ZENPEP CPEP 3000UNIT, 5000UNIT, 10000UNIT, 15000UNIT, 20000UNIT, 25000UNIT, 40000UNIT	3	MO
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	3	QL (30 EA per 30 days) MO
<i>flavoxate hcl</i>	3	MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syr</i>	1	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	3	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate er caps</i>	3	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate tabs</i>	3	QL (60 EA per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
TOVIAZ	2	QL (30 EA per 30 days) MO
<i>tropium chloride er caps</i>	1	QL (30 EA per 30 days) MO
<i>tropium chloride tabs</i>	1	QL (60 EA per 30 days) MO
VESICARE	3	QL (30 EA per 30 days) ST MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride caps</i>	3	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
RAPAFLO	3	QL (30 EA per 30 days) MO
<i>silodosin</i>	3	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrigation soln</i>	2	MO
<i>bethanechol chloride tabs</i>	2	MO
ELMIRON	3	MO
<i>sodium chloride 0.9% irrigation soln</i>	2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>ala-cort crea 1%</i>	1	QL (90 GM per 30 days)
<i>alclometasone dipropionate</i>	3	MO
<i>augmented betamethasone dipropionate crea</i>	2	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	3	MO
<i>bese lotn</i>	3	QL (120 ML per 30 days)
<i>betamethasone dipropionate lotn</i>	2	MO
<i>betamethasone dipropionate crea, oint</i>	3	MO
<i>betamethasone valerate crea, lotn, oint</i>	2	MO
<i>betamethasone valerate foam</i>	3	MO
<i>budesonide cpep 3mg</i>	3	MO
<i>clobetasol propionate emollient foam</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient crea</i>	3	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	3	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	3	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	3	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	3	QL (60 GM per 30 days) MO
<i>clodan shampoo</i>	3	QL (118 ML per 30 days)
<i>colocort</i>	1	
<i>cortisone acetate tabs 25mg</i>	2	MO
<i>decadron elix</i>	1	
<i>deltasone tabs 20mg</i>	1	
<i>desonide lotn</i>	3	QL (118 ML per 30 days) MO
<i>desonide crea, oint</i>	3	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	3	QL (100 GM per 30 days) MO
<i>desoximetasone gel</i>	3	QL (60 GM per 30 days) MO
DEXAMETHASONE INTENSOL ORAL SOLN CONC	3	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone elix, soln</i>	1	MO
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO
<i>diflorasone diacetate</i>	3	QL (60 GM per 30 days) MO
<i>fludrocortisone acetate tabs</i>	1	MO
<i>fluocinolone acetonide crea 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	3	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide topical soln 0.01%</i>	3	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base crea</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	3	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	3	QL (60 ML per 30 days) MO
<i>flurandrenolide crea</i>	3	QL (120 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	3	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	2	MO
<i>halobetasol propionate crea, oint</i>	3	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	3	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	3	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	3	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate crea, oint</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone external crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone external crea 1%</i>	1	QL (90 GM per 30 days) MO
<i>hydrocortisone enem</i>	1	MO
<i>hydrocortisone tabs</i>	2	MO
<i>hydrocortisone rectal crea</i>	3	MO
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	1	MO
<i>methylprednisolone dose pack tbpk</i>	1	MO
<i>methylprednisolone sodium succinate inj 500mg</i>	3	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	3	MO
<i>methylprednisolone tabs</i>	1	MO
MICORT-HC	3	QL (28.4 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	2	MO
<i>mometasone furoate oint 0.1%</i>	2	MO
<i>mometasone furoate soln/lotn 0.1%</i>	2	MO
<i>nolix crea</i>	3	QL (120 GM per 30 days)
<i>prednicarbate</i>	3	QL (60 GM per 30 days) MO
<i>prednisolone sodium phosphate odt</i>	3	MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	MO
<i>prednisolone oral soln</i>	1	MO
PREDNISON INTENSOL ORAL SOLN CONC	3	B/D MO
<i>prednisone oral soln, dose pack</i>	1	MO
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO
<i>procto-med hc</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak</i>	3	MO
<i>proctosol hc</i>	3	MO
<i>proctozone-hc</i>	3	MO
SOLU-CORTEF INJ 1000MG	3	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	3	MO
TEXACORT SOLN 2.5%	3	MO
<i>tovet</i>	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide crea 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn</i>	2	MO
<i>triamcinolone acetonide aers spray</i>	3	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triderm crea 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	QL (454 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate nasal soln, tabs</i>	2	MO
<i>desmopressin acetate inj</i>	3	MO
GENOTROPIN INJ 12MG, 5MG	2	PA
GENOTROPIN MINIQUICK	2	PA
INCRELEX	3	PA LA
STIMATE SOLN	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	3	PA MO
<i>oxandrolone tabs 10mg</i>	1	QL (60 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>Androgens</i>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR	3	QL (30 EA per 30 days) PA MO
<i>danazol caps</i>	3	MO
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	3	PA MO
<i>testosterone enanthate inj</i>	3	MO
<i>testosterone pump gel 1% (12.5mg/act)</i>	2	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	2	MO
<i>testosterone gel 1% (25mg, 50mg)</i>	2	QL (300 GM per 30 days) MO
<i>testosterone soln 30mg/act</i>	2	QL (180 ML per 30 days) PA MO
<i>Estrogens</i>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	2	PA MO
<i>amethia</i>	1	
AMETHIA LO	2	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
CAMRESE	2	
CAMRESE LO	2	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	MO
DELESTROGEN INJ 10MG/ML	3	MO
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dotti</i>	2	QL (8 EA per 28 days) PA
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	
ESTRACE CREA	2	MO
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	3	MO
<i>estradiol/norethindrone acetate 1mg;0.5mg, 0.5mg;0.1mg</i>	2	PA MO
<i>estradiol vaginal tabs</i>	2	MO
<i>estradiol oral tabs</i>	2	PA MO
<i>estradiol weekly patch</i>	2	QL (4 EA per 28 days) PA MO
<i>estradiol twice weekly patch</i>	2	QL (8 EA per 28 days) PA MO
<i>estradiol vaginal crea</i>	3	MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>femynor</i>	1	
<i>fyavolv</i>	2	PA MO
GIANVI	2	MO
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jinteli</i>	2	PA
JOLESSA	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
LEENA	2	MO
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>lopreeza</i>	2	PA
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	MO
<i>melodetta 24 fe</i>	1	
<i>mibelas 24 fe</i>	1	MO
MICROGESTIN 1.5/30	2	MO
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
<i>mimvey</i>	2	PA
<i>mimvey lo</i>	2	PA
<i>mono-lynyah</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	PA MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	MO
OCELLA	2	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pintrea</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
PREMARIN CREA	3	MO
PREMARIN INJ	3	PA MO
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	PA MO
PREMPRO	3	PA MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>yuvafem</i>	2	MO
<i>zarah</i>	1	
<i>zovia 1/35e</i>	1	
<i>zumandimine</i>	1	
Progesterone Agonists/Antagonists		
ELLA	2	
Progestins		
<i>camila</i>	2	MO
<i>deblitane</i>	2	
DEPO-PROVERA INJ 400MG/ML	3	
<i>errin</i>	2	MO
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
JOLIVETTE	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tabs</i>	1	MO
<i>medroxyprogesterone acetate inj</i>	3	MO
<i>megestrol acetate tabs</i>	2	PA MO
<i>megestrol acetate susp 40mg/ml</i>	2	PA MO
<i>megestrol acetate susp 625mg/5ml</i>	3	PA MO
NORA-BE	2	
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	2	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps</i>	2	MO
<i>progesterone inj</i>	3	MO
<i>sharobel</i>	2	
SLYND	2	MO
<i>tulana</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	3	PA MO
<i>raloxifene hydrochloride</i>	2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium inj 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	3	
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	3	MO
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	MO
<i>liothyronine sodium inj</i>	1	
<i>liothyronine sodium tabs</i>	2	MO
SYNTHROID TABS	3	MO
UNITHROID	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	MO
<i>leuprolide acetate inj</i>	2	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	3	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	3	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	3	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	3	PA
<i>octreotide acetate inj 1000mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	3	PA
<i>octreotide acetate inj 100mcg/ml</i>	3	PA MO
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	PA LA MO
SOMATULINE DEPOT	3	PA
SOMAVERT	3	PA LA
SYNAREL	3	MO
TRELSTAR MIXJECT INJ 11.25MG, 3.75MG	2	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	MO
<i>propylthiouracil tabs</i>	2	MO
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	3	QL (24 EA per 30 days) PA LA
FIRAZYR	3	QL (27 ML per 30 days) PA
<i>icatibant acetate</i>	1	QL (27 ML per 30 days) PA
<i>Immune Suppressants</i>		
<i>azathioprine tabs</i>	2	B/D MO
<i>azathioprine inj</i>	3	B/D
BENLYSTA	3	PA
<i>cyclosporine modified caps, soln</i>	2	B/D MO
<i>cyclosporine caps, inj</i>	2	B/D MO
<i>gengraf caps 100mg, 25mg</i>	2	B/D
<i>gengraf soln</i>	2	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	PA
HUMIRA PEN	2	QL (6 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER	2	PA
HUMIRA PEN-PS/UV STARTER	2	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	2	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA
<i>methotrexate sodium pf inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate pf inj 50mg/2ml</i>	2	
<i>methotrexate tabs 2.5mg</i>	1	MO
<i>mycophenolate mofetil oral susp</i>	1	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	2	B/D MO
<i>mycophenolate mofetil inj</i>	3	B/D
<i>mycophenolic acid dr</i>	3	B/D MO
NULOJIX	3	B/D
PROGRAF GRANULES	3	B/D MO
RAPAMUNE SOLN	3	B/D MO
REMICADE	3	PA
RENFLEXIS	3	PA
SANDIMMUNE ORAL SOLN	2	B/D MO
<i>sirolimus soln</i>	1	B/D MO
<i>sirolimus tabs</i>	3	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	B/D MO
XATMEP	3	MO
XELJANZ	2	QL (60 EA per 30 days) PA
XELJANZ XR	2	QL (30 EA per 30 days) PA
ZORTRESS	3	B/D MO
Immunizing Agents, Passive		
BIVIGAM	3	PA
FLEBOGAMMA DIF	3	PA
GAMASTAN	2	B/D
GAMASTAN S/D	2	B/D
GAMMAGARD LIQUID	3	PA
GAMMAGARD S/D INJ 5GM, 10GM	3	PA
GAMMAKED	3	PA
GAMMAPLEX 5%, 10%	3	PA
GAMUNEX-C	3	PA
<i>methotrexate tabs 2.5mg</i>	1	MO
OCTAGAM INJ 10GM/100ML, 1GM/20ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/50ML	3	PA
OCTAGAM INJ 10GM/200ML, 2.5GM/50ML, 5GM/100ML	3	PA MO
PANZYGA	3	PA
PRIVIGEN	3	PA
Immunomodulators		
ACTIMMUNE	3	PA LA
ARCALYST	3	PA
<i>leflunomide tabs</i>	1	MO
XOLAIR	3	PA LA
Vaccines		
ACTHIB INJ	2	
ADACEL	2	

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	B/D
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	QL (2 EA per 999 days)
TDVAX	2	B/D
TENIVAC	2	B/D
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 EA per 999 days)
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium caps</i>	2	MO
CANASA SUPP 1000MG	3	MO
DELZICOL	3	MO
<i>mesalamine dr tabs 800mg, 1.2gm</i>	3	MO
<i>mesalamine kit, supp</i>	3	MO
<i>mesalamine enem</i>	3	QL (1680 ML per 28 days) MO
<i>Sulfonamides</i>		
<i>sulfasalazine tabs, dr tabs</i>	2	MO
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 40mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium tabs 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal soln</i>	2	MO
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	3	
<i>calcitriol oral soln 1mcg/ml</i>	3	MO
<i>cinacalcet hydrochloride tabs 30mg, 90mg</i>	1	QL (120 EA per 30 days) B/D
<i>cinacalcet hydrochloride tabs 60mg</i>	1	QL (60 EA per 30 days) B/D
<i>doxercalciferol inj</i>	3	
<i>doxercalciferol caps</i>	3	MO
<i>etidronate disodium</i>	3	MO
FORTEO INJ 600MCG/2.4ML	2	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	3	QL (3 ML per 90 days) MO
NATPARA	3	PA
<i>pamidronate disodium</i>	3	
<i>paricalcitol</i>	3	MO
PROLIA	3	QL (1 ML per 180 days)
RAYALDEE	3	MO
<i>risedronate sodium dr tabs 35mg</i>	3	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	3	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	3	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	3	QL (30 EA per 30 days) MO
SENSIPAR TABS 30MG, 90MG	3	QL (120 EA per 30 days) B/D
SENSIPAR TABS 60MG	3	QL (60 EA per 30 days) B/D
TYMLOS	2	PA
XGEVA	3	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	3	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
ENDARI	3	PA LA MO
HAEGARDA INJ 3000UNIT	3	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	3	QL (30 EA per 30 days) PA LA
<i>methergine tabs</i>	3	MO
<i>methylegonovine maleate tabs</i>	3	MO
ORFADIN SUSP 4MG/ML	3	PA LA MO
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
COMBIGAN	2	MO
<i>latanoprost soln</i>	1	MO
LUMIGAN	2	MO

Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z	2	MO
Ophthalmic Agents, Other		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	2	MO
AZASITE	3	MO
<i>bacitracin ophthalmic oint 500unit/gm</i>	2	MO
<i>bacitracin/polymyxin b ophthalmic oint</i>	1	MO
BESIVANCE	2	MO
BLEPHAMIDE S.O.P. OINT	3	MO
CILOXAN OINT	2	MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	2	MO
CYSTARAN	3	PA LA MO
<i>erythromycin oint 5mg/gm</i>	1	MO
<i>gatifloxacin soln</i>	3	MO
<i>gentak oint</i>	1	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	2	MO
MOXEZA	2	MO
NATACYN	3	MO
<i>neo-polycin</i>	2	MO
<i>neomycin/bacitracin/polymyxin ophthalmic oint</i>	2	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	3	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
<i>sodium sulfacetamide ophthalmic soln 10%</i>	2	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate ophthalmic soln</i>	1	MO
<i>sulfacetamide sodium ophthalmic oint 10%</i>	3	MO
<i>sulfacetamide sodium ophthalmic soln 10%</i>	2	MO
TOBRADEX OINT	2	MO
TOBRADEX ST SUSP	2	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>tobramycin/dexamethasone susp</i>	3	MO
<i>trifluridine</i>	2	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
ZIRGAN	3	MO
ZYLET	2	MO
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	MO
BEPREVE	2	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
LASTACAFT	3	MO
<i>olopatadine hcl ophthalmic soln (generic Patanol) 0.1%</i>	3	MO
<i>olopatadine hcl ophthalmic soln (generic Pataday) 0.2%</i>	2	MO
PAZEO	2	MO
Ophthalmic Anti-inflammatories		
ALREX	2	MO
<i>bromfenac</i>	3	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	MO
DUREZOL	2	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	1	MO
ILEVRO	2	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	MO
LOTEMAX	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	2	MO
PRED FORTE	3	MO
<i>prednisolone acetate ophthalmic soln 1%</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	MO
PROLENSA	2	MO
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	2	MO
AZOPT	2	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate</i>	2	MO
<i>carteolol hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	MO
RHOPRESSA	2	MO
SIMBRINZA	2	MO
<i>timolol maleate ophthalmic gel forming soln</i>	3	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	2	MO
Otic Agents		
Otic Agents		
<i>acetic acid otic soln</i>	2	MO
CIPRO HC OTIC SUSP	3	MO
CIPRODEX	2	MO
<i>flac</i>	3	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	3	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin otic soln 0.3%</i>	3	MO
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ADVAIR DISKUS	2	QL (60 EA per 30 days) MO
ADVAIR HFA	2	QL (12 GM per 30 days) MO
ARNUIITY ELLIPTA	2	QL (30 EA per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) ST MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
SYMBICORT	2	QL (10.2 GM per 30 days) MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	3	PA MO
<i>carbinoxamine maleate tabs 6mg</i>	1	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	3	PA MO
<i>cetirizine hydrochloride soln 1mg/ml</i>	3	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	2	PA MO
<i>cyproheptadine hcl syrp, tabs</i>	3	PA MO
<i>desloratadine odt</i>	3	QL (30 EA per 30 days) MO
<i>desloratadine tabs</i>	3	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	3	PA MO
<i>hydroxyzine hcl syrp</i>	3	PA MO
<i>hydroxyzine hcl inj 25mg/ml</i>	3	PA MO
<i>hydroxyzine hcl tabs 25mg, 50mg</i>	3	PA MO
<i>hydroxyzine hcl inj 50mg/ml</i>	3	PA MO
<i>hydroxyzine hydrochloride tabs 10mg</i>	3	PA MO
<i>hydroxyzine pamoate caps</i>	3	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	2	QL (300 ML per 30 days) MO
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL (30.5 GM per 30 days) MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	3	PA MO
<i>promethazine hcl inj 25mg/ml, 50mg/ml</i>	3	PA MO
<i>promethazine hcl tabs 12.5mg</i>	1	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	PA MO
<i>promethazine/phenylephrine syrp</i>	3	PA MO
<i>Antileukotrienes</i>		
<i>montelukast sodium chew, tabs</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium granules</i>	2	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast</i>	3	QL (60 EA per 30 days) MO
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	1	B/D MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (45 ML per 30 days) MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er tabs</i>	3	MO
<i>albuterol sulfate hfa (generic Ventolin HFA)</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	1	B/D MO
<i>albuterol sulfate syrp</i>	1	MO
<i>albuterol sulfate tabs</i>	2	MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml junior, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO
EIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	3	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	3	B/D MO
<i>metaproterenol sulfate syrp</i>	1	MO
<i>metaproterenol sulfate tabs</i>	3	MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj, tabs</i>	3	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
Cystic Fibrosis Agents		
CAYSTON	3	PA LA
KALYDECO	3	PA MO
ORKAMBI	3	PA MO
PULMOZYME	3	PA
SYMDEKO TBPK 75MG; 50MG	3	PA
SYMDEKO TAB 150MG; 100MG	3	PA LA
<i>tobramycin nebu 300mg/5ml</i>	2	QL (280 ML per 56 days) B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	3	
DALIRESP	3	MO
THEO-24	3	MO
<i>theophylline cr tab 12hr 100mg, 200mg</i>	2	MO
<i>theophylline er tab 24hr</i>	2	MO
<i>theophylline er tab 12hr 300mg, 450mg</i>	2	MO
<i>theophylline oral soln 80mg/15ml</i>	2	MO
Pulmonary Antihypertensives		
ADEMPAS	2	QL (90 EA per 30 days) PA LA
<i>alyq</i>	1	PA
<i>ambrisentan</i>	1	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tabs 62.5mg</i>	1	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	1	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	3	B/D LA
LETAIRIS	3	QL (30 EA per 30 days) PA LA
OPSUMIT	2	QL (30 EA per 30 days) PA LA
REMODULIN	3	PA LA
<i>sildenafil citrate tabs 20mg</i>	2	QL (90 EA per 30 days) PA MO
<i>sildenafil inj</i>	1	QL (1125 ML per 30 days) PA
<i>tadalafil tabs (generic Adcirca) 20mg</i>	1	PA
TRACLEER TABS FOR ORAL SUSP	3	QL (120 EA per 30 days) PA
TRACLEER TABS 62.5MG	3	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	3	QL (60 EA per 30 days) PA LA
<i>treprostinil</i>	1	PA
VENTAVIS	3	PA
Pulmonary Fibrosis Agents		
ESBRIET	3	PA
OFEV	3	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln</i>	2	B/D MO
<i>acetylcysteine inj</i>	3	
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
NUCALA INJ 100MG	3	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	3	QL (3 ML per 28 days) PA MO
<i>ribavirin nebu soln 6gm</i>	1	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone tabs 250mg</i>	2	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>eszopiclone</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs</i>	1	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate subl</i>	3	QL (30 EA per 30 days) PA MO
Sleep Disorders, Other		
<i>armodafinil</i>	3	QL (30 EA per 30 days) PA MO
HETLIOZ	3	PA LA MO
<i>modafinil tabs 100mg</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	2	QL (60 EA per 30 days) PA MO
SILENOR	2	QL (30 EA per 30 days) MO
XYREM	3	QL (540 ML per 30 days) PA LA MO

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<i>clozapine</i>	21	<i>danazol</i>	45
<i>clozapine odt</i>	21	<i>dantrolene sodium</i>	21
C-NATE DHA	38	<i>dapsone</i>	13, 35
COARTEM	19	DAPTACEL	52
<i>codeine sulfate</i>	2	<i>daptomycin</i>	4
<i>colchicine</i>	13	DAPTOMYCIN	4
COLCRYS	13	<i>darifenacin hydrobromide er</i>	42
<i>colesevelam hydrochloride</i>	32	<i>dasetta 1/35</i>	46
<i>colestipol hcl</i>	32	<i>dasetta 7/7/7</i>	46
<i>colistimethate</i>	4	<i>daunorubicin hcl</i>	15
<i>colocort</i>	43	DAUNORUBICIN HYDROCHLORIDE	15
COMBIGAN	53	DAURISMO	17
COMBIVENT RESPIMAT	57	<i>daysee</i>	46
COMETRIQ	17	<i>deblitane</i>	49
COMPLERA	22	<i>decadron</i>	43
COMPLETENATE	38	<i>decitabine</i>	15
<i>compro</i>	20	DELESTROGEN	46
CONCEPT DHA	38	DELSTRIGO	23
CONCEPT OB	38	<i>deltasone</i>	43
<i>constulose</i>	41	<i>delyla</i>	46
COPAXONE	34	DELZICOL	52
COPIKTRA	15	DEMSEER	31
CORLANOR	31	<i>dentagel</i>	34
<i>cortisone acetate</i>	43	DEPEN TITRATABS	38
COTELIC	17	DEPO-PROVERA	49
COUMADIN	27	DESCOVY	23
CREON	42	<i>desipramine hcl</i>	11
CRIXIVAN	24	<i>desloratadine</i>	56
<i>cromolyn sodium</i>	40, 54, 57	<i>desloratadine odt</i>	56
<i>cryselle-28</i>	46	<i>desmopressin acetate</i>	45
CURITY GAUZE PADS 2	53	<i>desogestrel/ethinyl estradiol</i>	46
<i>cyclafem 1/35</i>	46	<i>desonide</i>	43
<i>cyclafem 7/7/7</i>	46	<i>desoximetasone</i>	43
<i>cyclobenzaprine hydrochloride</i>	58	<i>desvenlafaxine er</i>	10
<i>cyclophosphamide</i>	14	DESVENLAFAXINE ER	10
<i>cycloserine</i>	13	<i>dexamethasone</i>	44
<i>cyclosporine</i>	50	DEXAMETHASONE INTENSOL	43
<i>cyclosporine modified</i>	50	<i>dexamethasone sodium phosphate</i>	43, 55
<i>cyproheptadine hcl</i>	56	DEXILANT	42
<i>cyred</i>	46	<i>dexmethylphenidate hcl</i>	33
<i>cyred eq</i>	46	<i>dexmethylphenidate hcl er</i>	33
CYSTADANE	42	<i>dextrazoxane</i>	15
CYSTAGON	42	<i>dextroamphetamine sulfate</i>	33

<i>dextroamphetamine sulfate er</i>	33	<i>disopyramide phosphate</i>	29
DEXTROSE 10%/NACL 0.45%	36	<i>disulfiram</i>	3
DEXTROSE 5% /ELECTROLYTE #48		<i>divalproex sodium</i>	8
VIAFLEX	36	<i>divalproex sodium dr</i>	8
<i>dextrose 10%</i>	36	<i>divalproex sodium er</i>	8
<i>dextrose 10%/nacl 0.2%</i>	36	<i>docetaxel</i>	15
<i>dextrose 2.5%/nacl 0.45%</i>	36	DOCETAXEL	15
<i>dextrose 5%</i>	36	<i>dofetilide</i>	29
<i>dextrose 5%/lactated ringers</i>	36	<i>donepezil hcl</i>	9
<i>dextrose 5%/nacl 0.2%</i>	36	<i>donepezil hydrochloride</i>	9
DEXTROSE 5%/NACL 0.225%	36	<i>dorzolamide hcl</i>	55
<i>dextrose 5%/nacl 0.3%</i>	36	<i>dorzolamide hcl/timolol maleate</i>	55
<i>dextrose 5%/nacl 0.33%</i>	36	<i>dorzolamide hydrochloride/timolol maleate</i>	55
<i>dextrose 5%/nacl 0.45%</i>	36	<i>dotti</i>	46
<i>dextrose 5%/nacl 0.9%</i>	36	DOVATO	23
<i>dextrose 50%</i>	36	<i>doxazosin mesylate</i>	28
<i>dextrose 70%</i>	36	<i>doxepin hcl</i>	24
DIASTAT ACUDIAL	8	<i>doxepin hydrochloride</i>	24, 35
DIASTAT PEDIATRIC	8	<i>doxercalciferol</i>	53
<i>diazepam</i>	8, 25	<i>doxorubicin hcl liposome</i>	15
<i>diclofenac potassium</i>	1	<i>doxorubicin hydrochloride liposomal</i>	15
<i>diclofenac sodium</i>	35, 55	<i>doxy 100</i>	7
<i>diclofenac sodium dr</i>	1	<i>doxycycline</i>	7, 35
<i>diclofenac sodium er</i>	1	<i>doxycycline hyclate</i>	7
<i>diclofenac sodium/misoprostol</i>	1	<i>doxycycline monohydrate</i>	7
<i>dicloxacillin</i>	6	DRIZALMA	10
<i>dicyclomine hcl</i>	40	<i>dronabinol</i>	11
<i>dicyclomine hydrochloride</i>	40	<i>drospirenone/ethinyl estradiol</i>	46
<i>didanosine</i>	23	<i>drospirenone/ethinyl estradiol/levomefolate</i>	
DIFICID	6	<i>calcium</i>	46
<i>diflorasone diacetate</i>	44	DROXIA	14
<i>diflunisal</i>	1	DUAVEE	49
<i>digitek</i>	31	DUET DHA	38
<i>digox</i>	31	DUET DHA BALANCED	38
<i>digoxin</i>	31	DUEXIS	1
<i>dihydroergotamine mesylate</i>	13	<i>duloxetine hcl</i>	10
DILANTIN	9	<i>duloxetine hydrochloride</i>	10
DILANTIN INFATABS	9	DUREZOL	55
DILANTIN-125	9	<i>dutasteride</i>	43
<i>diltiazem cd</i>	30	<i>dutasteride/tamsulosin hcl</i>	43
<i>diltiazem hcl</i>	30	E.E.S. 400	6
<i>diltiazem hydrochloride er</i>	30	<i>econazole nitrate</i>	12
<i>dilt-xr</i>	30	EDARBI	28
<i>dimenhydrinate</i>	11	EDARBYCLOR	28
<i>diphenhydramine hcl</i>	56	EDURANT	22
<i>diphenoxylate/atropine</i>	40	<i>efavirenz</i>	22
DIPHThERIA/TETANUS TOXOIDS		<i>eletriptan hydrobromide</i>	13
ADSORBED PEDIATRIC	52	<i>elinest</i>	46
<i>dipyridamole</i>	28	ELIQUIS	27

ELIQUIS STARTER PACK	27	ERYTHROCIN LACTOBIONATE	6
ELITEK	18	ERYTHROCIN STEARATE	6
ELITE-OB	38	<i>erythromycin</i>	6, 35, 54
ELLA	49	<i>erythromycin base</i>	6
ELMIRON	43	<i>erythromycin dr</i>	6
EMCYT	14	<i>erythromycin ethylsuccinate</i>	6
EMEND	11	<i>erythromycin stearate</i>	6
EMGALITY	13	<i>erythromycin/benzoyl peroxide</i>	35
<i>emoquette</i>	46	ESBRIET	58
EMSAM	10	<i>escitalopram oxalate</i>	10
EMTRIVA	23	<i>esomeprazole magnesium</i>	42
EMVERM	18	<i>esomeprazole sodium</i>	42
<i>enalapril maleate</i>	29	ESOMEPRAZOLE STRONTIUM	42
<i>enalapril maleate/hydrochlorothiazide</i>	29	<i>estarylla</i>	46
ENBRACE HR	38	ESTRACE	46
ENDARI	53	<i>estradiol</i>	46
<i>endocet</i>	2	<i>estradiol vaginal</i>	46
ENGERIX-B	52	<i>estradiol valerate</i>	46
<i>enoxaparin sodium</i>	27	<i>estradiol/norethindrone acetate</i>	46
<i>enpresse-28</i>	46	ESTRING	46
<i>enskyce</i>	46	<i>eszopiclone</i>	58
ENSTILAR	35	<i>ethambutol hcl</i>	13
<i>entacapone</i>	19	<i>ethambutol hydrochloride</i>	13
<i>entecavir</i>	22	<i>ethosuximide</i>	8
ENTRESTO	31	<i>ethynodiol diacetate/ethinyl estradiol</i>	46
<i>enulose</i>	41	<i>etidronate disodium</i>	53
EPCLUSA	22	<i>etodolac</i>	1
EPIDIOLEX	7	<i>etodolac er</i>	1
<i>epinastine hcl</i>	54	<i>etoposide</i>	16
<i>epinephrine</i>	57	EVOTAZ	24
EPIPEN 2-PAK	57	<i>exemestane</i>	16
EPIPEN-JR 2-PAK	57	EXJADE	38
<i>epirubicin hcl</i>	15	<i>ezetimibe</i>	32
<i>epitol</i>	9	<i>ezetimibe/simvastatin</i>	32
EPIVIR	22	FABRAZYME	42
EPIVIR HBV	22	<i>falmina</i>	46
<i>eplerenone</i>	31	<i>famciclovir</i>	24
<i>epoprostenol sodium</i>	58	<i>famotidine</i>	41
<i>eprosartan mesylate</i>	28	<i>famotidine premixed</i>	41
EPZICOM	23	FANAPT	20
<i>ergotamine tartrate/caffeine</i>	13	FANAPT TITRATION PACK	20
ERIVEDGE	17	FARESTON	14
ERLEADA	14	FARXIGA	25
<i>erlotinib hydrochloride</i>	17	FARYDAK	17
<i>errin</i>	49	FASLODEX	15
ERTACZO	12	<i>fayosim</i>	46
<i>ertapenem</i>	5	<i>febuxostat</i>	13
<i>ery</i>	35	<i>felbamate</i>	8
ERY-TAB	6	<i>felodipine er</i>	30

<i>femynor</i>	47	<i>fluphenazine hydrochloride</i>	20
<i>fenofibrate</i>	31, 32	<i>flurandrenolide</i>	44
<i>fenofibrate micronized</i>	31	<i>flurbiprofen</i>	1
FENOFIBRIC ACID	32	<i>flurbiprofen sodium</i>	55
<i>fenofibric acid dr</i>	32	<i>flutamide</i>	14
<i>fenopropfen calcium</i>	1	<i>fluticasone propionate</i>	44, 56
<i>fentanyl citrate oral transmucosal</i>	2	<i>fluvastatin</i>	32
<i>fentanyl transdermal patch</i>	1	<i>fluvastatin sodium er</i>	32
FETZIMA	10	<i>fluvoxamine maleate</i>	10
FETZIMA TITRATION PACK	10	<i>fluvoxamine maleate er</i>	10
FIASP	26	FOLET ONE	38
FIASP FLEXTOUCH	26	FOLIVANE-OB	38
FIASP PENFILL	26	<i>fomepizole</i>	38
FINACEA	35	<i>fondaparinux sodium</i>	27
<i>finasteride</i>	43	FORTEO	53
FIRAZYR	50	<i>fosamprenavir calcium</i>	24
<i>flac</i>	55	<i>fosinopril sodium</i>	29
<i>flavoxate hcl</i>	42	<i>fosinopril sodium/hydrochlorothiazide</i>	29
FLEBOGAMMA DIF	51	<i>fosphenytoin sodium</i>	9
<i>flecainide acetate</i>	29	FRAGMIN	27
FLOVENT DISKUS	56	FREAMINE HBC	36
FLOVENT HFA	56	FREAMINE III	36
<i>fluconazole</i>	12	<i>frovatriptan succinate</i>	13
<i>fluconazole in nacl</i>	12	<i>fulvestrant</i>	15
<i>flucytosine</i>	12	<i>furosemide</i>	31
<i>fludarabine phosphate</i>	15	FUZEON	23
<i>fludrocortisone acetate</i>	44	<i>fyavolv</i>	47
<i>flunisolide</i>	56	FYCOMPA	7
<i>fluocinolone acetonide</i>	44	<i>gabapentin</i>	8
<i>fluocinolone acetonide body</i>	35	GABITRIL	8
<i>fluocinolone acetonide otic oil</i>	55	<i>galantamine hydrobromide</i>	9
<i>fluocinolone acetonide scalp</i>	35	<i>galantamine hydrobromide er</i>	9
<i>fluocinolone acetonide topical</i>	44	GAMASTAN	51
<i>fluocinonide</i>	44	GAMASTAN S/D	51
<i>fluocinonide emulsified base</i>	44	GAMMA GARD LIQUID	51
<i>fluoride chew</i>	36	GAMMA GARD S/D	51
<i>fluoridex</i>	34	GAMMAKED	51
<i>fluoridex sensitivity relief/sls free</i>	34	GAMMAPLEX	51
<i>fluoritab</i>	36	GAMUNEX-C	51
<i>fluorometholone</i>	55	<i>ganciclovir</i>	22
<i>fluorouracil</i>	15, 35	GARDASIL 9	52
<i>fluorouracil external</i>	35	<i>gatifloxacin</i>	54
<i>fluoxetine</i>	10	GATTEX	41
<i>fluoxetine dr</i>	10	<i>gavilyte-c</i>	41
<i>fluoxetine hcl</i>	10	<i>gavilyte-g</i>	41
<i>fluoxetine hydrochloride</i>	10	<i>gavilyte-n/flavor pack</i>	41
FLUOXETINE HYDROCHLORIDE	10	<i>gemcitabine</i>	15
<i>fluphenazine decanoate</i>	20	<i>gemcitabine hcl</i>	15
<i>fluphenazine hcl</i>	20	<i>gemcitabine hydrochloride</i>	15

<i>gemfibrozil</i>	32	HEPATAMINE	36
<i>generlac</i>	41	HERCEPTIN	15, 18
<i>gengraf</i>	50	HERCEPTIN HYLECTA	18
GENOTROPIN	45	HETLIOZ	58
GENOTROPIN MINIQUICK	45	HIBERIX	52
<i>gentak</i>	54	HUMIRA	51
<i>gentamicin sulfate</i>	3, 35, 54	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	50
<i>gentamicin sulfate pediatric</i>	3	HUMIRA PEN	50, 51
<i>gentamicin sulfate/0.9% sodium chloride</i>	3	HUMULIN R	26
GENVOYA	22	HUMULIN R U-500 (CONCENTRATED)	26
GEODON	20	HUMULIN R U-500 KWIKPEN	26
GIANVI	47	<i>hydralazine hcl</i>	32, 33
GILENYA	34	<i>hydrochlorothiazide</i>	31
GILOTRIF	17	<i>hydrocodone bitartrate/acetaminophen</i>	2
GLEOSTINE	14	<i>hydrocodone/acetaminophen</i>	2
<i>glimepiride</i>	25	<i>hydrocodone/ibuprofen</i>	2
<i>glipizide</i>	25	<i>hydrocortisone</i>	44
<i>glipizide er</i>	25	<i>hydrocortisone butyrate</i>	44
<i>glipizide xl</i>	25	<i>hydrocortisone butyrate (lipophilic)</i>	44
<i>glipizide/metformin hydrochloride</i>	25	<i>hydrocortisone external cream</i>	44
GLUCAGEN HYPOKIT	26	<i>hydrocortisone rectal cream</i>	44
GLUCAGON EMERGENCY KIT	26	<i>hydrocortisone valerate</i>	44
<i>glucose 5%</i>	36	<i>hydrocortisone/acetic acid</i>	55
<i>glyburide</i>	25	<i>hydromorphone hcl</i>	2
<i>glyburide micronized</i>	25	<i>hydromorphone hydrochloride</i>	2
<i>glyburide/metformin hydrochloride</i>	25	<i>hydroxychloroquine sulfate</i>	19
<i>glycopyrrolate</i>	40	<i>hydroxyurea</i>	15
GOLYTELY	41	<i>hydroxyzine hcl</i>	56
<i>granisetron hcl</i>	11	<i>hydroxyzine hydrochloride</i>	56
<i>griseofulvin microsize</i>	12	<i>hydroxyzine pamoate</i>	56
<i>griseofulvin ultramicrosize</i>	12	HYSINGLA ER	1
<i>guanfacine er</i>	33	<i>ibandronate sodium</i>	53
<i>guanfacine hcl</i>	28	IBRANCE	17
GUANIDINE HCL	13	<i>ibu</i>	1
HAEGARDA	53	<i>ibuprofen</i>	1
<i>hailey 1.5/30</i>	47	<i>icatibant acetate</i>	50
<i>haily 24 fe</i>	47	ICLUSIG	17
<i>halobetasol</i>	20, 44	<i>idarubicin hcl</i>	15
<i>haloperidol decanoate</i>	20	IDHIFA	17
<i>haloperidol lactate</i>	20	IFEX	15
HARVONI	22	<i>ifosfamide</i>	15
HAVRIX	52	ILEVRO	55
<i>heather</i>	49	<i>imatinib mesylate</i>	17
<i>heparin sodium</i>	27	IMBRUVICA	17
<i>heparin sodium/d5w</i>	27	<i>imipenem/cilastatin</i>	5
HEPARIN SODIUM/D5W	27	<i>imipramine hcl</i>	11
<i>heparin sodium/dextrose</i>	27	<i>imipramine hydrochloride</i>	11
HEPARIN SODIUM/NACL	27	<i>imipramine pamoate</i>	11
<i>heparin sodium/sodium chloride</i>	27		

<i>imiquimod</i>	35	JANUVIA	25
<i>imiquimod pump</i>	35	JARDIANCE	25
IMOVAX RABIES (H.D.C.V.)	52	<i>jasmiel</i>	47
<i>incassia</i>	49	<i>jencycla</i>	49
INCRELEX	45	JENTADUETO	25
INCRUSE ELLIPTA	57	JETNADUETO XR	25
<i>indapamide</i>	31	<i>jinteli</i>	47
INFANRIX	52	JOLESSA	47
INLYTA	17	JOLIVETTE	49
INREBIC	17	<i>juleber</i>	47
INTELENCE	23	JULUCA	23
INTRALIPID	36	<i>junel 1.5/30</i>	47
INTRON A	15	<i>junel 1/20</i>	47
<i>introvale</i>	47	<i>junel fe 1.5/30</i>	47
INVANZ	5	<i>junel fe 1/20</i>	47
INVEGA SUSTENNA	20	<i>junel fe 24</i>	47
INVEGA TRINZA	20, 21	JUXTAPID	32
INVIRASE	24	KADCYLA	15
IONOSOL-MB/DEXTROSE 5%	36	<i>kaitlib fe</i>	47
IPOL INACTIVATED IPV	52	KALETRA	24
<i>ipratropium bromide</i>	57	<i>kalliga</i>	47
<i>ipratropium bromide nasal</i>	57	KALYDECO	57
<i>ipratropium bromide/albuterol sulfate</i>	57	<i>kariva</i>	47
<i>irbesartan</i>	28	<i>kcl 0.075%/d5w/nacl 0.45%</i>	36
<i>irbesartan/hydrochlorothiazide</i>	28	<i>kcl 0.15%/d5w/nacl 0.2%</i>	36
IRESSA	17	<i>kcl 0.15%/d5w/nacl 0.225%</i>	36
<i>irinotecan</i>	15	<i>kcl 0.15%/d5w/nacl 0.45%</i>	37
ISENTRESS	22, 23	<i>kcl 0.15%/d5w/nacl 0.9%</i>	37
ISENTRESS HD	23	<i>kcl 0.3%/d5w/nacl 0.45%</i>	37
<i>isibloom</i>	47	<i>kcl 0.3%/d5w/nacl 0.9%</i>	37
ISOLYTE-P/DEXTROSE 5%	36	<i>kelnor 1/35</i>	47
ISOLYTE-S	36	<i>kelnor 1/50</i>	47
<i>isoniazid</i>	14	<i>ketoconazole</i>	12
ISORDIL TITRADOSE	32	<i>ketoprofen</i>	1
<i>isosorbide dinitrate</i>	32	<i>ketoprofen er</i>	1
<i>isosorbide dinitrate er</i>	32	<i>ketorolac tromethamine</i>	1, 55
<i>isosorbide mononitrate</i>	32	KEYTRUDA	18
<i>isosorbide mononitrate er</i>	32	KHAPZORY	15
<i>isotonic gentamicin</i>	3	KINRIX	52
<i>isotretinoin</i>	35	<i>kionex</i>	38
<i>isradipine</i>	30	KISQALI	14, 15
<i>itraconazole</i>	12	KISQALI FEMARA 200MG-2.5MG CO-PACK	14
<i>ivermectin</i>	19	KISQALI FEMARA 400MG-2.5MG CO-PACK	14
IXIARO	52	KISQALI FEMARA 600MG-2.5MG CO-PACK	14
JADENU	38	KLOR-CON	37
JAKAFI	17	<i>klor-con 10</i>	37
<i>jantoven</i>	27		
JANUMET	25		
JANUMET XR	25		

<i>klor-con 8</i>	37	LEVEMIR	26
<i>klor-con m10</i>	37	LEVEMIR FLEXTOUCH	26
KLOR-CON M15	37	<i>levetiracetam</i>	7
<i>klor-con m20</i>	37	<i>levetiracetam er</i>	7
<i>klor-con sprinkle</i>	37	<i>levetiracetam/sodium chloride</i>	7
<i>klor-con/ef</i>	37	<i>levobunolol hcl</i>	55
KORLYM	25	<i>levocarnitine</i>	38
<i>kurvelo</i>	47	<i>levocetirizine dihydrochloride</i>	56
KUVAN	42	<i>levofloxacin</i>	6, 54
<i>labetalol hydrochloride</i>	30	<i>levofloxacin in d5w</i>	6
<i>lactated ringers viaflex</i>	37	<i>levoleucovorin</i>	16
<i>lactulose</i>	41	LEVOLEUCOVORIN	16
<i>lamivudine</i>	22, 23	<i>levoleucovorin calcium</i>	16
<i>lamivudine/zidovudine</i>	23	<i>levonest</i>	47
<i>lamotrigine</i>	9	<i>levonorgestrel/ethinyl estradiol</i>	47
<i>lamotrigine er</i>	8	<i>levora</i>	47
<i>lamotrigine odt</i>	8	LEVO-T	49
<i>lamotrigine starter kit/blue</i>	8	<i>levothyroxine sodium</i>	49, 50
<i>lamotrigine starter kit/green</i>	8	LEVOXYL	50
<i>lamotrigine starter kit/orange</i>	8	LEXIVA	24
<i>lansoprazole</i>	42	LIBTAYO	16
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	<i>lidocaine</i>	3, 29
<i>larin 1.5/30</i>	47	<i>lidocaine hcl</i>	3
<i>larin 1/20</i>	47	<i>lidocaine hcl external</i>	3
<i>larin 24 fe</i>	47	<i>lidocaine hcl in d5w</i>	29
<i>larin fe 1.5/30</i>	47	<i>lidocaine viscous</i>	3
<i>larin fe 1/20</i>	47	<i>lidocaine/prilocaine</i>	3
<i>larissia</i>	47	<i>lillow</i>	47
LASTACAFT	55	<i>linezolid</i>	4
<i>latanoprost</i>	53	LINZESS	41
LATUDA	21	<i>liothyronine sodium</i>	50
LEENA	47	LIPOFEN	32
<i>leflunomide</i>	51	<i>lisinopril</i>	29
LENVIMA	17	<i>lisinopril/hydrochlorothiazide</i>	29
LENVIMA 10 MG DAILY DOSE	17	LITHIUM	25
LENVIMA 14 MG DAILY DOSE	17	<i>lithium carbonate</i>	25
LENVIMA 18 MG DAILY DOSE	17	<i>lithium carbonate er</i>	25
LENVIMA 20 MG DAILY DOSE	17	LIVALO	32
LENVIMA 24 MG DAILY DOSE	17	LONSURF	16
LENVIMA 8 MG DAILY DOSE	17	<i>loperamide hcl</i>	41
<i>lessina</i>	47	<i>lopinavir/ritonavir</i>	24
LETAIRIS	58	<i>lopreeza</i>	47
<i>letrozole</i>	16	<i>lorazepam</i>	25
<i>leucovorin calcium</i>	15, 16	LORBRENA	17
LEUKERAN	14	<i>lorcet</i>	2
<i>leuprolide acetate</i>	50	<i>lorcet hd</i>	2
<i>levalbuterol</i>	57	<i>lorcet plus</i>	2
<i>levalbuterol hcl</i>	57	<i>loryna</i>	47
LEVALBUTEROL TARTRATE HFA	57	<i>losartan potassium</i>	28

<i>losartan potassium/hydrochlorothiazide</i>	28	MENVEO	52
LOTEMAX	55	<i>meprobamate</i>	24
LOTEMAX SM	55	<i>mercaptapurine</i>	15
<i>loteprednol etabonate</i>	55	<i>meropenem</i>	5
<i>lovastatin</i>	32	<i>mesalamine</i>	52
<i>low-ogestrel</i>	47	<i>mesalamine dr</i>	52
<i>loxapine</i>	20	<i>mesna</i>	16
<i>loxapine succinate</i>	20	MESNEX	16
<i>lo-zumandimine</i>	47	<i>metadate er</i>	33
<i>ludent</i>	37	<i>metaproterenol sulfate</i>	57
LUMIGAN	53	<i>metformin hcl er</i>	25, 26
LUMIZYME	42	<i>metformin hydrochloride</i>	26
LUMOXITI	16	<i>methadone hcl</i>	1
LUPRON DEPOT (1-MONTH)	50	<i>methazolamide</i>	31
LUPRON DEPOT (3-MONTH)	50	<i>methenamine hippurate</i>	4
LUPRON DEPOT-PED (1-MONTH)	50	<i>methenamine mandelate</i>	4
LUPRON DEPOT-PED (3-MONTH)	50	<i>methergine</i>	53
<i>lutra</i>	47	<i>methimazole</i>	50
LYNPARZA	16	<i>methotrexate</i>	51
LYRICA CR	33	<i>methotrexate pf</i>	51
LYSODREN	50	<i>methotrexate sodium pf</i>	51
<i>lyza</i>	49	<i>methoxsalen</i>	35
MACROBID	4	<i>methscopolamine bromide</i>	40
<i>mafenide acetate</i>	35	<i>methyl dopa</i>	28
<i>magnesium sulfate</i>	37	<i>methylergonovine maleate</i>	53
<i>malathion</i>	19	<i>methylphenidate hcl</i>	33
<i>maprotiline hcl</i>	10	<i>methylphenidate hcl er</i>	33
<i>marlissa</i>	47	<i>methylphenidate hydrochloride</i>	33
MARNATAL-F	38	<i>methylphenidate hydrochloride cd</i>	33
MARPLAN	10	<i>methylphenidate hydrochloride er</i>	33
MATULANE	14	<i>methylprednisolone</i>	44
<i>matzim la</i>	30	<i>methylprednisolone acetate</i>	44
MAVYRET	22	<i>methylprednisolone dose pack</i>	44
<i>meclizine hcl</i>	11	<i>methylprednisolone sodium succinate</i>	44
<i>meclofenamate sodium</i>	1	<i>methylprednisolone sodiumsuccinate</i>	44
<i>medroxyprogesterone acetate</i>	49	<i>metoclopramide hcl</i>	41
<i>mefloquine hcl</i>	19	<i>metoclopramide odt</i>	41
<i>megestrol acetate</i>	49	<i>metolazone</i>	31
MEKINIST	17	<i>metoprolol succinate er</i>	30
MEKTOVI	16	<i>metoprolol tartrate</i>	30
<i>melodetta 24 fe</i>	47	<i>metoprolol/hydrochlorothiazide</i>	30
<i>meloxicam</i>	1	<i>metronidazole</i>	4, 35
<i>melphalan</i>	14	<i>mibelas 24 fe</i>	47
<i>melphalan hydrochloride</i>	14	<i>miconazole 3 supp</i>	12
<i>memantine hcl</i>	9	MICORT-HC	44
<i>memantine hcl titration pak</i>	9	MICROGESTIN 1.5/30	47
<i>memantine hydrochloride</i>	9	MICROGESTIN 1/20	47
<i>memantine hydrochloride er</i>	9	MICROGESTIN FE 1.5/30	47
MENACTRA	52	MICROGESTIN FE 1/20	47

<i>midodrine hcl</i>	28	MYCAMINE	12
<i>miglitol</i>	26	<i>mycophenolate mofetil</i>	51
<i>miglustat</i>	42	<i>mycophenolic acid dr</i>	51
<i>mili</i>	47	MYLOTARG	18
<i>mimvey</i>	47	<i>myorisan</i>	35
<i>mimvey lo</i>	47	MYRBETRIQ	42
<i>minitran</i>	32	<i>myzilra</i>	48
<i>minocycline hcl</i>	7	<i>nabumetone</i>	1
<i>minocycline hcl er</i>	7	<i>nadolol</i>	30
<i>minocycline hydrochloride</i>	7	<i>nadolol/bendroflumethiazide</i>	30
<i>minocycline hydrochloride er</i>	7	<i>nafcillin sodium</i>	6
<i>minoxidil</i>	33	<i>naftifine hcl</i>	12
<i>mirtazapine</i>	10	<i>naftifine hydrochloride</i>	12
<i>mirtazapine odt</i>	10	NAGLAZYME	42
<i>misoprostol</i>	41	<i>nalbuphine hcl</i>	2
MITIGARE	13	<i>naloxone hcl</i>	3
<i>mitomycin</i>	16	<i>naltrexone hcl</i>	3
<i>mitoxantrone hcl</i>	16	NAMZARIC	9
M-M-R II	52	<i>naproxen</i>	1
M-NATAL PLUS	38	<i>naproxen dr</i>	1
<i>modafinil</i>	58	<i>naproxen sodium</i>	1
<i>moexipril hcl</i>	29	<i>naproxen sodium cr</i>	1
<i>molindone hydrochloride</i>	20	<i>naproxen sodium er</i>	1
<i>mometasone furoate</i>	44, 56	<i>naratriptan hcl</i>	13
<i>mondoxyne nl</i>	7	NARCAN	3
<i>mono-lynyah</i>	47	NASONEX	56
<i>montelukast sodium</i>	56	NATACHEW	39
<i>morgidox 1x100mg</i>	7	NATACYN	54
<i>morgidox 1x50mg</i>	7	<i>nateglinide</i>	26
<i>morgidox 2x100mg</i>	7	NATPARA	53
<i>morphine sulfate</i>	2	NAYZILAM	8
<i>morphine sulfate er</i>	1, 2	NEBUPENT	19
MOVANTIK	41	<i>necon 0.5/35-28</i>	48
MOXEZA	54	<i>nefazodone hcl</i>	10
<i>moxifloxacin hydrochloride/sodium</i>		<i>nefazodone hydrochloride</i>	10
<i>hydrochloride</i>	6	<i>neomycin</i>	3
<i>moxifloxacin hcl</i>	7	<i>neomycin/bacitracin/polymyxin</i>	54
<i>moxifloxacin hydrochloride</i>	7	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	54
MULTAQ	29	<i>neomycin/polymyxin/dexamethasone</i>	54
<i>multi vitamin/fluoride</i>	38	<i>neomycin/polymyxin/gramicidin</i>	54
<i>multi-vit/fluoride</i>	38	<i>neomycin/polymyxin/hydrocortisone</i>	54, 55, 56
<i>multi-vit/iron/fluoride</i>	39	NEONATAL PLUS	39
<i>multivitamin with fluoride</i>	39	<i>neo-polycin</i>	54
<i>multivitamin/fluoride</i>	39	NEPHRAMINE	37
<i>multi-vitamin/fluoride</i>	38, 39	NERLYNX	16
<i>multi-vitamin/fluoride/iron</i>	39	NESTABS	39
<i>mupirocin</i>	35	NESTABS ONE	39
<i>mutamycin</i>	16	<i>neuac</i>	35
<i>myc-fluoride</i>	39	NEUPRO	19

<i>nevirapine</i>	23	<i>nortrel 7/7/7</i>	48
<i>nevirapine er</i>	23	<i>nortriptyline hcl</i>	11
NEXA PLUS	39	<i>nortriptyline hydrochloride</i>	11
NEXAVAR	17	NORVIR	24
<i>niacin</i>	32	NOVOLIN 70/30	26
<i>niacin er</i>	32	NOVOLIN 70/30 FLEXPEN	26
NIACOR	32	NOVOLIN N	26
<i>nicardipine hcl</i>	30	NOVOLIN R	26
NICOTROL INHALER	3	NOVOLOG	26
NICOTROL NS	3	NOVOLOG FLEXPEN	26
<i>nifedical xl</i>	30	NOVOLOG MIX 70/30	26
<i>nifedipine er</i>	30	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	26
<i>nikki</i>	48		26
<i>nilutamide</i>	14	NOVOLOG PENFILL	26
<i>nimodipine</i>	30	NOXAFIL	12
NINLARO	16	NUBEQA	14
NIPENT	16	NUCALA	58
<i>nisoldipine er</i>	30	NUCYNTA	2
NITRO-BID	32	NUCYNTA ER	2
NITRO-DUR	32	NUEDEXTA	33
<i>nitrofurantoin</i>	4	NULOJIX	51
<i>nitrofurantoin macrocrystals</i>	4	NULYTELY/FLAVOR PACKS	41
<i>nitrofurantoin monohydrate</i>	4	NUPLAZID	21
<i>nitroglycerin</i>	32	NUTRILIPID	37
<i>nitroglycerin lingual spray</i>	32	NUVARING	48
NITYR	42	<i>nyamyc</i>	12
NIVA-PLUS	39	NYMALIZE	30
<i>nizatidine</i>	41	<i>nystatin</i>	12
<i>nolix</i>	44	<i>nystop</i>	12
NORA-BE	49	OB COMPLETE	39
<i>norethindrone</i>	49	OB COMPLETE ONE	39
<i>norethindrone acetate</i>	49	OB COMPLETE PETITE	39
<i>norethindrone acetate/ethinyl estradiol</i>	48	OB COMPLETE PREMIER	39
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	48	OB COMPLETE/DHA	39
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	48	O-CAL FA	39
	48	O-CAL PRENATAL	39
<i>norgestimate/ethinyl estradiol</i>	48	OCELLA	48
NORITATE	35	OCTABAM	51
<i>norlyda</i>	49	OCTAGAM	51
<i>norlyroc</i>	49	<i>octreotide acetate</i>	50
NORMOSOL-M IN D5W	37	ODEFSEY	23
NORMOSOL-R IN D5W	37	ODOMZO	17
NORMOSOL-R PH 7.4	37	OFEV	58
NORPACE	29	<i>ofloxacin</i>	54, 56
NORPACE CR	29	<i>okebo</i>	7
NORTHERA	28	<i>olanzapine</i>	21
<i>nortrel 0.5/35 (28)</i>	48	<i>olanzapine odt</i>	21
<i>nortrel 1/35</i>	48	<i>olmesartan medoxomil</i>	28

<i>olmesartan</i>		PAXIL	10
<i>medoxomil/amlodipine/hydrochlorothiazide</i>	28	PAZEO	55
<i>olmesartan medoxomil/hydrochlorothiazide</i>	28	PEDIARIX	52
<i>olopatadine hcl</i>	55, 56	PEDVAX HIB	52
<i>omega-3-acid ethyl esters</i>	32	<i>peg-3350/electrolytes</i>	41
<i>omeprazole</i>	42	<i>peg-3350/nacl/na bicarbonate/kcl</i>	41
<i>ondansetron hcl</i>	11	PEGANONE	9
<i>ondansetron hydrochloride</i>	11	PEGASYS	22
<i>ondansetron odt</i>	12	PEGASYS PROCLICK	22
ONFI	8	<i>penicillin g potassium</i>	6
OPSUMIT	58	PENICILLIN G POTASSIUM IN ISO-	
ORACEA	35	OSMOTIC DEXTROSE	6
<i>oralone dental paste</i>	34	<i>penicillin g procaine</i>	6
ORFADIN	42, 53	<i>penicillin g sodium</i>	6
ORKAMBI	57	<i>penicillin v potassium</i>	6
<i>orsythia</i>	48	PENNSAID	1
<i>oseltamivir phosphate</i>	24	PENTACEL	52
OSMOPREP	41	PENTAM 300	19
<i>oxacillin sodium</i>	6	<i>pentamidine isethionate</i>	19
<i>oxaliplatin</i>	16	<i>pentoxifylline cr</i>	31
<i>oxandrolone</i>	45	<i>pentoxifylline er</i>	31
<i>oxaprozin</i>	1	<i>perindopril erbumine</i>	29
<i>oxazepam</i>	25	<i>periogard</i>	34
<i>oxcarbazepine</i>	9	<i>permethrin</i>	19
<i>oxiconazole nitrate</i>	12	<i>perphenazine</i>	20
<i>oxybutynin chloride</i>	42	<i>perphenazine/amitriptyline</i>	11
<i>oxybutynin chloride er</i>	42	PERSERIS	21
<i>oxycodone hcl</i>	2	<i>phenadoz</i>	11
<i>oxycodone hydrochloride</i>	2	<i>phenelzine sulfate</i>	10
<i>oxycodone/acetaminophen</i>	2	<i>phenobarbital</i>	8
<i>oxycodone/aspirin</i>	2	<i>phenobarbital sodium</i>	8
<i>oxycodone/ibuprofen</i>	2	PHENYTEK	9
<i>oxymorphone hydrochloride</i>	2	<i>phenytoin</i>	9
OZEMPIC	26	<i>phenytoin sodium</i>	9
<i>pacerone</i>	29	<i>phenytoin sodium er</i>	9
<i>paclitaxel</i>	16	<i>philith</i>	48
<i>paliperidone er</i>	21	PHOSPHOLINE IODIDE	55
<i>pamidronate disodium</i>	53	PICATO	35
PANRETIN	18	PIFELTRO	23
<i>pantoprazole sodium</i>	42	<i>pilocarpine hcl</i>	34, 55
<i>pantoprazole sodium dr</i>	42	<i>pilocarpine hydrochloride</i>	34
PANZYGA	51	<i>pimozide</i>	20
<i>paricalcitol</i>	53	<i>pimtrea</i>	48
<i>paroex</i>	34	<i>pindolol</i>	30
<i>paromomycin</i>	3	<i>pioglitazone hcl</i>	26
<i>paroxetine hcl</i>	10	<i>pioglitazone hcl/metformin hcl</i>	26
<i>paroxetine hcl er</i>	10	<i>pioglitazone hcl-glimepiride</i>	26
<i>paroxetine hydrochloride</i>	10	<i>pioglitazone hydrochloride</i>	26
PASER	14	<i>piperacillin/tazobactam</i>	6

PIQRAY	17, 18	<i>pregabalin</i>	8
<i>pirmella 1/35</i>	48	PREMARIN	48
<i>pirmella 7/7/7</i>	48	PREMARIN CREA	48
<i>piroxicam</i>	1	PREMASOL 10%	37
PLASMA-LYTE A	37	PREMPRO	48
PLASMA-LYTE-148	37	PRENAISSANCE	39
<i>plenamine</i>	37	PRENAISSANCE PLUS	39
PLENVU	41	PRENATA	39
PN FOLIC ACID + IRON MULTIVITAMIN	39	PRENATAL	39
PNV 29-1	39	PRENATAL 19	39
PNV PRENATAL PLUS MULTIVITAMIN	39	PRENATAL PLUS	39
PNV-DHA	39	PRENATAL PLUS IRON	39
PNV-OMEGA	39	PRENATAL PLUS LOW IRON	39
PNV-SELECT	39	PRENATE	39
<i>podofilox</i>	35	PRENATE AM	39
POLIVY	18	PRENATE DHA	39
<i>polycin</i>	54	PRENATE ELITE	39
<i>polyethylene glycol 3350</i>	41	PRENATE ENHANCE	39
<i>polymyxin b sulfate/trimethoprim sulfate</i>	54	PRENATE ESSENTIAL	39
<i>poly-vitamin/fluoride</i>	39	PRENATE MINI	39
POMALYST	14	PRENATE PIXIE	39
<i>portia-28</i>	48	PRENATE RESTORE	39
<i>posaconazole dr</i>	12	PREPLUS	39
<i>potassium chloride</i>	37	PREPOPIK	41
<i>potassium chloride cr</i>	37	PRETAB	39
<i>potassium chloride er</i>	37	<i>prevalite</i>	32
<i>potassium chloride sr</i>	37	<i>previfem</i>	48
<i>potassium chloride/dextrose</i>	37	PREVYMIS	22
POTASSIUM CHLORIDE/DEXTROSE	37	PREZCOBIX	24
<i>potassium chloride/dextrose/sodium chloride</i>	37	PREZISTA	24
<i>potassium chloride/sodium chloride</i>	37	PRIFTIN	14
<i>potassium citrate er</i>	37	PRIMACARE	39
POTELIGEO	18	<i>primaquine phosphate</i>	19
PRADAXA	27	<i>primidone</i>	8
PRALUENT	32	PRIVIGEN	51
<i>pramipexole dihydrochloride</i>	19	<i>probenecid</i>	13
<i>pramipexole dihydrochloride er</i>	19	<i>probenecid/colchicine</i>	13
<i>prasugrel</i>	28	PROCALAMINE	37
<i>pravastatin sodium</i>	32	<i>prochlorperazine</i>	20
<i>praziquante</i>	19	<i>prochlorperazine edisylate</i>	20
<i>prazosin hcl</i>	28	<i>prochlorperazine maleate</i>	20
<i>prazosin hydrochloride</i>	28	PROCRIT	27
PRED FORTE	55	<i>procto-med hc</i>	44
<i>prednicarbate</i>	44	<i>procto-pak</i>	45
<i>prednisolone</i>	44	<i>proctosol hc</i>	45
<i>prednisolone acetate</i>	55	<i>proctozone-hc</i>	45
<i>prednisolone sodium phosphate</i>	44, 55	<i>profeno</i>	1
<i>prednisone</i>	44	<i>progesterone</i>	49
PREDNISONO INTENSOL	44	PROGLYCEM	26

PROGRAF	51	RAPAMUNE	51
PROLASTIN-C	42	<i>rasagiline mesylate</i>	20
PROLENSA	55	RAYALDEE	53
PROLIA	53	REBETOL	22
PROMACTA	27	REBIF	34
<i>promethazine hcl</i>	11, 56	REBIF REBIDOSE	34
<i>promethazine hydrochloride</i>	56	REBIF REBIDOSE TITRATION PACK	34
<i>promethazine/phenylephrine</i>	56	REBIF TITRATION PACK	34
<i>promethegan</i>	11	<i>reclipsen</i>	48
<i>propafenone hcl</i>	29	RECOMBIVAX HB	52
<i>propafenone hydrochloride er</i>	29	RECTIV	35
<i>proparacaine hcl</i>	54	REGRANEX	35
<i>propranolol hcl</i>	30	RELENZA DISKHALER	24
<i>propranolol hcl er</i>	30	RELISTOR	41
<i>propranolol hydrochloride er</i>	30	REMICADE	51
<i>propranolol/hydrochlorothiazide</i>	30	REMODULIN	58
<i>propylthiouracil</i>	50	RENAGEL	38
PROQUAD	52	RENFLEXIS	51
PROSOL	37	<i>repaglinide</i>	26
<i>protriptyline hcl</i>	11	<i>repaglinide/metformin hydrochloride</i>	26
PROVIDA DHA	39	RESCRIPTOR	23
PROVIDA OB	40	RESTASIS	54
PULMICORT	56	RESTASIS MULTIDOSE	54
PULMICORT FLEXHALER	56	REVLIMID	14
PULMOZYME	57	REXULTI	21
PUREFE OB PLUS	40	REYATAZ	24
PURIXAN	15	RHOPRESSA	55
<i>pyrazinamide</i>	14	<i>ribasphere</i>	22
<i>pyridostigmine bromide</i>	13	RIBASPHERE	22
<i>pyridostigmine bromide er</i>	13	RIBASPHERE RIBAPAK	22
QUADRACEL	52	<i>ribavirin</i>	22
<i>quasense</i>	48	<i>ribavirin nebu</i>	58
<i>quetiapine fumarate</i>	21	<i>rifabutin</i>	13
<i>quetiapine fumarate er</i>	21	<i>rifampin</i>	14
<i>quinapril hcl</i>	29	RIFATER	14
<i>quinapril hydrochloride</i>	29	<i>riluzole</i>	33
<i>quinapril/hydrochlorothiazide</i>	29	<i>rimantadine hcl</i>	24
<i>quinidine sulfate</i>	29	<i>ringers injection</i>	37
<i>quinine sulfate</i>	19	<i>risedronate sodium</i>	53
RABAVERT	52	<i>risedronate sodium dr</i>	53
<i>rabeprazole sodium</i>	42	RISPERDAL CONSTA	21
<i>raloxifene hydrochloride</i>	49	<i>risperidone</i>	21
<i>ramipril</i>	29	<i>risperidone odt</i>	21
RANEXA	31	<i>ritonavir</i>	24
<i>ranitidine hcl</i>	41	RITUXAN	18
<i>ranitidine hcl syrup</i>	41	RITUXAN HYCELA	18
<i>ranitidine hydrochloride</i>	41	<i>rivastigmine patch</i>	9
<i>ranolazine er</i>	31	<i>rivastigmine tartrate</i>	9
RAPAFLO	43	RIVELSA	48

<i>rizatriptan benzoate</i>	13	<i>sodium chloride</i>	37
<i>rizatriptan benzoate odt</i>	13	<i>sodium chloride 0.9% irrigation soln</i>	43
<i>romidepsin</i>	16	<i>sodium chloride inj</i>	37
<i>ropinirole er</i>	19	<i>sodium fluoride</i>	34, 37
<i>ropinirole hcl</i>	19	<i>sodium phenylbutyrate</i>	42
<i>ropinirole hydrochloride</i>	19	<i>sodium polystyrene sulfonate</i>	38
<i>rosadan</i>	35	<i>sodium sulfacetamide</i>	54
<i>rosuvastatin calcium</i>	32	<i>solifenacin succinate</i>	42
ROTARIX	52	SOLQUA 100/33 PREFILLED PEN	27
ROTATEQ	52	<i>soloxide</i>	7
<i>roweepra</i>	7	SOLTAMOX	14
<i>roweepra xr</i>	7	SOLU-CORTEF	45
ROZYLTRK	18	SOMATULINE DEPOT	50
RUBRACA	16	SOMAVERT	50
RYDAPT	16	<i>sorine</i>	29
SABRIL	8	<i>sotalol hcl</i>	29
SANCUSO	12	<i>sotalol hcl (af)</i>	29
SANDIMMUNE	51	<i>spironolactone</i>	31
SANTYL	35	<i>spironolactone/hydrochlorothiazide</i>	31
SAPHRIS	21	<i>sprintec 28</i>	48
<i>scopolamine</i>	11	SPRITAM	7
SELECT-OB	40	SPRYCEL	18
<i>selegeline hcl</i>	20	<i>sps susp 15gm/60ml</i>	38
<i>selenium sulfide</i>	35	<i>sronyx</i>	48
SELZENTRY	23	SSD	35
SE-NATAL 19	40	STALEVO 100	19
SENSIPAR	53	STALEVO 125	19
SEREVENT DISKUS	57	STALEVO 150	19
<i>sertraline hcl</i>	11	STALEVO 200	20
<i>sertraline hydrochloride</i>	11	STALEVO 50	20
<i>setlakin</i>	48	STALEVO 75	20
<i>sevelamer carbonate</i>	38	<i>stavudine</i>	23
<i>sf34</i>		STELARA	35
<i>sharobel</i>	49	<i>sterile water irrigation</i>	37
SHINGRIX	52	STIMATE	45
SIGNIFOR	50	STIVARGA	18
<i>sildenafil</i>	58	<i>streptomycin sulfate</i>	3
SILENOR	58	STRIBILD	23
<i>silodosin</i>	43	<i>subvenite</i>	9
<i>silver sulfadiazine</i>	35	<i>subvenite starter kit</i>	9
SIMBRINZA	55	sucrafate	42
<i>simliya</i>	48	SUCRALFATE	41
<i>simpesse</i>	48	<i>sulfacetamide sodium</i>	35, 54
<i>simvastatin</i>	32	<i>sulfacetamide sodium ophthalmic oint 10%</i>	54
<i>sirolimus</i>	51	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	54
SIRTURO	14	<i>sulfadiazine</i>	7
SIVEXTRO	4	<i>sulfamethoxazole/trimethoprim</i>	7
SLYND	49	<i>sulfamethoxazole/trimethoprim ds</i>	7
<i>sodium bicarbonate</i>	38		

SULFAMYLON	35	TEFLARO	5
<i>sulfasalazine</i>	52	<i>telmisartan</i>	29
<i>sulindac</i>	1	<i>telmisartan/amlodipine</i>	29
<i>sumatriptan</i>	13	<i>telmisartan/hydrochlorothiazide</i>	29
<i>sumatriptan succinate</i>	13	<i>temazepam</i>	25
<i>sumatriptan succinate refill</i>	13	TEMIXYS	23
<i>sumatriptan/naproxen sodium</i>	13	<i>temsirolimus</i>	18
SUPRAX	5	TENIVAC	52
SUPREP BOWEL PREP	41	<i>tenofovir</i>	23
SUSTIVA	23	<i>terazosin hcl</i>	28
SUTENT	18	<i>terazosin hydrochloride</i>	28
<i>syeda</i>	48	<i>terbinafine hcl</i>	12
SYLATRON	22	<i>terbutaline sulfate</i>	57
SYMBICORT	56	<i>terconazole</i>	12
SYMDEKO	57	<i>testosterone</i>	45
SYMFI	23	<i>testosterone cypionate</i>	45
SYMFI LO	23	<i>testosterone enanthate</i>	45
SYMLINPEN 120	26	<i>testosterone gel</i>	45
SYMLINPEN 60	26	<i>testosterone pump</i>	45
SYMPAZAN	8	<i>tetrabenazine</i>	33
SYMTUZA	24	<i>tetracycline hydrochloride</i>	7
SYNAREL	50	TEXACORT	45
SYNDERCID	4	THALOMID	14
SYNJARDY	26	THEO-24	57
SYNJARDY XR	26	<i>theophylline</i>	57
SYNRIBO	16	<i>theophylline er</i>	57
SYNTHROID	50	<i>thioridazine</i>	20
TABLOID	15	<i>thiotepa</i>	14
<i>tacrolimus</i>	35, 51	<i>thiothixene</i>	20
<i>tadalafil</i>	58	THRIVITE RX	40
TAFINLAR	18	<i>tiagabine</i>	8
TAGRISSE	18	TIBSOVO	18
TALZENNA	16	<i>tigecycline</i>	4
<i>tamoxifen citrate</i>	14	TILIA FE	48
<i>tamsulosin hydrochloride</i>	43	<i>timolol maleate</i>	30, 55
TARCEVA	18	<i>tinidazole</i>	4
TARGRETIN	18	TIVICAY	22
<i>tarina fe 1/20</i>	48	<i>tizanidine hcl</i>	22
<i>tarina fe 1/20 eq</i>	48	<i>tizanidine hydrochloride</i>	22
TARON-C DHA	40	TL-SELECT	40
TARON-PREX	40	TOBRADEX	54
TASIGNA	18	TOBRADEX ST SUSP	54
TAXOTERE	16	<i>tobramycin nebu</i>	57
<i>tazarotene</i>	35	<i>tobramycin sulfate</i>	4, 54
<i>tazicef</i>	5	<i>tobramycin/dexamethasone</i>	54
TAZORAC	35	<i>tolterodine tartrate</i>	42
<i>taztia xt</i>	30	<i>tolterodine tartrate er</i>	42
TDVAX	52	<i>topiramate</i>	9
TECENTRIQ	18	<i>topiramate er</i>	9

<i>toposar</i>	17	<i>tri-lo-mili</i>	48
<i>topotecan hcl</i>	17	<i>tri-lo-sprintec</i>	48
TOPOTECAN HCL	17	<i>trilyte</i>	41
<i>toremifene citrate</i>	14	<i>trimethobenzamide hcl</i>	11
<i>torseamide</i>	31	<i>trimethoprim</i>	4
<i>tovet</i>	45	<i>trimethoprim sulfate/polymyxin b sulfate</i>	54
TOVIAZ	43	<i>tri-mili</i>	48
TPN ELECTROLYTES	38	<i>trimipramine maleate</i>	11
TRACLEER	58	TRINATAL RX 1	40
TRADJENTA	26	TRINTELLIX	10
<i>tramadol hcl</i>	3	<i>tri-previfem</i>	48
<i>tramadol hcl er</i>	2	TRISENOX	16
<i>tramadol hydrochloride/acetaminophen</i>	3	<i>tri-sprintec</i>	48
<i>trandolapril</i>	29	TRISTART DHA	40
<i>trandolapril/verapamil hcl er</i>	29	TRISTART ONE	40
<i>tranexamic acid</i>	28	TRIUMEQ	23
TRANSDERM-SCOP	11	<i>tri-vitamin/fluoride</i>	40
<i>tranylcypromine sulfate</i>	10	<i>trivora-28</i>	49
TRAVASOL 10%	38	<i>tri-vylibra</i>	49
TRAVATAN Z	54	<i>tri-vylibra lo</i>	49
<i>trazodone hydrochloride</i>	11	TROGARZO	23
TRECTOR	14	TROPHAMINE	38
TRELEGY ELLIPTA	56	<i>tropium chloride</i>	43
TRELSTAR MIXJECT	50	<i>tropium chloride er</i>	43
<i>treprostinil</i>	58	TRULICITY	26
TRESIBA	27	TRUMENBA	52
TRESIBA FLEXTOUCH	27	TRUVADA	23
<i>tretinoin</i>	18, 36	<i>tulana</i>	49
<i>tretinoin microsphere</i>	36	TURALIO	18
<i>tretinoin microsphere pump</i>	36	TWINRIX	52
<i>tri femynor</i>	48	TYBOST	23
<i>triamcinolone acetonide</i>	45	<i>tydemy</i>	49
<i>triamcinolone acetonide dental paste</i>	34	TYKERB	18
<i>triamterene/hydrochlorothiazide</i>	31	TYMLOS	53
<i>triazolam</i>	25	TYPHIM VI	52
TRICARE PRENATAL	40	UNITHROID	50
TRICARE PRENATAL DHA ONE	40	<i>ursodiol</i>	41
TRICARE PRENATAL DHA ONE/FOLATE	40	<i>valacyclovir hcl</i>	24
<i>triderm</i>	45	<i>valacyclovir hydrochloride</i>	24
<i>trientine hydrochloride</i>	38	VALCHLOR	14
<i>tri-estarylla</i>	48	<i>valganciclovir</i>	22
<i>trifluoperazine hcl</i>	20	<i>valproate sodium</i>	8
<i>trifluridine</i>	54	<i>valproic acid</i>	8
<i>trihexyphenidyl hcl</i>	19	<i>valsartan</i>	29
<i>trihexyphenidyl hydrochloride</i>	19	<i>valsartan/hydrochlorothiazide</i>	29
<i>tri-legest fe</i>	48	VANCOMYCIN	4
<i>tri-lynyah</i>	48	<i>vancomycin hcl</i>	4
<i>tri-lo-estarylla</i>	48	VANCOMYCIN HCL	4
<i>tri-lo-marzia</i>	48	<i>vancomycin hydrochloride</i>	4

VANCOMYCIN HYDROCHLORIDE	4	VITAFOL	40
VANDAZOLE	4	VITAFOL FE+	40
VAQTA	52	VITAFOL GUMMIES	40
VARIVAX	52	VITAFOL ULTRA	40
VASCEPA	32	VITAFOL-NANO	40
VELCADE	16	VITAFOL-OB	40
<i>velivet</i>	49	VITAFOL-ONE	40
VEMLIDY	22	VITAMEDMD ONE RX/QUATREFOLIC	40
VENA-BAL DHA	40	<i>vitamins a/c/d/fluoride</i>	40
VENCLEXTA	18	VITRAKVI	18
VENCLEXTA STARTING PACK	18	VIVITROL	3
<i>venlafaxine hcl</i>	11	VIZIMPRO	16
<i>venlafaxine hcl er</i>	11	VOL-NATE	40
VENTAVIS	58	VOL-PLUS	40
VENTOLIN HFA	57	<i>voriconazole</i>	12, 13
<i>verapamil</i>	31	VOSEVI	22
<i>verapamil hcl</i>	31	VOTRIENT	18
<i>verapamil hcl er</i>	30	VP-PNV-DHA	40
<i>verapamil hcl sr</i>	31	VRAYLAR	21
<i>verapamil hydrochloride</i>	31	VRAYLAR CAP THERAPY PACK	21
VERSACLOZ	21	<i>vyfemla</i>	49
VERZENIO	16	<i>vylibra</i>	49
VESICARE	43	VYVANSE	33
<i>vicodin</i>	3	<i>warfarin sodium</i>	27
<i>vicodin es</i>	3	WELCHOL	32
<i>vicodin hp</i>	3	<i>wera</i>	49
VICTOZA	26	<i>wymzya fe</i>	49
VIDEX EC	23	XALKORI	18
VIDEX PEDIATRIC	23	XARELTO	27
<i>vienva</i>	49	XARELTO STARTER PACK	27
<i>vigabatrin</i>	8	XATMEP	51
<i>vigadrone</i>	8	XELJANZ	51
VIIBRYD	11	XELJANZ XR	51
VIIBRYD STARTER PACK	11	XENAZINE	33
VIMOVO	1	XGEVA	53
VIMPAT	9	XIFAXAN	4
<i>vinblastine sulfate</i>	16	XIGDUO XR	26
<i>vincasar pfs</i>	16	XOLAIR	51
<i>vincristine sulfate</i>	16	XOSPATA	18
<i>vinorelbine tartrate</i>	16	XPOVIO	16
<i>viorele</i>	49	XTANDI	14
VIRACEPT	24	XULTOPHY	27
VIRAMUNE	23	XYREM	58
VIREAD	23	YERVOY	16
VIRT-C DHA	40	YF-VAX	52
VIRT-NATE DHA	40	<i>yuvafem</i>	49
VIRT-PN	40	<i>zafirlukast</i>	57
VIRT-PN DHA	40	<i>zaleplon</i>	58
VIRT-PN PLUS	40	<i>zarah</i>	49

ZARXIO	28	<i>zolmitriptan</i>	13
ZATEAN-PN DHA	40	<i>zolmitriptan odt</i>	13
ZATEAN-PN PLUS	40	<i>zolpidem tartrate</i>	58
ZEJULA	16	<i>zonisamide</i>	8
ZELBORAF	18	ZORTRESS	51
ZEMAIRA	42	ZOSTAVAX	52
<i>zenatane</i>	36	<i>zovia 1/35e</i>	49
ZENPEP	42	<i>zumandimine</i>	49
<i>zenzedi</i>	33	ZYCLARA	36
<i>zidovudine</i>	23	ZYDELIG	18
<i>ziprasidone hcl</i>	21	ZYKADIA	18
ZIRGAN	54	ZYLET	54
<i>zoledronic acid</i>	53	ZYPREXA RELPREVV	21
ZOLINZA	16	ZYTIGA	14

Enhanced Drug Benefit List*

Please check your *2020 Evidence of Coverage* to find out if your plan includes an “Enhanced Drug Benefit.” The enhanced drugs are listed in this guide by *Enhanced Drug Benefit Categories*. If your plan includes enhanced drug benefits, look for the Enhanced Drug Benefit Category in the following pages to determine which drugs are covered. For example, if your *2020 Evidence of Coverage* says that your plan includes coverage for “Vitamins and Minerals” and “Erectile Dysfunction”, find the lists titled “Vitamins and Minerals” and “Erectile Dysfunction” to find which specific drugs are covered.

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Drug Name	Drug Tier	Requirements/Limits
Cosmetic		
<i>alphaquin hp</i>	1	
AVAGE	2	
BOTOX COSMETIC	2	
EPIQUIN MICRO	2	
<i>finasteride</i>	1	
<i>hydroquinone</i>	1	
<i>hydroquinone time release</i>	1	
KYBELLA	2	
LATISSE	2	
LUSTRA	2	
LUSTRA-AF	2	
LUSTRA-ULTRA	2	
<i>melpaque hp</i>	1	
<i>melquin hp</i>	1	
<i>nuquin hp</i>	1	
PERLANE	2	
PERLANE-L	2	
PROPECIA	2	
REFISSA	2	
<i>remergent hq</i>	1	
RENOVA PUMP	2	
RESTYLANE	2	
RESTYLANE-L	2	
<i>skin bleaching</i>	1	
<i>skin bleaching/sunscreen</i>	1	
<i>tl hydroquinone</i>	1	
<i>tretinoin emollient</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRI-LUMA	2	
VANIQA	2	
Cough and Cold		
BENZONATATE	1	
BIOTUSS	1	
BIOTUSS PEDIATRIC	1	
BROMFED DM	1	
CARBAPHEN 12	2	
CARBAPHEN 12 PED	2	
CENTERGY DM	1	
CODAR AR	2	
CPB WC	2	
DECON-G	2	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE	1	
HCL/CHLORPHENIRAMINE		
EXACTUSS	2	
EXEFEN-IR	1	
FLOWTUSS	2	
GILPHEX TR	2	
GILTUSS	2	
GILTUSS PEDIATRIC	1	
GILTUSS TR	2	
GUAIFENESIN/DEXTROMETHORPHAN SR	1	
HDC DM	2	
HYCOFENIX	2	
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE	1	
MALEATE/PSE		
HYDROCODONE BITARTRATE/HOMATROPINE	1	
METHYLBROMIDE		
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE	1	
POLISTIREX		
HYDROMET	1	
LEXUSS 210	1	
MUCINEX DM	2	
NARIZ	2	
NASOTUSS	2	
NEOTUSS PLUS	2	
NOHIST-DM	1	
NORTUSS-DE	1	
NORTUSS-EX	2	
OBREDON	2	
PHENYLEPHRINE/GUAIFENESIN	1	
PROHIST CD	2	

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Drug Name	Drug Tier	Requirements/Limits
PROHIST CF	2	
PROMETHAZINE VC/CODEINE	2	
PROMETHAZINE/CODEINE	1	
PROMETHAZINE/DEXTROMETHORPHAN	1	
RELHIST	2	
RHINOLAR	2	
TESSALON PERLES	2	
TGQ 15DM/5PEH/2CPM	2	
TGQ 30PSE/150GFN/15DM	2	
TGQ 30PSE/3BRM/15DM	2	
TUSNEL PED-C	2	
TUSSICAPS	2	
TUSSIGON	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	2	
TUZISTRA XR	2	
VAZOTAN	2	
VIRAVAN-DM	2	
VITUZ	2	
ZONATUSS	2	
ZOTEX-12D	1	
ZOTEX-C	2	
ZUTRIPRO	2	
Erectile Dysfunction		
BI-MIX	2	QL (6 EA per 30 days)
CAVERJECT	2	QL (6 EA per 30 days)
CAVERJECT IMPULSE	2	QL (6 EA per 30 days)
CIALIS	2	QL (6 EA per 30 days)
EDEX	2	QL (6 EA per 30 days)
LEVITRA	2	QL (6 EA per 30 days)
MUSE	2	QL (6 EA per 30 days)
PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL	1	QL (5 ML per 30 days)
PAPAVERINE-PHENTOLAMINE MESYLATE	1	QL (5 ML per 30 days)
PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL	1	QL (5 ML per 30 days)
STAXYN	2	QL (6 EA per 30 days)
STENDRA	2	QL (6 EA per 30 days)
SUPER BI-MIX	2	QL (6 EA per 30 days)
SUPER TRI-MIX	2	QL (6 EA per 30 days)
TADALAFIL	1	QL (6 EA per 30 days)
TRI-MIX	2	QL (6 EA per 30 days)
VARDENAFIL HYDROCHLORIDE	1	QL (6 EA per 30 days)
VIAGRA	2	QL (6 EA per 30 days)
Fertility		
BRAVELLE	2	

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Drug Name	Drug Tier	Requirements/Limits
CETROTIDE	2	
CLOMIPHENE CITRATE	1	
ENDOMETRIN	2	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	2	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	2	
FOLLISTIM AQ	2	
GANIRELIX ACETATE	1	
GONAL-F	2	
GONAL-F RFF	2	
GONAL-F RFF REDIJECT	2	
HCG	2	
MENOPUR	2	
OVIDREL	2	
Miscellaneous		
AERO OTIC HC	1	
ALA-QUIN	2	
ALCORTIN A	2	
ALOQUIN	2	
AMINO BENZOATE POTASSIUM	1	
ANALPRAM-HC	2	
ANALPRAM-HC SINGLES	2	
ANUCORT-HC	1	
ANUSOL-HC	2	
BENZOYL PEROXIDE 8%	1	
CETACAINE	2	
CORTANE-B	2	
CORTANE-B AQUEOUS	2	
CORTANE-B-OTIC	2	
CORTIC-ND	1	
COVARYX	1	
COVARYX HS	1	
CYOTIC	1	
CYTRA-3	2	
DERMAZENE	1	
DONNATAL	2	
EEMT	1	
EEMT HS	1	
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	1	
EXOTIC-HC	1	
GRX HICORT 25	1	
HEMORRHOIDAL-HC	1	
HYDROCORTISONE ACETATE	1	
HYDROCORTISONE ACETATE/PRAMOXINE	1	

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Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE/IODOQUINOL	1	
ISOMETHEPTENE/DICHLORALPHENAZONE/ACETAMINOPHEN	1	
ISOXSUPRINE HCL	1	
MEZPAROX-HC FORTE	2	
NODOLOR	1	
NOVACORT	2	
OTICIN HC NR	2	
OTO-END 10	1	
OTOMAX-HC	1	
POTABA	2	
POTASSIUM P-AMINOBENZOATE	1	
PRAMOSONE	2	
PROCTOCORT	2	
RECTACORT-HC	1	
VYSTONE	2	
Vitamins and Minerals		
ACTIVE FE	2	
ADRENAL C FORMULA	2	
ADVANCED AM/PM	2	
AIRAVITE	1	
ALBAFORT	2	
AMINOBENZOATE POTASSIUM	1	
ANIMI-3	2	
ANIMI-3/VITAMIN D	2	
AP-ZEL	2	
AQUASOL A PARENTERAL	2	
ASCOR	2	
ASCORBIC ACID INJ 15000MG/30ML	2	
ASCORBIC ACID INJ 500MG/ML	1	
ASTAMED MYO	2	
ATABEX EC	2	
AVAILNEX	2	
B-6 FOLIC ACID	1	
B-COMPLEX 100	1	
B-PLEX	1	
B-PLEX PLUS	1	
BACMIN	2	
BIFERARX	2	
BIOCEL	1	
BP MULTINATAL PLUS	1	
BP VIT 3	2	
CARDIOTEK-RX	2	
CENFOL	2	

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Drug Name	Drug Tier	Requirements/Limits
CENTRATEX	2	
CEREFOLIN	2	
CEREFOLIN NAC	2	
CIFEREX	2	
CITRANATAL ASSURE	2	
COD LIVER OIL	1	
COMPLETE NATAL DHA	1	
CORVITA	1	
CORVITA 150	1	
CORVITE	2	
CORVITE 150	2	
CORVITE FE	2	
CORVITE FREE	1	
CYANOCOBALAMIN INJ 2000MCG/ML	2	
CYANOCOBALAMIN INJ 1000MCG/ML	1	
CYFOLEX	2	
DEPLIN 15	2	
DEPLIN 7.5	2	
DIALYVITE	1	
DIALYVITE 3000	2	
DIALYVITE 5000	2	
DIALYVITE SUPREME D	2	
DIALYVITE/ZINC	2	
DRISDOL	2	
DURACHOL	2	
ELFOLATE PLUS	2	
ENLYTE	2	
ENTERAGAM	2	
ERGOCAL	2	
ERGOCALCIFEROL	1	
FABB	1	
FE 90 PLUS	2	
FERAHEME	2	
FERIVA 21/7	2	
FERIVAFA	2	
FEROCON	1	
FEROTRINSIC	1	
FERRALET 90	2	
FERRAPLUS 90	2	
FERRO-PLEX HEMATINIC	2	
FERROCITE PLUS	1	
FERROGELS FORTE	1	
FERROTRIN	2	

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Drug Name	Drug Tier	Requirements/Limits
FIBRIK	2	
FOLBEE	1	
FOLBEE AR	2	
FOLBEE PLUS	1	
FOLBEE PLUS CZ	1	
FOLBIC	1	
FOLBIC RF	2	
FOLGARD OS	2	
FOLGARD RX	2	
FOLI-D	2	
FOLIC ACID	1	
FOLIC ACID/CYANOCOBALAMIN/PYRIDOXINE HYDROCHLORIDE	1	
FOLIC ACID/VITAMIN B-6/VITAMIN B-12	1	
FOLIKA-V	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
FOLIXAPURE	2	
FOLPLEX 2.2	1	
FOLTANX	2	
FOLTANX RF	2	
FOLTRATE	2	
FOLTRIN	1	
FOLTX	2	
FORTAVIT	2	
FOSTEUM	2	
FOSTEUM PLUS	2	
FOVEX	2	
FUSION PLUS	2	
FUSION SPRINKLES	2	
GABADONE	2	
GENICIN VITA-D	2	
HEMATINIC PLUS COMPLEX	1	
HEMATINIC PLUS VITAMINS/MINERALS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN	1	
HEMATOGEN FA	2	
HEMATOGEN FORTE	1	
HEMATRON-AF	2	
HEMENATAL OB + DHA	2	
HEMETAB	2	
HEMOCYTE PLUS	2	
HEMOCYTE-F ELIX	2	

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Drug Name	Drug Tier	Requirements/Limits
HEMOCYTE-F TABS	1	
HEMOCYTE-PLUS	1	
HYDROXOCOBALAMIN	1	
HYPERTENSA	2	
ICAR-C PLUS	2	
IFEREX 150 FORTE	1	
INFED	1	
INFUVITE ADULT	1	
INFUVITE PEDIATRIC	1	
INJECTAFER	2	
INTEGRA F	2	
INTEGRA PLUS	2	
IROSPAN 24/6	2	
KOSHER PRENATAL PLUS IRON	2	
L-METHYL-B6-B12	1	
L-METHYL-MC	2	
L-METHYL-MC NAC	2	
L-METHYLFOLATE	1	
L-METHYLFOLATE CA ME-CBL NAC	2	
L-METHYLFOLATE CA/P-5-P/ME-CBL	1	
L-METHYLFOLATE CALCIUM	1	
L-METHYLFOLATE FORMULA 15	2	
L-METHYLFOLATE FORMULA 7.5	2	
L-METHYLFOLATE FORTE	2	
LIMBREL	2	
LIMBREL250	2	
LIMBREL500	2	
LIPICHOL 540	2	
LISTER-V	2	
LMTHF/PYRIDOXINE HCL/CYANOCOBALAMIN	1	
LYSIPLEX PLUS	1	
M.V.I. ADULT	2	
M.V.I. PEDIATRIC	2	
M.V.I.-12 WITHOUT VITAMIN K	2	
MAXFE	2	
MEPHYTON	2	
METAFOLBIC	2	
METAFOLBIC PLUS	2	
METAFOLBIC PLUS RF	2	
METANX	2	
METHIONINE/INOSITOL/CHOLINE/CYANOCOBALAMIN	1	
METHYLCOBALAMIN	2	
MULTI-B-PLUS	1	

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Drug Name	Drug Tier	Requirements/Limits
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
MYFERON 150 FORTE	1	
MYNATAL	2	
MYNATAL ULTRACAPLET	1	
MYNATE 90 PLUS	1	
MYNEPHROCAPS	1	
NASCOBAL	2	
NATALVIRT FLT	2	
NATALVIT	2	
NEEVO DHA	2	
NEPHPLEX RX	2	
NEPHRO-VITE RX	2	
NEPHROCAPS	2	
NEPHRON FA	2	
NEPHRONEX	1	
NESTABS DHA	2	
NEUREPA	2	
NEURIN-SL	2	
NIACIN	1	
NICADAN	2	
NICAZEL	2	
NICAZEL FORTE	2	
NICOMIDE	2	
NOXIFOL-D	2	
NUFOL	1	
NUTRICAP	2	
NUTRIFAC ZX	1	
NUTRIVIT	2	
OBSTETRIX DHA	2	
OBSTETRIX EC	1	
OCUVEL	2	
ORTHO-FOLIC	2	
PERCURA	2	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	2	
PHYTONADIONE	1	
PNV PRENATAL PLUS MULTIVITAMIN + DHA	2	
PNV-VP-U	2	
PODIAPN	2	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
POTABA	2	

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Drug Name	Drug Tier	Requirements/Limits
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PRENA 1 TRUE	2	
PRENA1 CHEW	2	
PRENA1 PEARL	2	
PRENAISSANCE HARMONY DHA	1	
PRENATAL	1	
PRENATAL-U	2	
PROFERRIN-FORTE	2	
PROTECT PLUS	2	
PROTECTIRON	2	
PROTEOLIN	2	
PULMONA	2	
PUREFE PLUS	2	
PUREVIT DUALFE PLUS	1	
PYRIDOXINE HCL	1	
R-NATAL OB	2	
RENAL CAPS	1	
RENATABS	2	
RENATABS WITH IRON	2	
RENA-VITE RX	1	
RENO CAPS	1	
REQ 49+	2	
REVESTA	2	
RHEUMATE	2	
ROXIFOL-D	2	
SE-TAN PLUS	1	
SELECT-OB+DHA	2	
SENTRA AM	2	
SENTRA PM	2	
SIDEROL	2	
SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	1	
STROVITE FORTE	2	
STROVITE ONE	2	
SUPERVITE	2	
SUPPORT	2	
SUPPORT-500	2	
SYNAGEX	2	
SYNATEK	2	
TANDEM PLUS	2	
TARON FORTE	2	

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Drug Name	Drug Tier	Requirements/Limits
TARON-BC	2	
THERAMINE	2	
THIAMINE HCL	1	
TL G-FOL OS	2	
TL GARD RX	1	
TL ICON	1	
TL-HEM 150	1	
TL-ICARE	2	
TOZAL	2	
TREPADONE	2	
TRIADVANCE	2	
TRICARE PRENATAL COMPLEAT	2	
TRICON	1	
TRIFERIC	2	
TRIGELS-F FORTE	1	
TRINATAL GT	2	
TRIPHROCAPS	1	
UDAMIN SP	2	
UROSEX	1	
V-C FORTE	1	
VASCAZEN	2	
VASCULERA	2	
VENOFER	2	
VIC-FORTE	1	
VICAP FORTE	1	
VINATE II	1	
VINATE M	2	
VIRT-ADVANCE	2	
VIRT-CAPS	1	
VIRT-VITE	1	
VIRT-VITE FORTE	1	
VIRT-VITE PLUS	1	
VITA S FORTE	1	
VITA-MIN	1	
VITACEL	1	
VITAFOL	2	
VITAFOL-OB+DHA	2	
VITAJECT	2	
VITAL-D RX	2	
VITAMAX PEDIATRIC	1	
VITAMEDMD REDICHEW RX	2	
VITAMIN B-COMPLEX 100	1	
VITAMIN D	1	

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Drug Name	Drug Tier	Requirements/Limits
VITAMIN K1	1	
VITAROCA PLUS	2	
VOL-CARE RX	1	
VP-GSTN	2	
VP-HEME OB + DHA	2	
VP-PRECIP	1	
VP-ZEL	2	
WHEAT GERM	1	
XAQUIL XR	2	
XYZBAC	1	
Weight loss		
ADIPEX-P	2	PA
APPTRIM	2	PA
APPTRIM-D	2	PA
BELVIQ	2	PA
BELVIQ XR	2	PA
BENZPHETAMINE HCL TABS 25MG, 50MG	1	PA
CONTRAVE	2	PA
DIETHYLPROPION HCL	1	PA
DIETHYLPROPION HCL ER	1	PA
LOMAIRA	2	PA
MEDACTIV	2	PA
PHENDIMETRAZINE TARTRATE	1	PA
PHENDIMETRAZINE TARTRATE ER	1	PA
PHENTERMINE HCL CAPS 15MG, 37.5MG	1	PA
PHENTERMINE HCL TABS 37.5MG	1	PA
PHENTERMINE HYDROCHLORIDE	1	PA
QSYMIA	2	PA
SAXENDA	2	PA
XENICAL	2	PA

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This formulary was updated on 10/01/2019. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript Customer Care at the number on the back of your ID card. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health company.