

# 2019 Comprehensive Formulary

## Aetna Medicare (List of Covered Drugs) A1B

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

This formulary was updated on 10/01/2018. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-877-238-6211** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit <https://www.aetnamedicare.com/formulary>.

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

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

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

## Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program, which is called Aetna Rx Home Delivery®. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-877-238-6211 (TTY: 711)**, 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

**ATTENTION:** If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call **1-877-238-6211 (TTY: 711)**.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-238-6211 (TTY: 711)**.

**注意:** 如果您講中文, 您可獲取免費的語言輔助服務。撥打**1-877-238-6211 (聽障專線: 711)**。

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## What is the Aetna Medicare Comprehensive Formulary?

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

## Can the Formulary (drug list) change?

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

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

- **New generic drugs.** 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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Aetna Medicare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 10/01/2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

## **How do I use the Formulary?**

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

### **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 84. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.

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

**You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10.** You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### **What if my drug is not on the Formulary?**

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

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

You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

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

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

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

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

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

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

these drugs, even if you have been a member of the plan less than 90 days.

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

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

### **For more information**

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

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

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



# Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

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

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

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

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

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

**LA:** Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-877-238-6211 (TTY: 711)**, 24 hours a day, 7 days a week.

**MO:** Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "mail-order" drugs in our Drug List or MO. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-877-238-6211 (TTY: 711)**, 24 hours a day, 7 days a week.

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



# Drug tier copay levels

This 2019 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2019 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

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

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

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

## Key\*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D
Lowercase italics = Generic medications		

## Drug name Drug tier Requirements/Limits

### ANALGESICS

#### **Analgesics**

<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine esgic caps</i>	4	QL (180 EA per 30 days) PA MO
<i>phrenilin forte caps 300mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO

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

<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	4	MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diflunisal tabs 500mg</i>	4	MO
<i>etodolac er</i>	4	MO
<i>etodolac caps, tabs</i>	3	MO
<i>flurbiprofen tabs</i>	2	MO
<i>ibuprofen susp</i>	2	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
<i>ibu tabs 600mg, 800mg</i>	1	MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meloxicam tabs</i>	1	MO
<i>nabumetone tabs</i>	2	MO
<i>naproxen dr</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO
<i>naproxen susp</i>	2	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam caps</i>	3	MO
<i>sulindac tabs</i>	2	MO
<b>Opioid Analgesics, Long-acting</b>		
<i>fentanyl transdermal patches</i>	4	QL (15 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
<i>methadone hcl tabs</i>	3	QL (180 EA per 30 days) PA MO
<i>methadone hcl oral soln</i>	3	QL (3000 ML per 30 days) PA MO
<i>methadone hcl oral conc</i>	3	QL (360 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr (generic MS Contin) 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr (generic MS Contin) 15mg</i>	3	QL (90 EA per 30 days) PA MO
NUCYNTA ER TB12 100MG, 200MG, 250MG, 50MG	3	QL (60 EA per 30 days) PA MO
NUCYNTA ER TB12 150MG	3	QL (90 EA per 30 days) PA MO
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) PA MO
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine oral soln</i>	2	QL (4500 ML per 30 days) MO
<i>codeine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	5	QL (120 EA per 30 days) PA MO
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone/acetaminophen oral soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (5550 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl immediate release tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral soln</i>	4	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 10mg/ml, 50mg/5ml</i>	4	B/D
<i>hydromorphone hcl inj 1mg/ml, 2mg/ ml, 4mg/ml</i>	4	B/D MO
<i>ibudone tabs 5mg; 200mg</i>	4	QL (150 EA per 30 days)
<i>morphine sulfate inj 0.5mg/ml, 10mg/ ml, 150mg/30ml, 1mg/ml pf, 25mg/ ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate inj 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	3	QL (180 EA per 30 days) MO
<i>morphine sulfate tabs 15mg</i>	3	QL (60 EA per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl oral soln</i>	3	QL (5400 ML per 30 days) MO
<i>oxycodone hcl oral conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	3	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>tramadol hcl immediate release tabs</i>	4	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/ acetaminophen</i>	4	QL (240 EA per 30 days) MO

## ANESTHETICS

### Local Anesthetics

<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	4	
<i>lidocaine viscous</i>	4	MO
<i>lidocaine/prilocaine crea</i>	4	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	3	QL (90 EA per 30 days) PA MO
<i>lidocaine oint</i>	4	QL (35.44 GM per 30 days) PA MO

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	4	MO
<i>disulfiram tabs</i>	4	MO
<i>naltrexone hcl tabs</i>	3	MO
VIVITROL	5	

### Opioid Dependence Treatments

<i>buprenorphine hcl/naloxone hcl</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hcl subl</i>	2	QL (90 EA per 30 days) PA MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) MO

### Opioid Reversal Agents

<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml</i>	3	
<i>naloxone hcl inj 0.4mg/ml, 4mg/10ml</i>	3	MO
NARCAN NASAL SPRAY	3	MO

### Smoking Cessation Agents

<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
CHANTIX TABS 0.5MG, 1MG	4	PA MO
NICOTROL INHALER	4	MO
NICOTROL NS	4	MO

## ANTIBACTERIALS

### Aminoglycosides

<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	MO
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\*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>gentamicin sulfate inj 10mg/ml</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml, 1.6mg/ml, 1mg/ml, 2mg/ml</i>	4	
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	MO
<i>neomycin sulfate</i>	2	MO
<i>paromomycin sulfate</i>	4	MO
<i>streptomycin sulfate inj 1gm</i>	4	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<b>Antibacterials, Other</b>		
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
<i>chloramphenicol sodium succinate</i>	4	
<i>clindamycin hcl caps</i>	2	MO
<i>clindamycin palmitate hcl 75mg/5ml</i>	4	MO
<i>clindamycin phosphate in d5w inj</i>	4	
<i>clindamycin phosphate inj 900mg/6ml</i>	4	
<i>clindamycin phosphate vaginal crea 2%</i>	4	MO
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE IV SOLN	4	
<i>colistimethate sodium</i>	4	PA MO
<i>daptomycin inj 500mg</i>	5	
ISOPROPYL ALCOHOL WIPES	3	
<i>linezolid inj</i>	5	PA
<i>linezolid oral susp</i>	5	QL (1800 ML per 28 days) PA MO
<i>linezolid tabs</i>	5	QL (56 EA per 28 days) PA MO
<i>methenamine hippurate</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	4	MO
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole vaginal</i>	4	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole inj 5mg/ml</i>	4	
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
SYNERCID INJ 500MG	5	
<i>tigecycline inj</i>	5	
<i>tinidazole</i>	4	MO
<i>trimethoprim tabs</i>	1	MO
VANCOMYCIN HCL INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
<i>vancomycin hcl caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hcl caps 250mg</i>	5	MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 1000mg, 100gm, 10gm, 5000mg, 750mg</i>	4	
<i>vancomycin hcl inj 500mg</i>	4	MO
VANDAZOLE	4	MO
XIFAXAN TABS 550MG	5	PA MO
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor er tb12 500mg</i>	4	MO
<i>cefaclor caps</i>	3	MO
<i>cefaclor oral susp 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	4	
<i>cefazolin sodium inj 100gm, 1gm, 20gm, 300gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO

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



Drug name	Drug tier	Requirements/Limits
CEFAZOLIN INJ 2GM/100ML; 4%	4	
<i>cefdinir caps</i>	2	MO
<i>cefdinir oral susp</i>	3	MO
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	4	
<i>cefotaxime sodium inj 1gm</i>	4	MO
<i>cefotetan</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME/DEXTROSE IV INJ	4	
<i>ceftazidime inj 6gm</i>	4	
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 100gm, 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO
SUPRAX CAPS	3	MO
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX ORAL SUSP 500MG/5ML	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	5	
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM/50ML, 2GM/50ML	4	
AZACTAM INJ 1GM, 2GM	4	
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>imipenem/cilastatin</i>	4	MO
INVANZ INJ 1GM	4	
INVANZ INJ 1GM	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>meropenem vial</i>	4	MO
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>amoxicillin chew 125mg, 250mg</i>	1	MO
<i>amoxicillin caps, oral susp, tabs</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i>	4	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin caps 500mg</i>	1	MO
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	MO
<i>dicloxacillin sodium</i>	2	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	4	MO
<i>penicillin g procaine</i>	4	MO
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/ tazobactam sodium inj 36gm; 4.5gm</i>	4	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	4	
<i>piperacillin/tazobactam inj 12gm; 1.5gm, 2gm; 0.25gm, 4gm; 0.5gm</i>	4	
<b>Macrolides</b>		
AZITHROMYCIN 1 GM PACK FOR ORAL SUSPENSION	3	MO
<i>azithromycin oral susp, tabs</i>	2	MO
<i>azithromycin inj 500mg</i>	4	MO
<i>clarithromycin oral susp, tabs</i>	3	MO
DIFICID	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<i>erythromycin base tabs</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin stearate tabs 250mg</i>	3	MO
<i>erythromycin caps dr 250mg</i>	3	MO
<b>Quinolones</b>		
<i>ciprofloxacin hcl tabs 100mg, 250mg, 750mg</i>	2	MO
<i>ciprofloxacin hydrochloride tabs</i>	2	MO
<i>ciprofloxacin iv in d5w 200mg/100ml iv soln</i>	4	
<i>ciprofloxacin iv in d5w 400mg/200ml iv soln</i>	4	MO
CIPROFLOXACIN OTIC SOLN	3	MO
<i>ciprofloxacin inj</i>	4	
<i>ciprofloxacin oral susp 250mg/5ml</i>	3	
<i>ciprofloxacin oral susp 500mg/5ml</i>	3	MO
<i>levofloxacin in d5w iv soln</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hcl ophthalmic soln</i>	3	MO
<i>ofloxacin tabs 300mg, 400mg</i>	2	MO
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	4	MO
<b>Tetracyclines</b>		
<i>doxy 100 inj</i>	4	MO
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate caps</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg, 75mg</i>	3	MO
<i>doxycycline monohydrate tabs</i>	2	MO
<i>doxycycline monohydrate caps</i>	4	MO
<i>doxycycline oral susp 25mg/5ml</i>	3	MO
<i>minocycline hcl caps</i>	2	MO
<i>morgidox 1x100mg caps</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>morgidox 1x50mg caps</i>	4	
<i>morgidox 2x100mg caps</i>	4	
<i>okebo</i>	4	
<i>soloxide</i>	4	
<i>tetracycline hydrochloride</i>	4	MO

## ANTICONVULSANTS

### **Anticonvulsants, Other**

APTIOM TABS 200MG	5	QL (180 EA per 30 days) MO
APTIOM TABS 600MG, 800MG	5	QL (60 EA per 30 days) MO
APTIOM TABS 400MG	5	QL (90 EA per 30 days) MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN, TABS	5	PA MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
<i>levetiracetam oral soln, tabs</i>	2	MO
<i>levetiracetam inj 5mg/ml, 10mg/ml, 15mg/ml</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	4	MO
<i>roweepra</i>	2	
SPRITAM	4	MO

### **Calcium Channel Modifying Agents**

CELONTIN CAPS 300MG	4	MO
<i>ethosuximide</i>	4	MO
LYRICA ORAL SOLN	3	QL (946 ML per 30 days) MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) MO
LYRICA CAPS 225MG, 300MG	3	QL (60 EA per 30 days) MO
LYRICA CAPS 200MG	3	QL (90 EA per 30 days) MO
<i>zonisamide</i>	3	MO

### **Gamma-aminobutyric Acid (GABA) Augmenting Agents**

<i>clonazepam odt tbdp 1mg</i>	3	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	2	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	2	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC GEL 2.5MG	4	MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>divalproex sodium sprinkle caps</i>	3	MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin caps</i>	3	QL (90 EA per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	3	QL (90 EA per 30 days) MO
GABITRIL TABS 12MG, 16MG	4	MO
GABITRIL TABS 2MG, 4MG	5	MO
ONFI SUSP	5	PA MO
ONFI TABS 10MG, 20MG	5	PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	QL (120 EA per 30 days) PA MO
<i>primidone tabs</i>	2	MO
SABRIL TABS	5	QL (180 EA per 30 days) PA LA
<i>tiagabine hydrochloride</i>	4	MO
<i>valproate sodium inj 100mg/ml</i>	4	
<i>valproic acid caps, soln</i>	2	MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA
<b>Glutamate Reducing Agents</b>		
<i>felbamate</i>	4	MO
<i>lamotrigine chew, tabs</i>	2	MO
<i>topiramate sprinkle caps, tabs</i>	2	MO
<b>Sodium Channel Agents</b>		
BANZEL	5	PA MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine chew, susp, tabs</i>	2	MO
DILANTIN INFATABS CHEW TABS	3	MO
DILANTIN-125 ORAL SUSP	4	MO
DILANTIN CAPS	3	MO
<i>epitol</i>	4	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
PEGANONE TABS 250MG	4	MO
PHENYTEK	3	MO
<i>phenytoin sodium er caps</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<i>phenytoin chew, susp</i>	3	MO
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	4	QL (120 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO

## ANTIDEMENTIA AGENTS

### **Antidementia Agents, Other**

<i>ergoloid mesylates tabs</i>	3	PA MO
NAMZARIC	4	MO

### **Cholinesterase Inhibitors**

<i>donepezil hcl odt</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO
<i>galantamine hydrobromide er caps</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine tartrate caps</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO

### **N-methyl-D-aspartate (NMDA) Receptor Antagonist**

<i>memantine hcl</i>	3	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride soln</i>	3	QL (360 ML per 30 days) PA MO

## ANTIDEPRESSANTS

### **Antidepressants, Other**

<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) MO
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL (30 EA per 30 days) PA MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>phenelzine sulfate</i>	3	MO
<i>tranylcypromine sulfate</i>	4	MO
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide soln</i>	3	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 TB24 (BRANDED GENERIC KHEDEZLA) 100MG, 50MG	3	QL (30 EA per 30 days) MO
<i>desvenlafaxine er tb24 (generic Pristiq) 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) MO
<i>duloxetine hcl dr caps 20mg, 40mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hcl dr caps 30mg</i>	3	QL (90 EA per 30 days) MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 20MG	4	QL (180 EA per 30 days) PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 40MG	4	QL (90 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	2	QL (120 EA per 30 days) MO
<i>fluoxetine hcl caps 10mg</i>	2	QL (30 EA per 30 days) MO
<i>fluoxetine hcl caps 40mg</i>	2	QL (60 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	2	MO
FLUOXETINE HYDROCHLORIDE TABS 60MG	3	MO
<i>fluoxetine hcl tabs (generic Prozac) 10mg, 20mg</i>	2	MO
<i>fluvoxamine maleate tabs</i>	4	MO

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



Drug name	Drug tier	Requirements/Limits
<i>maprotiline hcl</i>	4	MO
<i>nefazodone hcl</i>	4	MO
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO
PAXIL SUSP	4	QL (900 ML per 30 days) MO
<i>sertraline hcl conc</i>	3	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 100mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>trazodone hydrochloride</i>	2	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl tabs</i>	3	MO
<i>venlafaxine hydrochloride er tb24 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs</i>	3	PA MO
<i>amoxapine</i>	3	MO
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hcl tabs</i>	4	MO
<i>imipramine hcl tabs</i>	2	PA MO
<i>nortriptyline hcl caps, soln</i>	2	MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>protriptyline hcl</i>	4	MO
<i>trimipramine maleate caps</i>	4	PA MO

## ANTIEMETICS

### Antiemetics, Other

<i>dimenhydrinate inj</i>	4	
<i>meclizine hcl tabs</i>	2	MO
<i>phenadoz supp 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA MO
<i>phenergan supp</i>	4	PA
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	4	PA MO
<i>scopolamine transdermal patch</i>	4	QL (10 EA per 30 days) PA MO
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant</i>	4	B/D MO
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	4	B/D
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	4	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D MO
<i>ondansetron odt</i>	2	B/D MO

## ANTIFUNGALS

### Antifungals

ABELCET INJ	5	B/D
AMBISOME INJ	5	B/D
<i>amphotericin b inj</i>	4	B/D MO
<i>casprofungin acetate inj 50mg</i>	5	
<i>casprofungin acetate inj 70mg</i>	5	MO
<i>ciclodan topical soln</i>	3	
<i>ciclopirox nail lacquer</i>	3	MO
<i>ciclopirox olamine crea</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox susp</i>	3	MO
<i>ciclopirox gel</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	3	QL (120 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	QL (30 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate crea</i>	4	QL (45 GM per 30 days) MO
<i>clotrimazole lozg</i>	3	MO
<i>clotrimazole topical soln</i>	3	QL (30 ML per 30 days) MO
<i>clotrimazole crea</i>	3	QL (45 GM per 30 days) MO
<i>econazole nitrate crea</i>	4	QL (85 GM per 30 days) MO
<i>fluconazole in d5w iv inj 200mg/100ml, 400mg/200ml</i>	4	
<i>fluconazole in sodium chloride 0.9% iv soln 200mg/100ml, 400mg/200ml</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>fluconazole tabs</i>	2	MO
<i>fluconazole oral susp</i>	3	MO
<i>flucytosine caps</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize tabs</i> 125mg, 250mg	4	MO
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole tabs</i>	2	MO
<i>ketoconazole sham</i>	2	QL (120 ML per 30 days) MO
<i>ketoconazole crea</i>	3	QL (60 GM per 30 days) MO
MYCAMINE INJ 100MG	5	
MYCAMINE INJ 50MG	5	MO
NOXAFIL SUSP	5	QL (630 ML per 30 days) MO
NOXAFIL TBEC	5	QL (93 EA per 30 days) MO
<i>nyamyc</i>	3	
<i>nystatin crea</i>	2	QL (30 GM per 30 days) MO
<i>nystatin powd</i>	3	MO
<i>nystatin susp, tabs</i>	4	MO
<i>nystatin oint</i>	4	QL (30 GM per 30 days) MO
<i>nystop</i>	3	MO
<i>terbinafine hcl tabs</i>	2	MO
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
<i>voriconazole inj</i>	4	
<i>voriconazole oral susp, tabs</i>	4	MO

## ANTIGOUT AGENTS

### *Antigout Agents*

<i>allopurinol tabs</i>	1	MO
<i>colchicine caps</i>	3	QL (60 EA per 30 days) MO
<i>colchicine tabs 0.6mg</i>	3	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid/colchicine</i>	3	MO
<i>probenecid tabs</i>	3	MO
ULORIC	3	ST MO

## ANTIMIGRAINE AGENTS

### *Ergot Alkaloids*

<i>dihydroergotamine mesylate inj</i>	4	PA MO
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\*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 28 days) PA MO
<i>ergotamine tartrate/caffeine</i>	3	MO
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
<i>eletriptan hydrobromide</i>	3	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan succinate inj</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO

#### ANTIMYASTHENIC AGENTS

##### **Parasympathomimetics**

GUANIDINE HCL	4	
<i>pyridostigmine bromide er</i>	3	MO
<i>pyridostigmine bromide tabs</i>	3	MO

#### ANTIMYCOBACTERIALS

##### **Antimycobacterials, Other**

<i>dapsone tabs</i>	3	MO
<i>rifabutin</i>	4	MO

##### **Antituberculars**

<i>cycloserine</i>	5	MO
<i>ethambutol hcl tabs</i>	4	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid syrp</i>	2	MO
<i>isoniazid inj</i>	4	
PASER	4	MO
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	
RIFATER	4	MO
SIRTURO	5	PA LA
TRECTOR	4	MO

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

Drug name	Drug tier	Requirements/Limits
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**ANTINEOPLASTICS**

***Alkylating Agents***

BENDEKA INJ	5	
<i>busulfan inj</i>	5	
CYCLOPHOSPHAMIDE CAPS	4	B/D MO
<i>cyclophosphamide inj</i>	4	
GLEOSTINE CAPS 10MG, 5MG	4	
GLEOSTINE CAPS 100MG, 40MG	4	MO
HEXALEN	5	MO
KISQALI 200MG FEMARA CO-PACK	5	PA
KISQALI 400MG FEMARA CO-PACK	5	PA
KISQALI 600MG FEMARA CO-PACK	5	PA
LEUKERAN	5	MO
MATULANE	5	LA
<i>melfalan hcl tablet</i>	5	
<i>melfalan inj</i>	4	B/D MO
MUSTARGEN	5	
<i>thiotepa inj 15mg</i>	5	
VALCHLOR	5	QL (60 GM per 30 days) PA MO

***Antiandrogens***

<i>bicalutamide</i>	3	MO
ERLEADA	5	PA LA
<i>flutamide</i>	4	MO
<i>nilutamide</i>	5	MO
XTANDI	5	PA LA
ZYTIGA	5	PA LA

***Antiangiogenic Agents***

POMALYST	5	PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (30 EA per 30 days) PA
THALOMID CAPS 150MG, 200MG	5	QL (60 EA per 30 days) PA

***Antiestrogens/Modifiers***

EMCYT	4	MO
FARESTON	5	MO
SOLTAMOX	5	MO
<i>tamoxifen citrate tabs</i>	2	MO

***Antimetabolites***

<i>clofarabine</i>	5	
DROXIA	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluorouracil inj 1gm/20ml</i>	3	B/D
<i>hydroxyurea caps</i>	2	MO
<i>mercaptopurine tabs</i>	4	MO
PURIXAN	5	
TABLOID	4	MO
<b>Antineoplastics, Other</b>		
ABRAXANE	5	
<i>adrucil</i>	3	B/D
ALIMTA	5	
AVASTIN	5	PA LA
<i>bleomycin sulfate</i>	4	B/D
BORTEZOMIB	5	PA
<i>carboplatin</i>	3	
<i>cisplatin</i>	3	
<i>cladribine</i>	4	B/D
<i>cytarabine aqueous</i>	4	B/D
<i>dacarbazine</i>	4	
<i>dactinomycin</i>	5	
<i>daunorubicin hcl inj 5mg/ml</i>	4	
<i>decitabine</i>	4	
<i>dexrazoxane</i>	4	
DOCETAXEL INJ 160MG/16ML, 20MG/2ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml</i>	4	
<i>docetaxel inj 160mg/8ml, 200mg/10ml, 80mg/4ml</i>	5	
<i>doxorubicin hcl liposome</i>	4	
<i>doxorubicin hcl inj 10mg, 2mg/ml, 50mg</i>	4	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	4	
FASLODEX	5	
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 2.5gm/50ml, 5gm/100ml</i>	3	B/D
<i>gemcitabine</i>	4	
<i>gemcitabine hcl</i>	4	
HERCEPTIN INJ 440MG	5	PA
<i>idarubicin hcl</i>	4	

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

Drug name	Drug tier	Requirements/Limits
IFEX	4	
<i>ifosfamide</i>	4	
INTRON A INJ 10MU/ML, 10MU, 18MU	5	
<i>irinotecan</i>	4	
KADCYLA	5	
KISQALI	5	PA
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml (10mg/ml)</i>	5	B/D
LEVOLEUCOVORIN INJ 175MG	5	B/D
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	B/D
LONSURF	5	PA
LYNPARZA TABS 100MG, 150MG	5	PA LA MO
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	3	
<i>mutamycin inj 20mg, 5mg</i>	4	
<i>mutamycin inj 40mg</i>	5	
NERLYNX	5	PA LA
NINLARO	5	PA
NIPENT INJ	5	
<i>oxaliplatin</i>	4	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	4	
<i>romidepsin</i>	5	
RUBRACA	5	PA LA
RYDAPT	5	PA
SYNRIBO	5	PA
TAXOTERE INJ 80MG/4ML	5	
TRISENOX INJ 12MG/6ML	5	
VELCADE	5	PA
VERZENIO	5	PA LA
<i>vinblastine sulfate inj 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D

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



Drug name	Drug tier	Requirements/Limits
<i>vinorelbine tartrate</i>	4	
YERVOY	5	PA
ZEJULA	5	PA LA MO
ZOLINZA	5	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	2	MO
<i>exemestane</i>	4	MO
<i>letrozole</i>	2	MO
<b>Enzyme Inhibitors</b>		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	3	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	3	
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	5	
<b>Molecular Target Inhibitors</b>		
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
ALECENSA	5	PA LA
ALUNBRIG	5	PA LA
BELEODAQ	5	PA
BOSULIF	5	PA
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	PA LA MO
CAPRELSA	5	PA LA MO
COMETRIQ	5	PA LA MO
COTELLIC	5	PA LA
ERIVEDGE	5	PA LA
FARYDAK	5	PA LA
GILOTRIF	5	PA LA MO
IBRANCE	5	PA LA
ICLUSIG	5	PA LA MO
IDHIFA	5	PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA TABS	5	PA LA
IMBRUVICA CAPS 70MG	5	PA LA

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

Drug name	Drug tier	Requirements/Limits
IMBRUVICA CAPS 140MG	5	PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
IRESSA	5	PA LA MO
JAKAFI	5	QL (60 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA MO
LENVIMA 14 MG DAILY DOSE	5	PA LA MO
LENVIMA 18 MG DAILY DOSE	5	PA LA MO
LENVIMA 20 MG DAILY DOSE	5	PA LA MO
LENVIMA 24 MG DAILY DOSE	5	PA LA MO
LENVIMA 8 MG DAILY DOSE	5	PA LA MO
LYNPARZA CAPS 50MG	5	PA LA MO
MEKINIST	5	PA LA
NEXAVAR	5	PA LA
ODOMZO	5	PA LA
SPRYCEL	5	PA
STIVARGA	5	PA LA
SUTENT	5	PA
TAFINLAR	5	PA LA
TAGRISO	5	PA LA
TARCEVA TABS 100MG, 150MG	5	QL (30 EA per 30 days) PA LA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA LA
TASIGNA	5	PA
TYKERB	5	PA LA
VENCLEXTA STARTING PACK	5	PA LA MO
VENCLEXTA TABS 10MG, 50MG	4	PA LA MO
VENCLEXTA TABS 100MG	5	PA LA MO
VOTRIENT	5	PA LA
XALKORI	5	PA LA
ZELBORAF	5	PA LA
ZYDELIG	5	PA LA MO
ZYKADIA	5	PA LA
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
HERCEPTIN INJ 150MG	5	PA
KEYTRUDA	5	PA
MYLOTARG	5	PA LA
RITUXAN HYCELA	5	PA LA
RITUXAN INJ	5	PA LA
TECENTRIQ	5	PA LA

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

Drug name	Drug tier	Requirements/Limits
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA
PANRETIN	5	QL (60 GM per 30 days) MO
TARGRETIN GEL	5	QL (60 GM per 30 days) PA
<i>tretinoin caps 10mg</i>	5	MO
<b>Treatment Adjuncts</b>		
ELITEK	5	
<i>mesna</i>	4	
MESNEX TABS	5	MO
<b>ANTIPARASITICS</b>		
<b>Anthelmintics</b>		
ALBENZA	5	MO
BILTRICIDE	3	MO
EMVERM	5	MO
<i>ivermectin tabs</i>	3	MO
<b>Antiprotozoals</b>		
ALINIA	5	MO
<i>atovaquone</i>	4	PA MO
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate tabs</i>	2	MO
COARTEM	4	MO
<i>hydroxychloroquine sulfate tabs</i>	3	MO
<i>mefloquine hcl</i>	3	MO
NEBUPENT	4	B/D MO
PENTAM 300	4	MO
<i>primaquine phosphate tabs</i>	3	MO
<i>quinine sulfate caps 324mg</i>	4	PA MO
<b>Pediculicides/Scabicides</b>		
<i>lindane sham</i>	3	MO
<i>malathion lotion</i>	4	MO
<i>permethrin crea</i>	4	MO
<b>ANTIPARKINSON AGENTS</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj, tabs</i>	2	PA MO
<i>trihexyphenidyl hcl</i>	2	PA MO
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl caps, syrp</i>	4	MO
<i>entacapone</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<b>Dopamine Agonists</b>		
APOKYN INJ 30MG/3ML	5	QL (60 ML per 30 days) PA LA
<i>bromocriptine mesylate caps, tabs</i>	4	MO
NEUPRO	4	MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO
<i>ropinirole hcl immediate release tabs</i>	2	MO
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>carbidopa/levodopa tabs</i>	2	MO
<i>carbidopa tabs</i>	5	MO
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	3	MO
<i>selegiline hcl caps, tabs</i>	2	MO

## ANTIPSYCHOTICS

### 1st Generation/Typical

<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
<i>compro supp</i>	2	MO
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl conc, elix, tabs</i>	2	MO
<i>fluphenazine hcl inj</i>	4	MO
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
<i>haloperidol tabs</i>	3	MO
<i>haloperidol conc</i>	4	MO
<i>loxapine succinate caps</i>	3	MO
<i>perphenazine tabs</i>	4	MO
<i>pimozide</i>	4	MO
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine supp 25mg</i>	2	MO
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	PA MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	MO
<i>trifluoperazine hcl tabs</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
FANAPT	4	QL (60 EA per 30 days) MO
FANAPT TITRATION PACK	4	
GEODON INJ	4	QL (6 EA per 3 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 40MG	4	QL (30 EA per 30 days) MO
LATUDA TABS 20MG, 60MG, 80MG	4	QL (60 EA per 30 days) MO
NUPLAZID TABS 17MG	5	QL (60 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	5	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	5	QL (60 EA per 30 days) MO
<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

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

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI TABS 0.5MG	5	QL (180 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG	5	QL (360 EA per 30 days) MO
REXULTI TABS 2MG	5	QL (60 EA per 30 days) MO
REXULTI TABS 1MG	5	QL (90 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	3	MO
<i>risperidone tabs 4mg</i>	3	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	3	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	3	QL (90 EA per 30 days) MO
SAPHRIS SUBL 5MG	4	QL (120 EA per 30 days) MO
SAPHRIS SUBL 2.5MG	4	QL (240 EA per 30 days) MO
SAPHRIS SUBL 10MG	4	QL (60 EA per 30 days) MO
VRAYLAR CAP THERAPY PACK	4	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
<b>Treatment-Resistant</b>		
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	QL (600 ML per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
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### ANTISPASTICITY AGENTS

#### **Antispasticity Agents**

<i>baclofen tabs 5mg</i>	2	
<i>baclofen tabs 10mg, 20mg</i>	2	MO
<i>dantrolene sodium caps</i>	4	MO
<i>tizanidine hcl tabs</i>	2	MO

### ANTIVIRALS

#### **Anti-cytomegalovirus (CMV) Agents**

<i>ganciclovir inj 500mg</i>	4	B/D
PREVYMIS TABS	5	QL (28 EA per 28 days) MO
<i>valganciclovir hydrochloride soln</i>	5	MO
<i>valganciclovir tabs</i>	5	MO

#### **Anti-hepatitis B (HBV) Agents**

<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE SOLN	5	MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	4	MO
<i>lamivudine tabs 100mg</i>	3	MO
VEMLIDY	5	MO

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

EPCLUSA	5	PA
HARVONI	5	PA
MAVYRET	5	PA
VOSEVI	5	PA
ZEPATIER	5	PA

#### **Anti-hepatitis C (HCV) Agents, Other**

INTRON A INJ 50MU, 18MU	5	
<i>moderiba tabs</i>	3	
PEGASYS	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
REBETOL SOLN	5	
<i>ribasphere caps 200mg</i>	3	
<i>ribasphere tabs 200mg</i>	3	
<i>ribavirin caps 200mg</i>	3	
<i>ribavirin tabs 200mg</i>	3	
SYLATRON	5	PA

#### **Anti-HIV Agents, Integrase Inhibitors (INSTI)**

ATRIPLA	5	MO
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\*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BIKTARVY	5	MO
GENVOYA	5	MO
ISENTRESS PACK FOR ORAL SUSP	3	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	5	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	5	MO
EDURANT	5	MO
<i>efavirenz caps 50mg</i>	3	MO
<i>efavirenz caps 200mg</i>	5	MO
<i>efavirenz tabs</i>	5	MO
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
<i>nevirapine er</i>	3	MO
<i>nevirapine tabs</i>	3	MO
ODEFSEY	5	MO
RESCRIPTOR	4	MO
STRIBILD	5	MO
VIRAMUNE SUSP	4	MO
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir</i>	3	MO
<i>abacavir sulfate/lamivudine/ zidovudine</i>	5	MO
<i>abacavir/lamivudine</i>	5	MO
CIMDUO	5	
DESCOVY	5	MO
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	4	MO
EMTRIVA	3	MO
JULUCA	5	
<i>lamivudine/zidovudine</i>	4	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
<i>stavudine caps</i>	3	MO
SYMFI	5	MO
SYMFI LO	5	QL (30 EA per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i>	5	MO
TRIUMEQ	5	MO
TRUVADA TABS 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	5	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG	5	QL (60 EA per 30 days) MO
VIDEX EC CPDR 125MG	4	MO
VIDEX PEDIATRIC POWDER FOR ORAL SOLN	4	MO
VIREAD POWD	5	MO
VIREAD TABS 150MG, 200MG, 250MG	5	MO
ZERIT ORAL SOLN	5	MO
<i>zidovudine</i>	3	MO
<b>Anti-HIV Agents, Other</b>		
FUZEON INJ	5	
ISENTRESS HD	5	MO
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
TROGARZO INJ	5	
TYBOST	4	MO
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
<i>atazanavir sulfate</i>	5	MO
CRIXIVAN CAPS 200MG, 400MG	4	MO
EVOTAZ	5	MO
<i>fosamprenavir calcium</i>	5	MO
INVIRASE	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
LEXIVA SUSP	4	MO
<i>lopinavir/ritonavir</i>	4	MO
NORVIR CAPS	3	
NORVIR TABS	3	MO
NORVIR PACK, SOLN	4	MO
PREZCOBIX	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
PREZISTA TABS 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
REYATAZ POWDER PACK FOR ORAL SUSP	5	MO
<i>ritonavir</i>	3	MO
VIRACEPT	5	MO
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate caps, susr</i>	3	MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>rimantadine hcl</i>	4	MO
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps, tabs</i>	2	MO
<i>acyclovir susp</i>	3	MO
<i>acyclovir oint</i>	4	QL (30 GM per 30 days) MO
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
<i>valacyclovir hcl tabs 1gm</i>	3	MO
<i>valacyclovir hydrochloride</i>	3	MO

## ANXIOLYTICS

### **Anxiolytics, Other**

<i>buspirone hcl tabs</i>	2	MO
<i>doxepin hcl caps, conc</i>	3	PA MO

### **Benzodiazepines**

<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
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) MO
<i>diazepam intensol oral soln conc 5mg/ml</i>	3	MO
<i>diazepam inj 5mg/ml</i>	4	QL (240 ML per 30 days) MO
<i>diazepam oral soln 5mg/5ml</i>	4	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>lorazepam oral conc</i>	2	QL (150 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	4	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days) MO
<i>lorazepam tabs 1mg</i>	2	QL (180 EA per 30 days) MO
<i>temazepam caps 15mg</i>	4	QL (30 EA per 30 days) MO

## BIPOLAR AGENTS

### **Mood Stabilizers**

<i>lithium carbonate er tabs</i>	4	MO
<i>lithium carbonate caps, tabs</i>	1	MO
LITHIUM ORAL SOLN	4	MO

## BLOOD GLUCOSE REGULATORS

### **Antidiabetic Agents**

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

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

Drug name	Drug tier	Requirements/Limits
<i>metformin hcl er tb24 (generic Glucophage XR) 500mg, 750mg</i>	2	MO
<i>metformin hcl er tb24 (generic Glumetza and Fortamet) 500mg</i>	4	QL (150 EA per 30 days) PA MO
<i>metformin hcl tabs 1000mg, 850mg</i>	1	MO
<i>metformin hydrochloride tabs 500mg</i>	1	MO
<i>nateglinide</i>	2	MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	4	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	3	QL (90 EA per 30 days) MO
<i>repaglinide/metformin hydrochloride</i>	2	QL (150 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	2	QL (240 EA per 30 days) MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>tolbutamide</i>	2	MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT	3	MO
PROGLYCEM	4	MO
<b>Insulins</b>		
BASAGLAR KWIKPEN	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO

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

Drug name	Drug tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO

### BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

#### *Anticoagulants*

COUMADIN TABS	3	MO
ELIQUIS	3	MO
ELIQUIS STARTER PACK	3	MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
HEPARIN SODIUM/D5W	4	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	3	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	3	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	3	
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	MO
PRADAXA	4	MO
<i>warfarin sodium tabs</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
XARELTO	3	MO
XARELTO STARTER PACK	3	MO
ZONTIVITY	4	MO
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	3	MO
<i>azacitidine</i>	5	PA
GRANIX	5	PA
NEUPOGEN	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABS 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA TABS 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 75MG	5	QL (60 EA per 30 days) PA LA
PROMACTA TABS 50MG	5	QL (90 EA per 30 days) PA LA
<b>Hemostasis Agents</b>		
<i>tranexamic acid tabs</i>	3	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	4	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole</i>	4	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)
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>prasugrel</i>	4	MO

## CARDIOVASCULAR AGENTS

### **Alpha-adrenergic Agonists**

<i>clonidine hcl immediate release tabs</i>	2	MO
<i>clonidine hcl weekly patch</i>	3	QL (8 EA per 28 days) MO
<i>midodrine hcl</i>	3	MO
NORTHERA	5	PA LA

### **Alpha-adrenergic Blocking Agents**

<i>doxazosin mesylate tabs</i>	2	MO
<i>prazosin hcl caps</i>	3	MO
<i>terazosin hcl caps</i>	1	MO

### **Angiotensin II Receptor Antagonists**

<i>amlodipine/valsartan</i>	2	QL (30 EA per 30 days) MO
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\*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>amlodipine/ valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil</i>	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	3	QL (60 EA per 30 days) MO
<i>eprosartan mesylate</i>	2	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	2	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>telmisartan</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide</i>	3	QL (30 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	2	QL (60 EA per 30 days) MO
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl/hydrochlorothiazide</i>	2	MO
<i>benazepril hcl tabs</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>captopril tabs</i>	3	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>moexipril/hydrochlorothiazide</i>	1	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl tabs</i>	2	MO
<i>disopyramide phosphate caps</i>	4	PA MO
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	MO
<i>lidocaine hcl in d5w inj 4mg/ml</i>	4	
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	4	
<i>mexiletine hcl</i>	4	MO
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl er caps</i>	4	MO
<i>propafenone hcl tabs</i>	3	MO
<i>quinidine gluconate cr tabs</i>	4	MO
<i>quinidine gluconate er tabs</i>	4	MO
<i>quinidine sulfate tabs</i>	2	MO
<i>sorine</i>	1	
<i>sotalol af</i>	2	MO
<i>sotalol hcl</i>	1	MO
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl caps</i>	2	MO
<i>atenolol/chlorthalidone</i>	2	MO
<i>atenolol tabs</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol</i>	1	MO
<i>fumarate/hydrochlorothiazide</i>		
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
<i>carvedilol</i>	1	MO
<i>labetalol hcl tabs</i>	3	MO
<i>labetalol hcl inj</i>	4	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge inj 1mg/ ml</i>	4	
<i>metoprolol tartrate vial inj 5mg/5ml</i>	4	MO

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



Drug name	Drug tier	Requirements/Limits
<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>nadolol/bendroflumethiazide</i>	3	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	4	MO
<i>pindolol tabs</i>	3	MO
<i>propranolol hcl er caps</i>	4	MO
<i>propranolol hcl oral soln</i>	3	MO
<i>propranolol hcl inj</i>	4	
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 80mg</i>	2	MO
<i>propranolol hcl tabs 60mg</i>	2	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine besylate/atorvastatin calcium</i>	3	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine besylate tabs</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem cd caps 24hr 360mg</i>	2	MO
<i>diltiazem cd cp24 180mg</i>	2	
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO
<i>diltiazem hcl er</i>	2	MO
<i>diltiazem hcl immediate release tabs</i>	2	MO
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	4	
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
<i>nicardipine hcl caps</i>	4	MO
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil hcl er tabs, caps</i>	2	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr cp24 360mg</i>	3	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hcl tabs</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>verapamil hcl inj</i>	4	MO
<b>Cardiovascular Agents, Other</b>		
CORLANOR	4	MO
DEMSER	5	PA MO
<i>digitek</i>	3	
<i>digox</i>	3	
DIGOXIN ORAL SOLN	3	MO
<i>digoxin inj 0.25mg/ml</i>	4	MO
<i>digoxin tabs 125mcg, 250mcg</i>	3	MO
ENTRESTO	3	MO
<i>pentoxifylline cr</i>	2	MO
<i>pentoxifylline er</i>	2	MO
RANEXA	3	MO
TEKTURNA	4	MO
TEKTURNA HCT	4	MO
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er caps</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
<i>methazolamide</i>	4	MO
<b>Diuretics, Loop</b>		
<i>bumetanide tabs</i>	3	MO
<i>bumetanide inj</i>	4	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	4	MO
<i>toremide tabs</i>	2	MO
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride tabs</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>spironolactone tabs</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs</i>	1	MO
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide tabs</i>	3	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide tabs</i>	2	MO
<i>methyclothiazide tabs</i>	3	MO
<i>metolazone</i>	3	MO
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibric acid dr caps</i>	4	MO
FENOFIBRIC ACID TABS	4	MO
<i>gemfibrozil tabs</i>	2	MO
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin caps</i>	4	QL (60 EA per 30 days) MO
<i>fluvastatin er tabs</i>	4	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tabs</i>	1	QL (30 EA per 30 days) MO
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	4	MO
<i>cholestyramine pack, powd</i>	4	MO
<i>colesevelam hydrochloride tabs</i>	3	
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	4	MO
JUXTAPID	5	PA LA MO
KYNAMRO	5	PA
<i>niacin er tabs 500mg, 750mg, 1000mg</i>	4	MO
<i>omega-3-acid ethyl esters caps 1gm</i>	4	QL (120 EA per 30 days) MO
PRALUENT	5	PA
<i>prevalite</i>	4	MO
VASCEPA	4	MO
WELCHOL	3	MO
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate er tabs 40mg</i>	2	MO
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>minitran</i>	3	
NITRO-BID	3	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	MO
<i>nitroglycerin lingual spray aers</i>	4	
<i>nitroglycerin lingual spray soln</i>	4	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin inj 5mg/ml</i>	4	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	3	MO
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tabs</i>	2	MO
<i>hydralazine hcl inj</i>	4	MO
<i>minoxidil tabs</i>	2	MO

## CENTRAL NERVOUS SYSTEM AGENTS

### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days) PA

### Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine caps 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>guanfacine er</i>	3	QL (30 EA per 30 days) MO
<i>metadate er tbc 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl er caps 24hr (generic Ritalin LA) 60mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr (generic Ritalin LA) 10mg, 20mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride er tbc</i> 10mg, 20mg	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride tabs</i>	3	QL (90 EA per 30 days) PA MO
<b>Central Nervous System, Other</b>		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
NUDEXTA	4	QL (60 EA per 30 days) PA MO
<i>riluzole</i>	4	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	PA LA
BETASERON	5	QL (14 EA per 28 days) PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA

## DENTAL AND ORAL AGENTS

### Dental and Oral Agents

<i>chlorhexidine gluconate oral soln</i>	1	MO
<i>clinpro 5000</i>	4	MO
<i>dentagel</i>	4	QL (56 GM per 30 days) MO
<i>fluoridex</i>	4	
<i>fluoridex sensitivity relief/sls free</i>	4	
<i>oralone dental paste</i>	4	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>phos-flur gel</i>	4	QL (56 GM per 30 days)
<i>pilocarpine hcl tabs 5mg</i>	4	MO
<i>pilocarpine hcl tabs 7.5mg</i>	4	MO
<i>sf gel 1.1%</i>	4	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	4	MO

## DERMATOLOGICAL AGENTS

### Dermatological Agents

<i>ammonium lactate crea, lotn</i>	3	MO
<i>amnestem</i>	4	
<i>avita crea</i>	4	QL (45 GM per 30 days) PA
<i>avita gel</i>	4	QL (45 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>calcipotriene/betamethasone dipropionate oint</i>	4	QL (100 GM per 30 days) PA MO
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days) PA MO
<i>calcitrene</i>	4	QL (120 GM per 30 days) PA MO
<i>claravis</i>	4	
<i>clindacin etz pledgets (swabs)</i>	3	MO
<i>clindacin-p pad 1%</i>	3	MO
<i>clindamycin phosphate foam 1%</i>	4	MO
<i>clindamycin phosphate gel 1%</i>	3	MO
<i>clindamycin phosphate lotn 1%</i>	4	MO
<i>clindamycin phosphate external soln 1%</i>	3	MO
<i>clindamycin phosphate swab 1%</i>	3	MO
<i>clindamycin/benzoyl peroxide</i>	4	MO
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) PA MO
<i>doxepin hydrochloride 5% crea</i>	4	QL (45 GM per 30 days) PA MO
<i>ery pad 2%</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	2	MO
<i>erythromycin pads 2%</i>	4	
<i>erythromycin soln 2%</i>	2	MO
<i>fluocinolone acetonide body</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluorouracil crea 0.5%</i>	4	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	4	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	4	QL (10 ML per 30 days) MO
<i>gentamicin sulfate crea 0.1%</i>	3	MO
<i>gentamicin sulfate oint 0.1%</i>	3	MO
<i>imiquimod crea</i>	3	QL (24 EA per 30 days) MO
<i>isotretinoin caps</i>	4	
<i>mafenide acetate</i>	4	QL (250 EA per 30 days) MO
<i>methoxsalen caps</i>	5	MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin oint</i>	2	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	4	QL (30 GM per 30 days) MO
<i>myorisan</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>neuac gel 1.2; 5%</i>	4	QL (45 GM per 30 days) 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>	4	MO
REGRANEX	5	QL (30 GM per 30 days) PA MO
<i>rosadan 0.75% crea, gel</i>	4	
SANTYL	4	MO
<i>selenium sulfide lotn</i>	2	MO
<i>silver sulfadiazine</i>	3	MO
SSD 1% CREA	3	
<i>sulfacetamide sodium lotn 10%</i>	4	MO
SULFAMYLON CREA	4	MO
<i>tacrolimus oint 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
<i>tazarotene crea</i>	3	QL (60 GM per 30 days) PA MO
TAZORAC CREA 0.05%	4	QL (60 GM per 30 days) PA MO
<i>tretinoin microsphere gel</i>	4	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere pump gel</i>	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ***Electrolyte/Mineral Replacement***

AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTES	4	B/D
AMINOSYN II 8.5%/ELECTROLYTES	4	B/D
AMINOSYN II INJ 10%, 8.5%	4	B/D
AMINOSYN M INJ 3.5%	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
AMINOSYN INJ 10%, 8.5%	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D

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

Drug name	Drug tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	4	B/D
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
<i>dextrose 10%</i>	3	
<i>dextrose 10%/nacl 0.2%</i>	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%</i>	3	MO
<i>dextrose 5%/lactated ringers</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NACL 0.225%	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	MO
<i>dextrose 50%</i>	3	B/D
<i>dextrose 70%</i>	3	B/D
<i>fluoride chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	4	MO
<i>fluoritab chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	4	
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>glucose 5%</i>	3	MO
HEPATAMINE	4	B/D
INTRALIPID INJ 20GM/100ML	3	B/D
INTRALIPID INJ 30GM/100ML	4	B/D
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S INJ	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	4	
<i>klor-con 10</i>	3	MO

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



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

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

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
<i>potassium chloride oral soln</i>	4	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	4	
<i>potassium chloride inj 10meq/100ml, 2meq/ml, 20meq/50ml</i>	4	MO
<i>potassium citrate er tabs</i>	4	MO
PREMASOL INJ 10%	4	B/D
<i>premasol inj 6%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	4	
<i>sodium chloride 0.45% inj</i>	4	
<i>sodium chloride inj 0.9%, 14.6%, 3%, 23.4%, 5%</i>	4	MO
<i>sodium fluoride chew 0.5 mg (1.1mg)</i>	4	MO
<i>sodium fluoride soln 0.5mg/ml (1.1mg/ml)</i>	4	MO
<i>sodium fluoride tabs 1mg (2.2mg)</i>	4	
<i>sterile water irrigation plastic bottle</i>	3	MO
TPN ELECTROLYTES INJ	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CHEMET	4	MO
DEPEN TITRATABS	5	MO
<i>fomepizole</i>	5	
JADENU	5	PA LA
JADENU SPRINKLE	5	PA LA
<i>kionex susp</i>	3	MO
<i>levocarnitine</i>	4	MO
<i>sodium bicarbonate inj</i>	4	MO
<i>sodium bicarbonate partial fill 4.2%</i>	4	
<i>sodium polystyrene sulfonate rectal susp</i>	3	
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO
<i>sps oral susp 15gm/60ml</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>trientine hydrochloride</i>	5	PA MO
<b>Phosphate Binders</b>		
AURYXIA	5	QL (360 EA per 30 days) MO
<i>calcium acetate caps 667mg</i>	4	MO
<i>calcium acetate tabs 667mg</i>	4	MO
<i>sevelamer carbonate</i>	3	MO
<b>Vitamins</b>		
BAL-CARE DHA	3	MO
CITRANATAL 90 DHA	3	MO
CITRANATAL B-CALM	3	MO
CITRANATAL BLOOM	3	MO
CITRANATAL HARMONY CAPS	3	MO
CITRANATAL RX TABS	3	MO
COMPLETENATE	3	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
DUET DHA 400	3	MO
DUET DHA BALANCED	3	MO
ELITE-OB	3	MO
ENBRACE HR	3	MO
FOLET ONE	3	MO
FOLIVANE-OB	3	MO
HEMENATAL OB	3	MO
HEMENATAL OB + DHA	3	MO
MARNATAL-F CAPS	3	MO
<i>multi-vitamin/fluoride chew 0.5mg</i>	4	
<i>multi vitamin/fluoride chew 1mg</i>	4	MO
<i>multi-vit/fluoride drops 0.25 mg/ml</i>	4	MO
<i>multi-vit/iron/fluoride drops 0.25 mg/ml</i>	4	MO
<i>multi-vitamin/fluoride/iron drops 0.25 mg/ml</i>	4	MO
<i>multi-vitamin/fluoride drops 0.5 mg/ml</i>	4	MO
<i>multi-vitamin/fluoride chew 0.25mg</i>	4	MO
<i>multivitamin/fluoride soln 0.5mg/ml</i>	4	
<i>mvc-fluoride</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	3	MO
NATELLE ONE CAPS 30MG; 102MG; 250MG; 0.625MG; 28MG; 1MG; 25MG; 30UNIT	3	MO
NESTABS ABC	3	MO
NESTABS ONE	3	MO
NESTABS TABS 65MG; 155MG; 450UNIT; 55MG; 10MCG; 32MG; 1000MCG; 100MCG; 50MG; 3MG; 120MG; 3MG; 30UNIT; 10MG	3	MO
NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	3	MO
NIVA-PLUS	3	MO
O-CAL PRENATAL	3	MO
OB COMPLETE GOLD	3	MO
OB COMPLETE ONE	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE PREMIER	3	MO
OB COMPLETE/DHA	3	MO
OB COMPLETE TABS	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
PNV TABS 29-1	3	MO
<i>poly-vitamin/fluoride drops 0.25mg</i>	4	
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	3	
PREFERA OB +DHA	3	MO
PREFERA OB ONE	3	MO
PRENAISSANCE	3	MO
PRENAISSANCE PLUS	3	MO
PRENATA	3	MO

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

Drug name	Drug tier	Requirements/Limits
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	3	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	3	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	3	MO
PRENATE	3	MO
PRENATE AM	3	MO
PRENATE ELITE TABS 600MCG; 75MG; 2600UNIT; 330MCG; 155MG; 600UNIT; 1.5MG; 13MCG; 20MG; 400MCG; 25MG; 21MG; 150MCG; 21MG; 3.5MG; 3MG; 40UNIT; 15MG	3	MO
PRENATE ENHANCE	3	MO
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	3	MO
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	3	MO
PRENATE PIXIE	3	MO
PRENATE RESTORE	3	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	3	MO
PRETAB	3	
PRIMACARE CAPS	3	MO
PROVIDA DHA	3	MO
PROVIDA OB	3	MO
PUREFE OB PLUS	3	
RELNATE DHA	3	MO

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

Drug name	Drug tier	Requirements/Limits
SE-NATAL 19	3	MO
SELECT-OB	3	MO
TARON-PREX	3	MO
THRIVITE RX	3	MO
TL-SELECT	3	MO
<i>tri-vit/fluoride soln 35mg/ml; 400unit/ml; 0.25mg/ml; 1500unit/ml, 35mg/ml; 400unit/ml; 0.5mg/ml; 1500unit/ml</i>	4	MO
<i>tri-vitamin/fluoride</i>	4	MO
TRICARE PRENATAL DHA ONE/ FOLATE	3	MO
TRICARE PRENATAL TABS	3	MO
TRINATAL RX 1	3	MO
TRISTART DHA	3	MO
TRISTART ONE	3	
ULTIMATECARE ONE	3	MO
VENA-BAL DHA	3	MO
VIRT-C DHA	3	MO
VIRT-PN	3	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	3	MO
VIRT-PN PLUS	3	MO
VITAFOL FE+	3	MO
VITAFOL GUMMIES	3	MO
VITAFOL ULTRA	3	MO
VITAFOL-NANO	3	MO
VITAFOL-OB	3	MO
VITAFOL-ONE	3	MO
VITAMEDMD ONE RX/QUATREFOLIC	3	MO
<i>vitamins a/d/c/fluoride</i>	4	
VOL-NATE	3	MO
VOL-PLUS	3	MO
VP-GGR-B6 PRENATAL	3	MO
VP-HEME ONE	3	MO
VP-PNV-DHA	3	MO
ZATEAN-PN DHA	3	MO
ZATEAN-PN PLUS	3	MO

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

Drug name	Drug tier	Requirements/Limits
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**GASTROINTESTINAL AGENTS**

**Antispasmodics, Gastrointestinal**

<i>dicyclomine hcl caps</i>	1	MO
<i>dicyclomine hcl oral soln</i>	3	MO
<i>dicyclomine hcl inj</i>	4	
<i>dicyclomine hydrochloride tabs</i>	1	MO
<i>glycopyrrolate inj 0.4mg/2ml</i>	4	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	MO
<i>methscopolamine bromide tabs</i>	4	MO

**Gastrointestinal Agents, Other**

<i>cromolyn sodium conc oral soln 100mg/5ml</i>	4	MO
<i>diphenatol</i>	3	
<i>diphenoxylate/atropine</i>	3	MO
GATTEX	5	PA LA
<i>loperamide hcl caps</i>	3	MO
<i>metoclopramide hcl tabs</i>	2	MO
<i>metoclopramide hcl inj, oral soln</i>	4	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
RELISTOR INJ	5	PA MO
SYMPROIC	3	MO
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO

**Histamine2 (H2) receptor Antagonists**

<i>cimetidine hcl soln</i>	4	MO
<i>cimetidine tabs</i>	4	MO
<i>famotidine premixed inj 20mg/50ml</i>	4	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	4	
<i>famotidine oral susp 40mg/5ml</i>	3	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO
<i>ranitidine hcl caps, syrps</i>	2	MO
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	4	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
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**Irritable Bowel Syndrome Agents**

<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) MO
AMITIZA CAPS 8MCG	3	QL (180 EA per 30 days) MO
AMITIZA CAPS 24MCG	3	QL (60 EA per 30 days) MO
LINZESS	3	QL (30 EA per 30 days) MO

**Laxatives**

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n/flavor pack</i>	2	MO
<i>generlac</i>	2	MO
GOLYTELY	3	MO
<i>lactulose soln</i>	2	MO
MOVIPREP	4	MO
NULYTELY/FLAVOR PACKS	3	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO
<i>polyethylene glycol 3350 pack, powd</i>	2	MO
SUPREP BOWEL PREP KIT	4	MO
<i>trilyte</i>	2	

**Protectants**

<i>misoprostol</i>	3	MO
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO

**Proton Pump Inhibitors**

DEXILANT	4	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 inj</i>	4	
<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

**GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT**

**Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment**

ADAGEN	5	PA LA MO
ALDURAZYME	5	PA LA
ARALAST NP	5	PA LA
CARBAGLU	5	PA LA MO
CERDELGA	5	PA

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



Drug name	Drug tier	Requirements/Limits
CEREZYME	5	PA LA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
CYSTADANE	5	LA MO
CYSTAGON	4	PA LA
FABRAZYME	5	PA LA
KUVAN	5	PA LA
LUMIZYME	5	PA LA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA LA
ORFADIN CAPS 10MG, 20MG, 2MG, 5MG	5	PA LA MO
PROLASTIN-C	5	PA LA MO
<i>sodium phenylbutyrate powd, tabs</i>	5	PA
ZEMAIRA	5	PA LA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	MO

## GENITOURINARY AGENTS

### *Antispasmodics, Urinary*

MYRBETRIQ TB24 50MG	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24 25MG	4	QL (60 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syr</i>	2	QL (600 ML per 30 days) MO
<i>tolterodine tartrate tabs</i>	4	QL (60 EA per 30 days) ST MO
TOVIAZ	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>tropium chloride er caps</i>	2	QL (30 EA per 30 days) MO
<i>tropium chloride tabs</i>	2	QL (60 EA per 30 days) MO
VESICARE	4	QL (30 EA per 30 days) MO
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride caps</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>tamsulosin hcl</i>	2	QL (60 EA per 30 days) MO
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% irrigation soln</i>	3	MO
<i>bethanechol chloride tabs</i>	3	MO
<i>sodium chloride 0.9% irrigation</i>	3	MO

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

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

<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	4	MO
<i>augmented betamethasone dipropionate crea</i>	3	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>budesonide delayed release caps 3mg</i>	5	MO
<i>clobetasol propionate emollient crea</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	4	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo</i>	4	QL (118 ML per 30 days)
<i>colocort</i>	4	
<i>cortisone acetate tabs 25mg</i>	4	MO
<i>deltasone tabs 20mg</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>desonide lotn</i>	4	QL (118 ML per 30 days) MO
<i>desonide crea, oint</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	4	QL (100 GM per 30 days) MO
<i>desoximetasone gel</i>	4	QL (60 GM per 30 days) MO
DEXAMETHASONE INTENSOL ORAL SOLN CONC	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone elix, soln</i>	2	MO
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	MO
<i>fludrocortisone acetate tabs</i>	2	MO
<i>fluocinolone acetonide crea 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide topical soln 0.01%</i>	4	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base crea</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	3	MO
<i>fluticasone propionate lotn 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate crea, oint</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	4	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate crea, oint</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone enem</i>	2	MO
<i>hydrocortisone tabs</i>	3	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	4	MO
<i>methylprednisolone dose pack tbpk</i>	2	MO
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	4	MO
<i>methylprednisolone tabs</i>	2	MO
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate soln/lotn 0.1%</i>	3	MO
<i>prednicarbate oint, emollient crea</i>	4	QL (60 GM per 30 days) MO
<i>prednisolone sodium phosphate oral soln 20mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	MO
<i>prednisolone oral soln</i>	2	MO
PREDNISON INTENSOL ORAL SOLN CONC	4	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>	4	
<i>procto-pak</i>	4	MO
<i>proctosol hc topical crea</i>	4	MO
<i>proctozone-hc</i>	4	MO
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
TEXACORT SOLN 2.5%	4	MO
<i>triamcinolone acetonide topical spray 0.147mg/gm</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triderm</i>	2	

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

Drug name Drug tier Requirements/Limits

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

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

<i>desmopressin acetate nasal soln, tabs</i>	3	MO
<i>desmopressin acetate inj</i>	4	MO
GENOTROPIN INJ 12MG, 5MG	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
STIMATE SOLN	5	

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

***Anabolic Steroids***

ANADROL-50	5	PA MO
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA MO

***Androgens***

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

***Estrogens***

<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	3	PA MO
<i>amethia</i>	3	
AMETHIA LO	3	
<i>amethyst</i>	3	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>aviane</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	3	
<i>chateal</i>	3	
<i>cryselle-28</i>	3	MO
<i>cyclafem 1/35</i>	3	MO
<i>cyclafem 7/7/7</i>	3	
<i>cyred</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol</i>	3	MO
<i>drospirenone/ethinyl estradiol</i>	3	MO
<i>drospirenone/ethinyl</i>	3	MO
<i>estradiol/levomefolate calcium</i>		
<i>elinest</i>	3	
<i>emoquette</i>	3	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	MO
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	3	PA MO
<i>estradiol vaginal tabs</i>	3	MO
<i>estradiol oral tabs</i>	3	PA MO
<i>estradiol weekly patch</i>	3	QL (4 EA per 28 days) PA MO
<i>estradiol twice weekly patch</i>	3	QL (8 EA per 28 days) PA MO
<i>estradiol vaginal crea</i>	4	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	MO
<i>falmina</i>	3	
<i>fayosim</i>	3	MO
<i>femynor</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>fyavolv</i>	3	PA MO
GIANVI	3	MO
<i>gildagia</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jinteli</i>	3	PA
JOLESSA	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	MO
<i>junel fe 1/20</i>	3	MO
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	MO
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	MO
<i>kelnor 1/50</i>	3	MO
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
LEENA	3	MO
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel/ethinyl estradiol</i>	3	MO
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lopreeza</i>	3	PA
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutera</i>	3	
<i>marlissa</i>	3	MO
<i>melodetta 24 fe</i>	3	
<i>mibelas 24 fe</i>	3	MO
MICROGESTIN 1.5/30	3	MO

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

Drug name	Drug tier	Requirements/Limits
MICROGESTIN 1/20	3	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	3	
<i>mimvey</i>	3	PA
<i>mimvey lo</i>	3	PA
<i>mono-lynyah</i>	3	
MONONESSA	3	
<i>myzilra</i>	3	MO
<i>necon 0.5/35-28</i>	3	
NECON 7/7/7	3	
<i>nikki</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol chew</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	PA MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>norgestimate/ethinyl estradiol</i>	3	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
NUVARING	4	MO
OCELLA	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	MO
<i>portia-28</i>	3	
<i>previfem</i>	3	MO
<i>quasense</i>	3	
<i>rajani</i>	3	
<i>reclipsen</i>	3	
RIVELSA	3	

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



Drug name	Drug tier	Requirements/Limits
<i>setlakin</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	MO
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	MO
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-sprintec</i>	3	MO
<i>tri-mili</i>	3	
<i>tri-sprintec</i>	3	MO
<i>tri-vylibra</i>	3	
TRINESSA	3	
TRINESSA LO	3	
<i>trivora-28</i>	3	
<i>tydemy</i>	3	
<i>velivet</i>	3	MO
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	MO
<i>vyfemla</i>	3	MO
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>wymzya fe</i>	3	
<i>yuvafem</i>	3	MO
<i>zarah</i>	3	
<i>zenchent</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	
<b>Progesterone Agonists/Antagonists</b>		
ELLA	4	
<b>Progestins</b>		
<i>camila</i>	3	MO
<i>deblitane</i>	3	
DEPO-PROVERA INJ 400MG/ML	4	
<i>errin</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>heather</i>	3	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA
<i>jencycla</i>	3	
JOLIVETTE	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tabs</i>	2	MO
<i>medroxyprogesterone acetate inj</i>	4	MO
<i>megestrol acetate tabs</i>	3	PA MO
<i>megestrol acetate susp 40mg/ml</i>	3	PA MO
NORA-BE	3	
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone caps</i>	3	MO
<i>progesterone inj</i>	4	MO
<i>sharobel</i>	3	
<i>tulana</i>	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	4	PA MO
<i>raloxifene hydrochloride</i>	3	MO

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

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

LEVO-T	4	
LEVOTHYROXINE SODIUM INJ	4	MO
<i>levothyroxine sodium tabs</i>	1	MO
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	MO
<i>liothyronine sodium tabs</i>	3	MO
SYNTHROID TABS	4	MO
UNITHROID	3	

### HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

#### *Hormonal Agents, Suppressant (Adrenal)*

LYSODREN	3	MO
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\*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
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### HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

#### *Hormonal Agents, Suppressant (Pituitary)*

<i>cabergoline</i>	4	MO
<i>leuprolide acetate inj</i>	3	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
<i>octreotide acetate</i>	4	PA
SIGNIFOR 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA MO
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR MIXJECT INJ 11.25MG, 3.75MG	5	PA

### HORMONAL AGENTS, SUPPRESSANT (THYROID)

#### *Antithyroid Agents*

<i>methimazole tabs 10mg, 5mg</i>	2	MO
<i>propylthiouracil tabs</i>	3	MO

### IMMUNOLOGICAL AGENTS

#### *Angioedema Agents*

BERINERT	5	QL (24 EA per 30 days) PA LA
FIRAZYR	5	QL (27 ML per 30 days) PA

#### *Immune Suppressants*

<i>azathioprine tabs</i>	3	B/D MO
<i>azathioprine inj</i>	4	B/D
BENLYSTA	5	PA
<i>cyclosporine modified caps, soln</i>	3	B/D MO
<i>cyclosporine inj</i>	3	B/D
<i>cyclosporine caps</i>	3	B/D MO
<i>gengraf caps 100mg, 25mg</i>	3	B/D
<i>gengraf soln</i>	3	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml</i>	2	
<i>methotrexate sodium inj 50mg/2ml</i>	2	MO
<i>methotrexate tabs</i>	2	MO
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	B/D
<i>mycophenolate mofetil oral susp</i>	5	B/D MO
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D MO
REMICADE	5	PA
SANDIMMUNE ORAL SOLN	3	B/D MO
<i>sirolimus tabs</i>	4	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
XATMEP	4	MO
XELJANZ	5	QL (60 EA per 30 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
ZORTRESS	5	B/D MO
<b><i>Immunizing Agents, Passive</i></b>		
BIVIGAM	5	PA
CARIMUNE NANOFILTERED INJ 12GM, 6GM	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX INJ 5%, 10%	5	PA
GAMUNEX-C	5	PA

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

Drug name	Drug tier	Requirements/Limits
OCTAGAM INJ 10GM/100ML, 1GM/20ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 5GM/50ML	5	PA
OCTAGAM INJ 10GM/200ML, 2.5GM/50ML, 5GM/100ML	5	PA MO
PRIVIGEN	5	PA
<b>Immunomodulators</b>		
ACTIMMUNE	5	PA
ARCALYST	5	PA
<i>leflunomide tabs</i>	3	MO
XOLAIR	5	PA LA
<b>Vaccines</b>		
ACTHIB INJ	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	

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

Drug name	Drug tier	Requirements/Limits
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	QL (2 EA per 999 days)
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOIDS- ADSORBED	3	B/D
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 EA per 999 days)

#### INFLAMMATORY BOWEL DISEASE AGENTS

##### *Aminosalicylates*

APRISO	3	QL (120 EA per 30 days) MO
<i>balsalazide disodium caps</i>	4	MO
CANASA SUPP 1000MG	4	QL (42 EA per 30 days) MO
DELZICOL	4	MO
<i>mesalamine dr tabs 800mg</i>	4	MO
<i>mesalamine kit</i>	4	QL (1680 EA per 28 days) MO
<i>mesalamine enem</i>	4	QL (1680 ML per 28 days) MO

##### *Sulfonamides*

<i>sulfasalazine tabs, dr tabs</i>	3	MO
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#### METABOLIC BONE DISEASE AGENTS

##### *Metabolic Bone Disease Agents*

<i>alendronate sodium soln</i>	1	MO
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal soln</i>	3	MO
<i>calcitriol caps</i>	2	MO
<i>calcitriol oral soln</i>	4	MO
<i>calcitriol inj 1mcg/ml</i>	4	
<i>doxercalciferol caps</i>	4	MO
<i>etidronate disodium</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
FORTEO INJ 600MCG/2.4ML	5	PA
NATPARA	5	PA
<i>pamidronate disodium</i>	4	
<i>paricalcitol caps</i>	4	MO
<i>paricalcitol inj 2mcg/ml</i>	4	
<i>paricalcitol inj 5mcg/ml</i>	4	MO
PROLIA	4	QL (1 ML per 166 days)
RAYALDEE	5	MO
<i>risedronate sodium dr tabs 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	4	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
SENSIPAR TABS 30MG, 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
XGEVA	5	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	

### MISCELLANEOUS THERAPEUTIC AGENTS

#### *Miscellaneous Therapeutic Agents*

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

### OPHTHALMIC AGENTS

#### *Ophthalmic Prostaglandin and Prostanoid Analogs*

COMBIGAN	3	MO
<i>latanoprost soln</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
LUMIGAN	3	MO
TRAVATAN Z	3	MO
<b>Ophthalmic Agents, Other</b>		
ATROPINE SULFATE OPHTHALMIC SOLN	3	MO
<i>bacitracin/neomycin/polymyxin ophthalmic oint</i>	3	MO
<i>bacitracin/polymyxin b ophthalmic oint</i>	2	MO
<i>bacitracin ophthalmic oint 500unit/gm</i>	4	MO
BESIVANCE	3	MO
BLEPHAMIDE S.O.P. OINT	4	MO
CILOXAN OINT	3	MO
<i>ciprofloxacin hcl ophthalmic soln 0.3%</i>	3	MO
CYSTARAN	5	PA LA MO
<i>erythromycin oint 5mg/gm</i>	2	MO
<i>gentak oint</i>	2	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	3	MO
MOXEZA	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	3	MO
<i>neomycin/bacitracin/polymyxin ophthalmic oint</i>	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	4	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	MO
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	QL (60 EA per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
<i>sodium sulfacetamide ophthalmic soln 10%</i>	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate ophthalmic soln</i>	2	MO
<i>sulfacetamide sodium oint 10%</i>	4	MO
<i>sulfacetamide sodium ophthalmic soln 10%</i>	3	MO
TOBRADEX OINT	3	MO
TOBRADEX ST SUSP	3	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO
<i>tobramycin/dexamethasone susp</i>	4	MO
<i>trifluridine</i>	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
ZIRGAN	4	MO
ZYLET	3	MO
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
BEPREVE	3	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	4	MO
<i>epinastine hcl</i>	3	MO
LASTACAFT	4	MO
<i>olopatadine hcl ophthalmic soln (generic Patanol) 0.1%</i>	4	MO
<i>olopatadine hcl ophthalmic soln (generic Pataday) 0.2%</i>	3	MO
PAZEO	3	MO
<b>Ophthalmic Anti-inflammatories</b>		
ALREX	3	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	MO
DUREZOL	3	MO
<i>fluorometholone</i>	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO
LOTEMAX	3	MO
<i>prednisolone acetate ophthalmic susp 1%</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	3	MO
PROLENSA	3	MO
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P SOLN 0.1%	3	MO
<i>apraclonidine</i>	3	MO
AZOPT	3	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETOPTIC-S	3	MO
<i>brimonidine tartrate</i>	3	MO
<i>carteolol hcl</i>	2	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>levobunolol hcl soln 0.5%</i>	2	MO
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	4	MO
SIMBRINZA	3	MO
<i>timolol maleate ophthalmic gel forming soln</i>	4	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	3	MO

## OTIC AGENTS

### Otic Agents

<i>acetazol hc</i>	4	
<i>acetic acid otic soln</i>	3	MO
CIPRODEX	3	MO
<i>fluocinolone acetonide otic oil 0.01%</i>	4	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

## RESPIRATORY TRACT/PULMONARY AGENTS

### **Anti-inflammatories, Inhaled Corticosteroids**

ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	3	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
<i>triamcinolone acetonide aero 55mcg/act</i>	4	MO

### **Antihistamines**

<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
<i>cyproheptadine hcl tabs</i>	4	PA MO
<i>diphenhydramine hcl inj 50mg/ml</i>	4	PA MO
<i>hydroxyzine hcl inj, syrp</i>	4	PA MO
<i>hydroxyzine hcl tabs 10mg, 25mg</i>	4	PA MO
<i>hydroxyzine hcl tabs 50mg</i>	4	PA MO
<i>hydroxyzine pamoate caps</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	3	QL (300 ML per 30 days) MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>promethazine hcl plain syrp</i> <i>6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg, 25mg,</i> <i>50mg</i>	2	PA MO
<b>Antileukotrienes</b>		
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium granules</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol</i> <i>sulfate neb</i>	2	B/D MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln</i> <i>0.03%</i>	2	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln</i> <i>0.06%</i>	2	QL (45 ML per 30 days) MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er tabs</i>	4	MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp</i>	2	MO
<i>albuterol sulfate tabs</i>	3	MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
<i>epinephrine junior inj 0.15mg/0.3ml</i>	3	QL (2 EA per 30 days)
<i>epinephrine inj 0.15mg/0.15ml,</i> <i>0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
<i>metaproterenol sulfate syrp</i>	2	MO
<i>metaproterenol sulfate tabs</i>	4	MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate tabs</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	PA LA
KALYDECO	5	PA MO
ORKAMBI TABS	5	PA MO
PULMOZYME	5	PA
<i>tobramycin nebu 300mg/5ml</i>	3	QL (280 ML per 56 days) B/D

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

Drug name	Drug tier	Requirements/Limits
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**Mast Cell Stabilizers**

<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
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**Phosphodiesterase Inhibitors, Airways Disease**

<i>aminophylline inj</i>	4	
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DALIRESP	4	MO
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THEO-24	4	MO
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<i>theophylline cr tab 12hr 100mg, 200mg</i>	3	MO
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<i>theophylline er tab 24hr</i>	3	MO
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<i>theophylline er tab 12hr 300mg, 450mg</i>	3	MO
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<i>theophylline oral soln 80mg/15ml</i>	3	MO
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**Pulmonary Antihypertensives**

ADEMPAS	5	QL (90 EA per 30 days) PA LA
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<i>epoprostenol sodium</i>	4	PA LA
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LETAIRIS	5	QL (30 EA per 30 days) PA LA
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OPSUMIT	5	QL (30 EA per 30 days) PA LA
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REMODULIN	5	PA LA
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<i>sildenafil tabs 20mg</i>	3	QL (90 EA per 30 days) PA
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TRACLEER TABS 62.5MG	5	QL (120 EA per 30 days) PA LA
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TRACLEER TABS 125MG	5	QL (60 EA per 30 days) PA LA
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VENTAVIS	5	PA
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**Pulmonary Fibrosis Agents**

ESBRIET	5	PA
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OFEV	5	PA
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**Respiratory Tract Agents, Other**

<i>acetylcysteine inhalation soln</i>	3	B/D MO
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<i>acetylcysteine inj</i>	4	
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ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
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<i>ribavirin nebu soln 6gm</i>	5	
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**SKELETAL MUSCLE RELAXANTS**

**Skeletal Muscle Relaxants**

<i>chlorzoxazone tabs 250mg</i>	3	QL (180 EA per 30 days) PA
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<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO
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<i>cyclobenzaprine hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
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**SLEEP DISORDER AGENTS**

**GABA Receptor Modulators**

<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
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<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO
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\*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>zolpidem tartrate immediate release tabs</i>	2	QL (30 EA per 30 days) PA MO
<b>Sleep Disorders, Other</b>		
<i>armodafinil</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ	5	PA LA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	4	PA
SILENOR TABS 6MG	3	QL (30 EA per 30 days) MO
SILENOR TABS 3MG	3	QL (60 EA per 30 days) MO
XYREM	5	QL (540 ML per 30 days) PA LA MO

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

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<i>ondansetron hcl</i>	24	<i>peg-3350/electrolytes</i>	61	<i>pimtrea</i>	69
<i>ondansetron odt</i>	24	<i>peg-3350/nacl/na bicarbonate/kcl</i>	61	<i>pindolol</i>	46
ONFI	20	PEGANONE	21	<i>pioglitazone hcl</i>	41
OPSUMIT	82	PEGASYS	36	<i>pioglitazone hcl- glimepiride</i>	41
<i>oralone dental paste</i>	50	PEGASYS PROCLICK	36	<i>pioglitazone hcl/ metformin hcl</i>	41
ORFADIN	62, 76	<i>penicillin g potassium</i>	17	<i>piperacillin sodium/ tazobactam sodium</i>	17
ORKAMBI	81	PENICILLIN G	17	<i>piperacillin/tazobactam</i>	17
<i>orsythia</i>	69	POTASSIUM IN ISO-OSMOTIC DEXTROSE		<i>pirmella 1/35</i>	69
<i>oseltamivir phsophate</i>	39	<i>penicillin g procaine</i>	17	<i>pirmella 7/7/7</i>	69
<i>oxacillin sodium</i>	17	<i>penicillin g sodium</i>	17	<i>piroxicam</i>	11
<i>oxaliplatin</i>	29	<i>penicillin v potassium</i>	17	PLASMA-LYTE-148	54
<i>oxandrolone</i>	66	PENTACEL	74	PLASMA-LYTE A	54
<i>oxaprozin</i>	11	PENTAM 300	32	<i>plenamine</i>	54
<i>oxcarbazepine</i>	21	<i>pentoxifylline cr</i>	47	PNV 29-1	57
<i>oxybutynin chloride</i>	62	<i>pentoxifylline er</i>	47	PNV PRENATAL PLUS	57
<i>oxybutynin chloride er</i>	62	<i>perindopril erbumine</i>	44	MULTIVITAMIN	
<i>oxycodone/ acetaminophen</i>	12	<i>periogard</i>	50	<i>podofilox</i>	52
<i>oxycodone/aspirin</i>	12	<i>permethrin</i>	32	<i>polycin</i>	77
<i>oxycodone hcl</i>	12	<i>perphenazine</i>	33	<i>polyethylene glycol 3350</i>	61
<i>oxycodone/ibuprofen</i>	12	<i>perphenazine/ amitriptyline</i>	23	<i>polymyxin b sulfate/ trimethoprim sulfate</i>	77
OZEMPIC	41	<i>phenadoz</i>	23	<i>poly-vitamin/fluoride</i>	57
<i>pacerone</i>	45	<i>phenelzine sulfate</i>	22	POMALYST	27
<i>paclitaxel</i>	29	<i>phenergan supp</i>	23	<i>portia-28</i>	69
<i>paliperidone er</i>	34	<i>phenobarbital</i>	20	<i>potassium chloride</i>	55
<i>pamidronate disodium</i>	76	<i>phenobarbital sodium</i>	83	<i>potassium chloride cr</i>	54
PANRETIN	32	PHENYTEK	21	<i>potassium chloride/ dextrose</i>	54
<i>pantoprazole sodium</i>	61	<i>phenytoin</i>	21	POTASSIUM CHLORIDE/DEXTROSE	54
<i>paricalcitol</i>	76	<i>phenytoin sodium</i>	21	<i>potassium chloride/ dextrose/sodium chloride</i>	54
<i>paroex</i>	50	<i>phenytoin sodium er</i>	21	<i>potassium chloride er</i>	54
<i>paromomycin sulfate</i>	14	<i>philith</i>	69		
<i>paroxetine hcl</i>	23	<i>phos-flur</i>	50		
PASER	26	PHOSPHOLINE IODIDE	79		
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<i>potassium chloride sr</i>	54	<i>previfem</i>	69	<i>propylthiouracil</i>	72
<i>potassium citrate er</i>	55	PREVYMIS	36	PROQUAD	74
PRADAXA	42	PREZCOBIX	38	PROSOL	55
PRALUENT	48	PREZISTA	38, 39	<i>protriptyline hcl</i>	23
<i>pramipexole dihydrochloride</i>	33	PRIFTIN	26	PROVIDA DHA	58
<i>prasugrel</i>	43	PRIMACARE	58	PROVIDA OB	58
<i>pravastatin sodium</i>	48	<i>primaquine phosphate</i>	32	PULMICORT	80
<i>prazosin hcl</i>	43	<i>primidone</i>	20	FLEXHALER	
<i>prednicarbate</i>	65	PRIVIGEN	74	PULMOZYME	81
<i>prednisolone</i>	65	<i>probenecid</i>	25	PUREFE OB PLUS	58
<i>prednisolone acetate</i>	79	<i>probenecid/colchicine</i>	25	PURIXAN	28
<i>prednisolone sodium phosphate</i>	65, 79	PROCALAMINE	55	<i>pyrazinamide</i>	26
<i>prednisone</i>	65	<i>prochlorperazine</i>	33	<i>pyridostigmine bromide</i>	26
PREDNISON	65	<i>prochlorperazine edisylate</i>	33	<i>pyridostigmine bromide er</i>	26
INTENSOL		<i>prochlorperazine maleate</i>	33	QUADRACEL	74
PREFERA OB	57	PROCRIT	43	<i>quasense</i>	69
PREFERAOB +DHA	57	<i>procto-med hc</i>	65	<i>quetiapine fumarate</i>	35
PREFERAOB ONE	57	<i>procto-pak</i>	65	<i>quetiapine fumarate er</i>	34
<i>premasol 6%</i>	55	<i>proctosol hc</i>	65	<i>quinapril</i>	44
PREMASOL 10%	55	<i>proctozone-hc</i>	65	<i>quinapril/ hydrochlorothiazide</i>	44
PRENAISSANCE	57	<i>progesterone</i>	71	<i>quinidine gluconate cr</i>	45
PRENAISSANCE PLUS	57	PROGLYCEM	41	<i>quinidine gluconate er</i>	45
PRENATA	57	PROLASTIN-C	62	<i>quinidine sulfate</i>	45
PRENATAL 19	58	PROLENSA	79	<i>quinine sulfate</i>	32
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PRENATE ESSENTIAL	58	<i>propafenone hcl er</i>	45	<i>ranitidine</i>	60
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RECOMBIVAX HB	75	<i>rizatriptan benzoate odt</i>	26	<i>partial fill 4.2%</i>	
REGRANEX	52	<i>romidepsin</i>	29	<i>sodium chloride</i>	55
RELENZA DISKHALER	39	<i>ropinirole hcl</i>	33	<i>sodium chloride 0.9%</i>	63
RELISTOR	60	<i>rosadan</i>	52	<i>sodium chloride 0.45%</i>	55
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<i>repaglinide</i>	41	RUBRACA	29	<i>sulfonate</i>	
<i>repaglinide/metformin</i>	41	RYDAPT	29	<i>sodium sulfacetamide</i>	78
<i>hydrochloride</i>		SABRIL	20	SOLIQUA	42
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REXULTI	35	SELECT-OB	59	SOMAVERT	72
REYATAZ PACK	39	<i>selegeline hcl</i>	33	<i>sorine</i>	45
<i>ribasphere</i>	36	<i>selenium sulfide</i>	52	<i>sotalol af</i>	45
<i>ribavirin</i>	36	SELZENTRY	38	<i>sotalol hcl</i>	45
<i>ribavirin nebu</i>	82	SE-NATAL	19	<i>spironolactone</i>	47
<i>rifabutin</i>	26	SENSIPAR	76	<i>spironolactone/</i>	47
<i>rifampin</i>	26	SEREVENT DISKUS	81	<i>hydrochlorothiazide</i>	
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<i>riluzole</i>	50	<i>setlakin</i>	70	SPRITAM	19
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<i>risperidone odt</i>	35	SILENOR	83	<i>plastic bottle</i>	
<i>ritonavir</i>	39	<i>silver sulfadiazine</i>	52	STIMATE	66
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<i>rivastigmine tartrate</i>	21	<i>sirolimus</i>	73	STRIBILD	37
<i>rivastigmine</i>	21	SIRTURO	26	SUBOXONE	13
<i>transdermal system</i>		SIVEXTRO	15	<i>sucalfate</i>	61
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<i>sulfadiazine</i>	18	TARON-PREX	59	<i>thioridazine</i>	33
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<i>sulfamethoxazole/ trimethoprim ds</i>	18	TAXOTERE	29	<i>thiothixene</i>	33
SULFAMYLON	52	<i>tazarotene</i>	52	THRIVITE RX	59
<i>sulfasalazine</i>	75	<i>tazicef</i>	16	<i>tiagabine hydrochloride</i>	20
<i>sulindac</i>	11	TAZORAC	52	<i>tigecycline</i>	15
<i>sumatriptan</i>	26	<i>taztia xt</i>	46	<i>timolol maleate</i>	46, 79
<i>sumatriptan succinate</i>	26	TECENTRIQ	31	<i>tinidazole</i>	15
<i>sumatriptan succinate refill</i>	26	TEFLARO	16	TIVICAY	37
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SYNERCID	15	<i>terbutaline sulfate</i>	81	<i>toposar</i>	30
SYNJARDY	41	<i>terconazole</i>	25	<i>topotecan hcl</i>	30
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<i>tamoxifen citrate</i>	27	<i>tetrabenazine</i>	50	<i>tramadol hcl er</i>	11
<i>tamsulosin hcl</i>	63	<i>tetracycline hydrochloride</i>	19	<i>tramadol hydrochloride/ acetaminophen</i>	13
TARCEVA	31	TEXACORT	65	<i>trandolapril</i>	45
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<i>hydrochloride</i>		TRINTELLIX	22	<i>vancomycin hcl</i>	15
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	80	TROPHAMINE 10%	55	VENCLEXTA STARTING	31
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<i>tri-linyah</i>	70	<i>valacyclovir hcl</i>	39	VICTOZA	41
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<i>vincristine sulfate</i>	29	XARELTO STARTER	43	ZOSTAVAX	75
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Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en su tarjeta de identificación de miembro. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打您會員卡上的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nasa inyong identification card bilang miyembro. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro figurant sur votre carte d'identification de membre. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại trên thẻ hội viên của quý vị. (Vietnamese)

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

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

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

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

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

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono presente sul Suo tesserino identificativo. (Italian)

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

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki sou kat idantifikasyon manm ou an. (Haitian Creole)

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

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

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

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

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

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

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

បើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមាន ផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើង ឬហៅទៅកាន់ លេខទូរស័ព្ទដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (Khmer)

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

Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biāk kak anyuth duyic. Na ye jam thuoṅdēt tēnē thoṅ ē Dīṅlith, ke kucoṅy luilooi ē thok ē path aa tō thin. Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biāk kak anyuth duyic. (Dinka)

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

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

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

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

ຖ້າທ່ານເວົ້າພາສາບາງອັນອອກອ້ງກົດ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ສັງຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີທີ່ຢູ່ເທິງບັດເອຕີສະມາຊິກຂອງທ່ານ. (Lao)

Doo bilagáana bizaad bee yáníłti’góó dóó nááná ła’ saad bee yáníłti’go, ata’ hane’ t’áá jíík’e bee níká i’doolwoł kodéé’. Béesh nitsékeesí bee ná’ídíkid bá haz’ánigi, website, ąą’ádííłíłgo dínííł’jįį éí doodago béesh bee hane’ bee nihich’į’ hodííłnih ei bee nééhozin, identification card, biniyé neiyítánígíí bikáá’. (Navajo)

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

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

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

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

آگر ٻه ٻيا ٻوليون ڳالهايو ٿا، ته ٻه ٻيا ٻوليون ڳالهايو ٿا، ته ٻه ٻيا ٻوليون ڳالهايو ٿا، ته ٻه ٻيا ٻوليون ڳالهايو ٿا. (Syriac)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้บนบัตรประจำตัวสมาชิกของคุณ (Thai)

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

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

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

This formulary was updated on 10/01/2018. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-877-238-6211** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.aetnamedicare.com/formulary>**.

**Contract/PBP: S5810-035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 048, 049, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 064, 065, 066, 067, 068**



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